

NOTICE OF PRIVACY PRACTICES
PRINCETON GASTROENTEROLOGY ASSOCIATES, P.A.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

1. **Introduction.** Princeton Gastroenterology Associates, P.A. is required by both federal and state law to limit the manner in which it uses or discloses information about a patient or a patient's health information. In addition, we are required to notify you of our legal obligations with respect to our privacy practices concerning your protected health information and to abide by the notice then in effect. This notice is intended to describe both the obligations of this practice with respect to information that it has about you and your rights with respect to that information.

2. **What is Protected Health Information?** Health information is broadly defined as any information, whether oral or recorded in any form or medium that is created or received by this practice whether the information relates to your past, present or future physical or mental health or condition, the provision of healthcare to you, or the past, present or future payment for the provision of healthcare to you. Individually identifiable healthcare information is information that includes health information and also includes demographic information collected from you that identifies you or which reasonably can be used to identify you. This is generally referred to throughout this notice as protected health information or "PHI". Princeton Gastroenterology Associates, P.A. is required by law to maintain the privacy of your PHI and provide you with this privacy notice setting forth our legal duties with respect to your PHI. This practice is required to abide by the terms of its privacy notice in effect from time to time.

3. **Uses and Disclosures of Your PHI.** If you are an existing patient, you have already signed a consent. If you are a new patient, you will be asked to sign a consent. The consent will authorize Princeton Gastroenterology Associates, P.A. to use and disclose your PHI for your treatment, to obtain payment for the services we render to you and assist us in our healthcare operations.
 - a. **Treatment.** We may use or disclose your PHI for your treatment. For example:
 - Our medical records personnel may review your chart to ensure that all lab test results have been properly placed in your chart prior to your visit.
 - Our nurses or physicians may communicate with laboratory or other testing facilities to review test results prior to your visit.
 - Doctors in this office may discuss your case among themselves or may review your medical treatment with referring physicians or physicians to whom they have referred you for care.
 - Personnel in this office may discuss your medical information with a hospital or other healthcare facility where you are being admitted or being treated or we may discuss this information with another healthcare provider who is treating you at such a facility.
 - This practice may use a sign in sheet in the waiting area which other patients may see.
 - This practice may announce the names of patients in the waiting area, and other people in that area may hear your name.
 - This practice may leave voice messages on your home answering machine or cell phone or send post card or other appointment reminders.
 - This practice may send you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
 - Other types of treatment uses or disclosures may be made even if not listed above.
 - b. **Payment.** We may use and disclose your PHI in order to obtain payment for the services we render to you. For example:
 - This practice may submit your PHI to your insurance company in order to receive reimbursement for services rendered to you.
 - This practice may submit your PHI to an electronic data interchange company in order to codify information for submission to a third party payor.
 - To facilitate reimbursement, this practice may provide supplemental information to your health insurance company in order to verify the medical necessity of the care that you have obtained.
 - We may submit information to your health insurer in order to coordinate benefits with other health insurance or public benefits that may be available to you.

- This practice may provide consumer reporting agencies with credit information regarding your payment history.
 - This practice may provide information to collection agencies or our attorneys for purposes of obtaining payment of delinquent accounts.
 - Other types of payment uses and disclosures may be made even if not listed above.
4. **Other Uses and Disclosures of PHI.** In addition to payment, treatment and healthcare operations, subject to certain limitations, we may use your PHI for other purposes. The list below sets forth some examples of uses and disclosures of PHI for other purposes. Within each category are examples of such uses or disclosures, but the examples are not intended to be inclusive of all purposes for which your PHI may be used and or disclosed in each particular category. There may also be overlap among such categories.
- a. **Disclosures to Federal or State Agencies.** This practice will continue to make required disclosures to federal and state agencies, such as the Social Security Administration or state agencies for applications for federal or state benefits for care or payment for care.
 - b. **Individuals Involved in Your Care.** We may disclose your PHI to someone involved in your care or payment for your care, such as a spouse, family member or close friend or a person responsible for your care, such as a nurse or home healthcare worker. We may also discuss your care with your personal representative or someone who has your healthcare power of attorney.
 - c. **Required by Law.** This practice may use or disclose PHI when required by federal, state or local law to comply with mandatory reporting requirements, such as those involving births, deaths, child abuse, disease prevention and control, driving impairment, vaccine-related injuries, medical device-related deaths, gunshot wounds and other similar incidences that we are required to report.
 - d. **Workers' Compensation Insurers.** We may disclose your PHI to workers' compensation insurers, state administrators, employers and other persons or entities involved in the workers' compensation system and similar proceedings.
 - e. **Your Legal Matters.** This practice may use or disclose your PHI in response to court or administrative proceedings if you are involved in a lawsuit or a similar matter. We may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in a dispute, but only if we have received satisfactory assurances that the third party seeking your PHI has made a good faith effort to inform you of the request to provide you with an opportunity to object.
 - f. **Public Health and Safety Matters.** We may use or disclose your PHI for public health activities, including reporting communicable diseases, child abuse and neglect reports, FDA-related reports and disclosures, public health warnings to third parties regarding risk of communicable diseases or conditions, reports regarding victims of abuse, neglect or domestic violence, reports of elder abuse to the applicable governmental authority, reports of abuse of a nursing home patient to the applicable governmental authority, reports to health oversight entities such as a drug enforcement agency, reports to prevent or lessen a serious threat to safety, or compliance with judicial and administrative proceedings.
 - g. **Law Enforcement Matters.** This practice may disclose your PHI for law enforcement purposes, such as compliance with legal process, search warrants, identification of crime victims, reports of death suspected to have resulted from criminal activities, information regarding crimes, emergencies, reports regarding identification of deceased patients, cause of death, providing information to funeral directors necessary to carry out their operations, information relating to threats to public safety, or specific government functions such as military and veterans activities, national security and intelligence and similar law enforcement matters.
 - h. **Organ and Tissue Donation.** We may use your PHI in order to facilitate organ, eye and tissue donation and transplantation, including to those entities engaged in procuring and banking of such items.
5. **Business Associates.** Princeton Gastroenterology Associates, P.A. may engage certain persons to perform certain of our practice functions on our behalf and we may disclose certain health information to those persons. For example, we may share certain PHI with our billing company or computer consultant in order to facilitate our healthcare operations or payment for services provided in connection with your care. In this connection, we will require our business associates to enter into an agreement to keep your PHI confidential and to abide by the terms set forth in this privacy notice.
6. **Incidental disclosure.** Certain disclosures may occur incidentally. For example, conversations regarding your medical care may be overheard by other persons or patients in the office or someone may view your name on the sign-in sheet in

the waiting area. Our practice will use its best efforts to limit those disclosures, but the efficient delivery of medical care in our office setting will not permit incidental disclosures to be totally eliminated.

7. **Authorizations.** For all uses and disclosures that are not of the general types permitted pursuant to the terms of this privacy notice, we will obtain your written authorization to use or disclose your PHI. We will also obtain your authorization to the extent required by applicable law prior to disclosing your genetic information, or any HIV/AIDS, venereal disease, tuberculosis or substance abuse-related information about you, although there are certain purposes for which such information may or must be disclosed without your authorization. Any time after you have given us authorization, you may revoke it, except to the extent that we have already relied on the authorization you have provided.
8. **Your Privacy Rights.** You have certain rights described below with respect to your PHI. The following will describe each of these rights and how you may exercise them:
 - a. **Restrictions on Use.** You have the right to request restrictions on uses or disclosures of your PHI to carry out treatment, payment and healthcare operations, but this practice is not required to agree to such requested restrictions. To request a restriction, you must submit a written request to our privacy officer. The request must state (i) what information you want restricted and (ii) to whom the restriction should apply.
 - b. **Confidential Communications.** You have a right to request that this practice communicate your PHI to you by reasonable alternative means or alternative locations. For example, you have the right to request that we contact you only at work or by mail. To make such a request, you must (i) make your request in writing, (ii) the request must specify the alternative address or method of payment, if applicable, and (iii) information as to how payment will be handled if the request would vary the way in which the practice routinely handles payment issues. We are not required to agree to requests for confidential communications that are unreasonable. We will not ask you for an explanation of why you are requesting alternative means of communication.
 - c. **Right of Access.** You have the right of access to inspect and obtain a copy of your PHI in the medical and billing records that we maintain about you and records that we use to make decision about your care. This right may be subject to certain limitations, and we may impose reasonable charges for copying or printing. To exercise your rights of access, (i) you must submit a written request to our privacy officer, (ii) the request must state how you want to retrieve the information, such as by mail, pick up, etc., (iii) the request must include the mailing address, if applicable, and (iv) the request must be accompanied by the applicable copying/printing charge.
 - d. **Amendment of PHI.** You have the right to request that we amend your medical and billing record that we maintain about you and records that we use to make decisions about your care. We have the right to deny your request (i) if we did not create the record (unless you provide us a reasonable basis to believe that the originator of the PHI is no longer available to act on the request), (ii) the information requested to be amended is not part of your records, (iii) the information would not otherwise be subject to a right of access, or (iv) the information is accurate and complete. Requests to amend your PHI must be made in writing and must set forth the reason why you believe the amendment is warranted or appropriate. Within sixty days of your written request for an amendment of your PHI, we will either (i) implement the amendment and notify you in writing of this and take reasonable efforts to inform others who may have received the PHI about the amendment, or (ii) notify you in writing of the reasons why we are either unable to implement the requested amendment (including a statement of your rights in connection with the denial) or inform you of our need for an additional thirty days within which to make a determination and the reasons for such an extension.
 - e. **Accounting of Disclosures of PHI.** You have a right to receive an accounting of disclosures of your PHI made by this practice for a period of six years prior to the date of your request (but only for disclosures on or after April 14, 2003). The accounting will not include disclosures for payment, treatment and healthcare operations as described in Section 3 of this notice, disclosures to you, disclosures incident to other uses or disclosures that are permitted without your prior authorization, disclosures pursuant to your authorization, disclosures to persons involved in your care, or disclosures for national security purposes, to correctional institutions or law enforcement officials.
 - f. **Right to Receive a Paper Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices. To obtain a copy, you may request one from the front desk of the office or you may contact our Privacy Officer.

- g. Privacy Officer. Our Privacy Officer may be contacted during our regular business hours at 609-924-1422 or you may write to the Privacy Officer at:

Princeton Gastroenterology Associates, PA
731 Alexander Road
Suite 100
Princeton, NJ 08540
Attn: Privacy Officer

- h. Complaints. If you believe that your privacy rights have been violated, you may submit a complaint to our practice or to the Secretary of Health and Human Services. To file a complaint with the practice you may contact the Privacy Officer, whose contact information is set forth directly above. The practice will not retaliate against you for filing a complaint.
- i. Changes to this Notice. We reserve the right to change the terms of this privacy notice and to make new provisions effective for all PHI that we maintain, including PHI that we maintain at the time of the change. If we change our policies, we will post our revised privacy notice in our waiting room and make copies available to all patients upon request. Patients may also receive a copy of our privacy policies at any time by contacting our Privacy Officer.
- j. Legal Effects of this Notice. This notice is not intended to create any contractual or other rights independent of those created in the federal privacy rule.
- k. Effective Date. The effective date of this notice is April 14, 2003