

SeretisCare Family Practice

The Health Center at Beckett 499 Beckett Road, Suite 201-B Logan Township, NJ 08085
(856) 467-6400 (609) 784-7884

Notice of Privacy Practices

Effective Date: April 14, 2003

Instructions:

1. This form is to be used in the office to demonstrate acknowledgment of the Notice of Privacy Practices.
2. Please read all the information and sign at the bottom of the page.

SeretisCare Family Practice, is dedicated to maintaining the privacy of your & your child's health information seriously. We are required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We will abide by the terms of this Notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices and to make any new Notice of Privacy Practices effective for all protected health information that we maintain. Any new Notice of Privacy Practices adopted will be posted in the Services area, posted on our website (www.seretiscare.com) and made available at your next appointment.

We realize that these laws are complicated, but we must provide you with the following important information:

- *How we may use and disclose your protected health information (PHI)
- *Your privacy rights in your protected health information (PHI)
- *Our obligations concerning the use and disclosure of your protected health information (PHI)

We know that your medical information is private. We do our best to protect all medical information about you and maintain your privacy. The purpose of this notice is to explain to you how we protect your information and what rights you have regarding your information.

You have the right to receive a notice of privacy that tells you in detail how we at SeretisCare Family Practice protects your rights. This includes: physicians, nurses, students, residents, staffing personnel, volunteers and anyone else who might see or have access to your information or put information into your records.

By signing below, you are acknowledging that you have been given a copy of the actual Notice of Privacy Practices and have read and agreed to it in detail. The actual Notice of Privacy Practices is longer than this summary and we hope that you will take the time to read it. In addition, it is also available on our website, www.seretiscare.com and in our office. If you have any questions, please forward them to our business manager.

EXAMPLES OF HOW MEDICAL INFORMATION MAY BE USED FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS:

- Medical information may be used to justify needed patient care services, (i.e., lab tests, prescriptions, treatment protocols, research inclusion criteria).
- We will use medical information to establish a treatment plan.
- We may disclose protected health information to another provider for treatment (i.e. referring physicians, specialists and providers.)
- We may submit claims to your insurance company containing medical information and we may contact their utilization review department to receive pre-certification (prior approval for treatment).
- We may use the emergency contact information you provided to contact you if the address of record is no longer accurate.
- We may contact you to remind you of the patient's appointment by calling you or mailing a postcard.

- We may contact you to discuss treatment alternatives or other health related benefits that may be of interest.
- We may use and disclose your PHI when we are required to do so by federal, state, or local law.
- We may use information for making travel arrangements to and from SeretisCare Family Practice.

YOU HAVE THE FOLLOWING RIGHTS:

- To read your records and have copies made. All requests to review and receive copies should be made in writing to our business manager at SeretisCare Family Practice. We will get the records to you within 30 days.
- To ask for us to correct information that we have entered or created. This request must also be in writing and sent to the business manager along with the reason(s) that support your request.
- To know who has seen your information, if we shared it for reasons other than to take care of you, to receive payment from a third party, or to run the office. This request should also be made by contacting our business manager.
- To complain to SeretisCare Family Practice through the business manager if you believe we have not followed the law and the Notice of Privacy Practices. For more information on where to send your complaints, please see the actual Notice of Privacy Practices.

I have had the opportunity to receive and review the actual Notice of Privacy Practices and hereby acknowledge such with my signature.

PRINT PATIENT'S NAME

SIGNATURE

DATE

SIGNATURE OF LEGAL REPRESENTATIVE/RELATIONSHIP

DATE