



NJ Pain, Spine & Sports Associates

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North Brunswick, NJ 08902
Tel: (732) 565-3777

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NOTICE OF PRIVACY PRACTICE

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of your responsibilities to help you.

Get an electronic or paper copy of your Medical record	<ul style="list-style-type: none"> You can ask to see or get an electronic copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.
Ask us to correct your Medical	<ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say no to your request, but we'll tell you why in writing within 60 days.
Request confidential Communications	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home, office or cell phone) or to send mail to a different address. We will say yes to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may say no if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask not to share that information for the purpose of payment or our operations with your health insurer. We will say yes unless a law requires us to share that information.
Get a list of those whom we've shared information	<ul style="list-style-type: none"> You can ask for list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all the disclosures for those about treatment, payment and healthcare operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable cost-based fee if asked for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask for paper copy of this notice at any time, even if agreed to receive the notice electronically. We will provide you a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choice about your health information. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting our office at the address above. You can file a complaint with DHHS office of civil rights. Visit www.hhs.gov/hipaa/filing-a-complaint/index.html We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices what we can share. If you have a clear preferences for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation. Include your information in a hospital directory Contact you for fundraising efforts
In these cases, we never share your information unless you give us written permission	<ul style="list-style-type: none"> Marketing purposes Sale of your information Most sharing of psychotherapy notes
In the case of fundraising	<ul style="list-style-type: none"> We may contact you for fundraising efforts, but you can tell us not to contact you again



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OUR USES & DISCLOSURES

How do we typically use or share your health information? We typically use or share your information in the following ways.

Treat you	<ul style="list-style-type: none"> We can use your health information and share it with other professionals who are treating you.
Bill for your services	<ul style="list-style-type: none"> We can use and share your health information to bill and get payment from health plans or other entities.
Run our organization	<ul style="list-style-type: none"> We can use and share your health information to run our practice, improve your care and contact you when necessary.

OTHER USES & DISCLOSURES

How else can we use or share your health information? We are allowed or required to share your information in other ways usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see...

www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html

Help with public health & safety issues	<ul style="list-style-type: none"> We can share health information for certain situations such as: <ul style="list-style-type: none"> ➤ Preventing disease ➤ Helping with product result ➤ Reporting reverse reactions to medications ➤ Reporting suspected abuse, neglect, or domestic violence ➤ Preventing or reducing serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none"> We can use and share your information for health research.
Comply with the law	<ul style="list-style-type: none"> We will share information about you if state or federal law requires it. Including with the department of health and Human Services if it wants to see that we are complying federal privacy law.
Respond to organ & tissue donation requests	<ul style="list-style-type: none"> We can share health information about you with procurement organizations
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> We can share health information with a coroner, medical examiner, or funeral director when an individual die.
Address workers' compensation, law enforcement and other government requests	<ul style="list-style-type: none"> We can use or share information about you: <ul style="list-style-type: none"> ➤ For workers' compensation claims ➤ For law enforcement purposes or with a law enforcement official ➤ With health oversight agencies for activities authorized by law ➤ For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> We can share health information about you in response to court or administrative order or in response to a subpoena