**ALLIANCE OB/GYN CONSULTANTS, LLC**

Dr. Chike Obianwu & Associates

**JOINT NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

**PLEASE REVIEW IT CAREFULLY**

This Joint Notice of Privacy is provided to you pursuant to the Health Care Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPPA). It is designed to tell you how we may, under federal law, use or disclose you Protected Health Information.

**Who/What is Covered by the Joint Notice?**

This Joint Notice of Privacy Practices covers all Alliance OB/GYN facilities, programs, employees, volunteers, medical residents, and participating members of the physician staff and allied health professionals. This Joint Notice applies to all Protected Health Information maintained by Alliance OB/GYN. This includes records of your care generated by Alliance OB/GYN, whether created by Alliance OB/GYN employees, your physician, consulting physicians or other participating in this agreement. This record of your medical care generated by Alliance OB/GYN is referred to as Protected Health Information.

**How We May Use or Disclose Your Protected Health Information**

***FederaL and State Law Implications***

HIPPA is a federal law, which place limitations on the types of uses and disclosures health care providers, and others may make of Protected Health Information. At time, State of other regulations may be more stringent than HIPPA. Alliance OB/GYN will abide by the most stringent than HIPPA. Alliance OB/GYN will abide by the most stringent of the regulations as they pertain to Protected Health Information.

**Uses and Disclosures under HIPPA**

1. We may Use or Disclose Your Protected Health Information for Purposes of Treatment, Payment or Healthcare Operations without obtaining your prior authorization. Here is one example of each:
2. Your Protected Health Information may be provided to physicians, nurses, medical technicians, clerks and others, for purpose of providing care and services. This includes medical staff members and other health care workers, not members of the medical staff and who do not work for Alliance OB/GYN.
3. The billing department will access Protected Health Information and send relevant information to insurance companies and third party payers so that payment can be made for services provided.
4. We may access or send your information to our attorneys, accountants, or other personnel in the event we need the information in other to address one of our own business functions.
5. Protected Health Information will be provided to third party “business associates” perform various activities and services (e.g. billing, transcription, medical equipment) on behalf of Alliance OB/GYN. In such situations, Alliance OB/GYN will have written contract in place that restricts the ability of business associates to use or disclose you Protected Health Information in accordance with HIPPA requirements. For maternity patients, this Notice covers the use or disclosure of Protected Health Information related to both you and your baby(ies).
6. Protected Health Information will also be used without prior authorization under the following circumstances:

*To notify and/or Communicate with your Family-* Unless you inform use of your objections in writing, we will use or disclose you Protected Health Information in order to notify you’re your family, your personal representative or another person responsible for your care about your locations, your conditions or of your death. We will also discuss your health care information with your family, and to the extent that they are involved in your care with, your friends. If you are unable or unavailable to agree or object to our discussing

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these matters with your family and/or friends, our health professionals will use their judgments as to whether any communications with your family or others are necessary and/or appropriate.

*For facility Directories*- Unless you inform us of your objections in writing, we will use and disclose in our facility directory your name, location at which you are receiving care, condition (in general terms), and your religious affiliation. All of this information, except for religious affiliation, will be disclosed to people that ask for you by name. Only members of the clergy will be told your religious affiliation.

*As Required by Law*- Protected Health Information will be used and disclosed, to the extent that law requires such use or disclosure. Examples of just a few such requirements are: communicable disease reporting, incidence of cancer, burns, seizers, gun shots, abuse, organ donations, product recalls, product failures, birth/death and/or birth defects. Examples of just a few authorities/agencies to which Protected Health Information may be disclosed include: New Jersey Department of Health and Senior Services, The divisions of Motor Vehicles, Local and/or State Police, the Medical Examiner and County Administration, the Ombudsman, the Office of Civil Rights, the Centers for Medicare and Medicaid Services and/or Peer Review Organizations.

*For Public Health Purposes*-Protected Health Information will be provided to local, 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 Food and Drug Administration problems with products and reactions to medications and report disease or infection exposure.

*For Health Oversight Activities*- Protected Health Information will be used and disclosed to health agencies during the course of audits, investigations, surveys, accreditation, certification and other proceedings.

*In Response to Subpoenas or for Judicial and Administrative Proceedings*-In general, Protected Health Information will be used and disclosed in the course of an administrative or judicial proceeding. However, we will attempt to ensure that your have been made aware of the use or disclosure of your protected health information prior to its release.

*To Law Enforcement Personnel*- Protected Health Information will be used and disclosed to law enforcement officials to identify or locate a suspect, fugitive, material witness or missing person, or, in some cases, to comply with court order or subpoena and for other law enforcement purposes.

*To Coroners or Funeral Directors*- Protected Health Information may be disclosed for purposes of communicating with coroners, medical examiners and funeral directors.

*For Purposes of Organ Donation*- Protected Health Information will be used and disclosed for purposes o communicating to organizations involved in procuring, banking or transplanting organs and tissues.

*For Research*-Protected Health Information may be used and disclosed to researchers if an Institutional Review Board has approved the waiver of Authorization and certain other assurances are met.

*For Public Safety*-Protected Health Information will be used and disclosed in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**I acknowledge that I have received a copy of my Joint Commission Notice of Privacy Practices by Alliance OB/GYN Consultants, LLC.**

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Patient’s Name (Print) Date

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Signature