

**Privacy Notice**

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. THIS IS AN OVERVIEW OF YOUR RIGHTS; A DETAILED COPY IS AVAILABLE AT YOUR REQUEST.**

**YOUR RIGHTS-**You have the right to:

- Get a copy of your paper or electronic record: According to NJ law code 8.43G-4.1 you must submit a written request and we are required to provide you with a copy within 30 days.
- Correct your paper or electronic medical record
- Request confidential communication: You may inform us of your preferred method such as Home Phone, Cell Phone or Email. Please advise us whether a detailed message is permissible.
- Ask us to limit the information we share: we may say “No” if it would affect your care. You can ask us not to share out-of-pocket payments with your insurer and we will agree unless a law requires us to do so.
- Get a list of those whom we’ve shared your information outside the purposes of treatment, payment and at your request. We reserve the right to charge a reasonable fee for more than one copy within a 12 month period.
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated: You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- Get a copy of Privacy Notice

**YOUR CHOICES-** You have some choices in the way that we use and share information

*If you are unable to tell us your preference we may share your information if we believe it is in your best interest.*

*The following are cases in which we **NEVER** share your information*

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

*We may contact you for fund raising efforts, but you can tell us not to contact you again.*

**OUR USES AND DISCLOSURES-** We may use and share information as we:

- Treat you: we may share your information with other medical professionals treating you
- Run our organization
- Bill for services
- Help with public health and safety issues: To view a list of scenarios in which the law requires our cooperation go to [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)
- Do research
- Comply with the law
- Respond to organ and tissue requests
- Work with a medical examiner or funeral director
- Address workers compensation, law enforcement, and other government requests
- Respond to lawsuits and legal action: Only in cases of a court order or subpoena

**OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and provide a copy of it
- We will not share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

*We can change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.*

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

APRC HIPAA Officer  
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