

Princeton Endocrinology Associates, LLC

10 Forrester Road South; Suite 106  
Princeton, NJ 08540

941 Whitehorse Mercerville Road; Suite 11  
Hamilton, NJ 08610

**HIPAA NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

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

This notice provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA). It is designed to tell you how we may, under federal law, use or disclose your health information.

**I. We may use or disclose your health information for purposes of treatment, payment of healthcare operations without obtaining your prior authorization, below is an example of each:**

We may provide your health information to other healthcare professionals-including doctors, nurses and technicians for purposes of providing you with care. Our billing department may access your information and send relevant parts to other insurance companies to allow us to be paid for the services rendered to you. We may access or send your information to our attorneys or accountants in the event we need the information in order to address one of our own business functions.

**II. We may also use or disclose your health information under the following circumstances without your prior authorization:**

To notify and/or communicate with your family. Unless you tell us you object, we may use or disclose your health information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, your health professionals will use their best judgment in any communication with your family and others.

**As required by law: For Public Health Purposes.** We may use or disclose your health information to provide information to state or federal public health authorities, as required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the FDA problems with products and reactions to medications; and report disease/infection exposure.

**For Health Oversight Activities.** We may use or disclose your health information to health oversight agencies during the course of audits, investigations, certifications and other proceedings.

**In Response to Civil Subpoenas or for Judicial and Administrative Proceedings.** We may use or disclose your health information's directed, in the course of any civil administrative or judicial proceeding. However, in general, we will attempt to ensure that you have been aware of the use or disclosure of your health information prior to providing it to another persons.

**For purposes of Organ Donations.** We may use or disclose your health information for purposes of communicating to organizations involved in procuring, banking or transplanting organs and tissues.

**For Public Safety.** We may use or disclose your health information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**III. For all other circumstances, we may only use or disclose your health information after you have signed an authorization.** You have the right to revoke this authorization to use or disclose your health information at any time provided that the revocation is in writing, except to the extent that we have already taken action in reliance upon your authorization.

**IV. State Law Impact.** To the extent that state law is more restrictive with respect to our ability to use or disclose your health information, or to the extent that it affords your greater rights with respect to control of your health information, we will follow state law. This may arise if your health information contains information relating to HIV/AIDS, mental health, alcohol and/or substance abuse, genetic testing, among others.

**V. You should be advised that we may also use or disclose your health information for the following purposes**

**Appointment reminders.** We may use your health information in order to contact you to provide appointment reminders or to give information about other treatments or health related benefits and services that may be of interest to you.

**Change in ownership.** In the event that our practice is sold or merged with another organization, your health information/record will become the property of the new owner.

**VI. Your Rights.**

1. You have the right to request restrictions on the uses and disclosures of your health information. However, we are not required to comply with your request.
2. You have the right to receive your health information through confidential means through a reasonable alternative means or at an alternative location.
3. You have the right to inspect and copy your health information. We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary.
4. You have the right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.
5. You have the right to receive an accounting of all disclosures of your health information made by us.
6. You have the right to a paper copy of this notice of privacy practices. If you would like to have a more detailed explanation of these rights of if you would like to exercise one or more of these rights, contact us using the information provided below.

**VII. Our Duties.**

We are required by law to maintain the privacy of your health information and to provide you with a copy of this notice. We are also required to abide by the terms of this notice. We reserve the right to amend this notice at any time in the future and to make the new notice provisions applicable to all your health information-even if it was created prior to the change of notice. If such amendment is made, we will immediately display the revised notice at our office. We will provide you with another copy, of this notice at any time, upon your request.

**VIII. Complaints to the Government.**

You may make complaints to the Secretary of the Department Health and Human Services (DHHS) if you believe your rights have been violated. We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

**IX. Contact Information**

You may contact us about our privacy practices by writing or calling the office at the telephone numbers or addresses listed above, or you may contact the DHHS at: 200 Independence Avenue, S.W. Washington, D.C. 20201, or call 202-619-0257, or Toll Free 1-877-696-6775

**Princeton Endocrinology Associates, LLC**  
**Ned M. Weiss, MD   Angela M. Inzerillo, MD F.A.C.E**

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**PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES OF PRINCETON ENDOCRINOLOGY**

By signing this acknowledgement, I am acknowledging that Princeton Endocrinology, LLC provided to me information about its "Notice of Privacy Practices."

I was given the opportunity to ask questions about the privacy practices and my questions were answered.

I received a copy of the "Notice of Privacy Practices" for the following organizations:

Princeton Endocrinology, LLC

Signed by: \_\_\_\_\_  
Signature of patient or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date