

PATIENT COPY
Urology Group of Princeton
281 Witherspoon Street, Suite 100
Princeton, New Jersey 08540
609) 924-6487

Notice of Practice Privacy Practices
(As required by the Health Insurance Portability and Accountability Act of
1996 –HIPAA)

This notice describes how health information about you, a patient in our practice, may be used and disclosed as well as how you can get access to your Individually Identifiable Health Information (IIHI).

The Urology Group of Princeton is committed to maintaining the privacy of your Individually Identifiable Health Information. While conducting the business of providing your healthcare, we create records regarding you and the treatment and services we provide to you. We are required by law to maintain this notice of our legal duties and the privacy practices that we maintain in our practice. By federal and state law, we must follow the terms of the privacy practices that we have in effect at the time.

HIPPA laws can be very complicated and confusing. We will do our best to explain the following important information contained in the law:

- ◆ How we may use and disclose your IIHI
- ◆ Your privacy rights in your IIHI
- ◆ Our obligation concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

A. The Urology Group of Princeton may use and disclose your individually identifiable health information (IIHI) in the following ways:

1. **Treatment.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests) and we may use the results to help us reach a diagnosis. We may use your IIHI in order to write a prescription for you, or we may need to disclose you IIHI to a pharmacy when we order a prescription for you. Many of the employees of the Urology Group of Princeton, including but not limited to the physicians and nurses – may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

Finally, we may disclose your IIHI to another healthcare provider for purposes related to your treatment.

2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
3. **HealthCare Operations.** Our practice may use and disclose your IIHI to operate our business. For example, we may use or disclose your information for our operations, to evaluate the quality of care you receive from us, or to conduct cost management and business planning activities for our practice. We may disclose your IIHI to other healthcare providers and entities to assist in their healthcare operations.
4. **Appointment Reminders.** Our office may use or disclose your IIHI to contact you to remind you of an appointment.
5. **Treatment Options.** Our practice may use or disclose your IIHI to inform you of potential treatment options or alternatives.
6. **Health Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
7. **Disclosures Required by Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.
8. **Release of Information to Family/Friends involved in your care.** Our practice may release your IIHI to a family member or a friend that is involved in your care, or who assists in taking care of you.

B. The following categories describe unique scenarios in which we may use or disclose your IIHI:

1. **Deceased Patients.** Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for the funeral directors to perform their jobs.
2. **Organ and Tissue Donation.** Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including donation banks, as necessary to facilitate organ or tissue donation or transplant if you are an organ donor.

3. **Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the research consent adequately serves to protect your privacy.
4. **Serious Threats to Health Safety.** Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
5. **Military.** Our practice may use or disclose your IIHI if you are a member of the U.S. or foreign military forces (including veterans) and documents are required by the appropriate government authorities.
6. **National Security.** Our practice may use and disclose your IIHI to federal officials for intelligence and national security activities authorized by law.
7. **Workers' Compensation.** Our practice may release your IIHI for workers' compensation and similar programs.

C. Your Rights regarding your IIHI

1. **Confidential Communication.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a certain type of confidential communication, you must make a written request to Jane Baird Jones (609) 924-6626, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have a right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment of your care, such as family members or friends. **WE ARE NOT REQUIRED TO AGREE WITH YOUR REQUEST**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use and disclosure of your IIHI, you must make your request in writing to our Administrator (609) 924-6626. Your request must describe, be clear and concise:
 1. the information which you wish restricted
 2. whether you are requesting to limit our practice's use, disclosure or both; and
 3. to whom you want the limits to apply.
3. **Inspection and copies.** You have the right to inspect and obtain copies of the IIHI that may be used to make decisions about you, including patient

medical records and billing records, but not psychotherapy notes. You must submit your request in writing to our Medical Records Coordinator in order to inspect and /or obtain a copy of your IIHI. Our practice will charge a \$1.00 per page fee for the cost of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct the review.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Administrator. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (a) accurate and complete; (b) not part of the IIHI kept by our practice; (c) not part of the IIHI which you would be permitted to inspect or copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operational purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, if the doctor shares information with the nurse; or the billing department uses your information to file an insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our Administrator. All requests for “accounting disclosures” must state a time period, which may not be longer than 6 years from the date of the disclosure and may not include dates before April 14, 2003.

The first list you request within a 12- month period is free of charge, but our practice will charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy policies, You may ask us for a copy of this notice at any time, to obtain a paper copy of this notice, contact our Medical Records Coordinator.
7. **Right to File a Complaint.** If you believe that your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Administrator. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

- 8. **Right to provide an authorizations for other uses and disclosures.** Our practice will obtain a written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reason described in the authorization. Please note we are required to retain record of your care.

If you have any questions about this notice, please contact our office at (609) 924-6487.

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Receipt of Notice of Privacy Practices
 Written Acknowledgement Form

I, _____, have received a copy of the Urology Group of
 (print name)
 Princeton's Notice of Privacy Practices.

 Signature of Patient

 Date