

## NOTICE OF PRIVACY PRACTICES

### Deborah Specialty Physicians

Effective Date of this Notice: January 4, 2019

Prior Versions: November 1, 2006, April 1, 2003

### SUMMARY

**WHAT IS THIS NOTICE FOR?** This Notice of Privacy Practices (Notice) describes how Deborah Cardiovascular Group, P.C., trading as **Deborah Specialty Physicians**, (We or Us) may use and disclose your medical information that we create and maintain and how you can get access to this information. Deborah Specialty Physicians is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices, and your rights, with respect to your health information. We are required to abide by the terms of this Notice.

**WHO ARE WE?** Deborah Specialty Physicians is a multi-specialty private physician practice which consists of doctors, nurses, employees and other healthcare professionals. This Notice applies to these individuals as well as all services that are provided to you by us at our practice locations, including but not limited to our Browns Mills (Diabetes Center), Burlington, Galloway, Manahawkin, Mt. Laurel, Toms River, and Whiting locations.

**WHY DO YOU NEED THIS NOTICE?** The Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, places certain obligations upon us with regard to how we may use and disclose your *personal and protected health information* (PHI). Your PHI includes medical information about you such as your medical record and the care and services you have received. We are committed to **maintaining the privacy** of your PHI. When we need to use or disclose it, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your PHI with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request unless otherwise permitted by law.

**WHEN CAN WE USE/DISCLOSE YOUR PHI?** There are certain uses and disclosures of your PHI that we may undertake **without your written or other authorization**. These uses and disclosures may be for purposes such as to provide you with treatment, obtain payment for services we have provided, and other health care operations (such as administration, quality improvement, cost studies and other activities designed to improve the care we provide to all our patients). Other individuals who may have access to your information without your written or other authorization may include doctors, nurses, health care students, and other hospital staff. Some other examples include: PHI made known to your relatives, close friends, or caregivers unless you have objected, public health activities and officials, reporting of abuse or neglect as may be required by law, health oversight activities, judicial and administrative proceedings, law enforcement officials, workers' compensation, and other individuals and activities as set forth in this Notice.

**WE MUST OBTAIN YOUR WRITTEN AUTHORIZATION FOR ANY USE OR DISCLOSURE NOT SET FORTH IN THIS NOTICE.** You may revoke this authorization AT ANY TIME. In addition to obtaining your written authorization for uses or disclosures not described in this Notice, we may be required by law to seek your written authorization or approval prior to disclosing certain categories of sensitive information (Sensitive Information) such as your HIV/AIDS related information, genetic information, or information related to a sexually transmitted disease.

Deborah Cardiovascular Group, P.C. trading as "Deborah Specialty Physicians" is a private physician practice.

The name "DEBORAH" is a registered trademark of Deborah Heart and Lung Center, and is used under license granted by Deborah. All rights reserved.

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We will also seek your **written authorization** for any “marketing” activities we may conduct, or where we would receive money for providing a third party with your PHI, or where we may need to disclose any psychotherapy notes which we may maintain about you.

**WHAT RIGHTS DO YOU HAVE FOR YOUR PHI?** You have the right to ask us to limit certain uses and disclosures of your PHI. We will consider ALL requests but may not be *required* to agree to your requested limitations. You also have the right to inspect and receive copies of your PHI, the right to request a change or amendment be made to your PHI, the right to an accounting (a list) of certain disclosures of your PHI, and the right to revoke any authorization you may have made to the extent we have not yet relied upon it. You also have the right to receive a paper copy of this Notice at any time.

**CAN WE CHANGE THIS NOTICE?** We may change this Notice **at any time**. The revised Notice will apply to all PHI that we maintain. However, if we do change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where all individuals seeking services from us will be able to read the Notice on our website at <https://deborahspecialists.com>. You may obtain the new Notice in hard copy as well.

**ADDITIONAL INFORMATION / COMPLAINTS.** You may contact our Privacy Officer if you wish to obtain a hard copy of this Notice from us, or if you need any additional information or have questions concerning this Notice or use or disclosure of your PHI. If you feel that your privacy rights have been violated, you may also contact our Privacy Officer OR file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

**We will NOT retaliate against you if you file a complaint with us or the Office of Civil Rights.**

**Deborah Cardiovascular Group, P.C.**

Attn: Privacy Officer  
Deborah Cardiovascular Group, P.C.  
200 Trenton Road  
Browns Mills, NJ 08015  
Phone: 609-836-6659

**U.S. Department of Health and Human Services**

Attn: Centralized Case Management Operations  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

**THE ABOVE IS ONLY A SUMMARY OF THE RIGHTS AND OBLIGATIONS WITHIN THIS NOTICE. PLEASE READ CAREFULLY THE ENTIRE NOTICE THAT FOLLOWS.**

**WE WELCOME ANY QUESTIONS YOU MAY HAVE.**

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## NOTICE OF PRIVACY PRACTICES

### DEBORAH SPECIALTY PHYSICIANS

Effective Date of this Notice: January 4, 2019  
Prior Versions: November 1, 2006, April 1, 2003

**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.**

#### **I. WHO WE ARE**

This Notice describes the privacy practices of Deborah Cardiovascular Group, P.C., trading as **Deborah Specialty Physicians** (We or Us). Deborah Specialty Physicians is a multi-specialty private physician practice which consists of doctors, nurses, employees and other healthcare professionals. This Notice applies to these individuals as well as all services that are provided to you by us at our practice locations, including but not limited to our Browns Mills (Diabetes Center), Burlington, Galloway, Manahawkin, Mt. Laurel, Toms River, and Whiting locations.

#### **II. WHY YOU NEED THIS NOTICE**

We are committed to maintaining the privacy of your *protected health information* (PHI). Your PHI includes medical information about you such as your medical record and the care and services that you have received from us. We need this information to provide you with the appropriate level of care and also to comply with certain legal obligations we may have. We are required by law to provide you with this Notice of our legal duties and privacy practices with respect to your PHI that we maintain.

The Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, places certain obligations upon us with regard to your PHI and requires that we keep private and confidential any medical information that identifies you. We take this obligation and your privacy seriously and when we need to use or disclose your PHI, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your PHI with others, we only provide the minimum amount of data necessary to respond to the need or request unless otherwise permitted by law.

#### **III. HOW WE MAY USE OR DISCLOSE YOUR PHI**

We create and collect PHI from you in connection with your treatment and store it in a medical chart or electronic medical record. This is your “medical record”. The medical record is the property of our practice, but the PHI and other information about you in the medical record belongs to you. We are permitted by law to use and disclose your PHI without your written or other form of authorization under certain circumstances as described below. This means that we do not have to obtain your consent before we use or disclose your PHI for purposes such as to provide you with treatment, seek payment for our services, or for health care operations. We may also use or disclose your PHI without asking you for other activities or to state and/or federal officials.

➤ Treatment, Payment and Health Care Operations.

- *Treatment* - We may use and disclose your PHI in order to provide you with medical treatment or services. For example, your PHI may be accessed and used by our doctors, nurses, employees and other staff or workforce who may be involved in your care. For example, a nurse may access your medical record to administer medications. Your PHI may also be disclosed to individuals outside of our practices, such your primary care physician, a rehabilitation facility, nursing home or hospital which may be involved in your past, present or future health care. Information will be given for patient care activities that are delivered in the inpatient and outpatient setting as well as clinically necessary referrals to specialists located outside of our practice.
- *Payment* – We may use and disclose your PHI in order for our doctors and other health care professionals to obtain payment for the medical treatment or services they provide you with. For example, we will provide a bill to your insurance company with your insurance information and the services that were rendered so that we can be paid. This means that we may provide your health plan, HMO or other third party with responsibility for payment for your care that you identify to us with information regarding treatment you received from us, such as X-Rays or examinations, so that

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we may properly be paid for such services. We may also contact your health plan or HMO regarding future treatment or services you may be provided with in order to obtain approval or pre-certification, or to find out whether your health plan or HMO will pay for the treatment or services.

- *Health Care Operations* – During and following the course of your treatment, we may need to share your PHI for our internal health care operations, such as administration, planning, quality improvement, and other activities that help us provide you with quality care. For example, your PHI may be used to help us evaluate our doctors, nurses and employees, or to help us provide them with education and training. Your PHI may also be used by our administrative staff to help us run our practices, to coordinate your care received at another facility, or respond to any concerns you may have. We may also disclose your PHI to our third party contractors that perform various services for us or on our behalf, such as accountants, billing, transcription, legal or information technology services.
- Information Provided to You. We will provide you with your PHI which you may request, as described more specifically below in Section V of this Notice.
- Other Healthcare Providers. We may disclose your PHI to your doctors and other health care providers where it may be required by them to treat you, to obtain payment for the services they provided you with or their own health care operations. We may also receive or access your PHI which is created or maintained by your other health care providers for these purposes, such as if you receive treatment while a patient at a hospital. We may do so through traditional mechanisms, or we may do so electronically, including through a health information exchange organization (HIE) as described below.
- Disclosures to Relatives, Close Friends, Caregivers. We may disclose your PHI to notify or assist in notifying a family member, 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 able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. We may also disclose limited information we believe is directly relevant to a family member or other person's involvement with your care or payment related to your care unless you object.
- Sensitive Information. From time to time, PHI which we may access, use and disclose pursuant to this Notice may contain certain categories of Sensitive Information. This includes HIV/AIDS information, genetic information, including genetic test results, tuberculosis, sexually transmitted disease, drug and alcohol, and mental and behavioral health information. Generally, unless applicable law requires us to obtain a separate written authorization from you prior to an intended disclosure, we may access, use and disclose your Sensitive Information as described by this Notice and any registration consent forms which you may have signed. For example, we may need to disclose Sensitive Information to your insurance company in order to get paid for the services we provide related to such Sensitive Information. However, we take care to safeguard the confidentiality of this Sensitive Information.
- HIE Treatment, Payment and Healthcare Operations. We may, from time to time, participate in one or more HIEs through which your health information may be exchanged electronically for treatment, payment and/or health care operations activities as described above. HIEs allow your authorized providers and other authorized individuals to share information efficiently and quickly by and among each other. One example of an HIE is the New Jersey Health Information Network, a state-lead HIE seeking to connect and exchange health information electronically among your health care providers.
  - For example, if you receive a blood test from one of your health care providers participating in an HIE, but are also treated or may be treated in the future by another health care provider who also participates in the HIE, your blood test may be disclosed electronically to the HIE and accessed by and among your other participating health care providers as long as they are authorized to do so. Likewise, if your health care provider conducts care coordination activities, they may be authorized to access and disclose your PHI through the HIE to and from other authorized individuals for these care coordination activities.
  - We will provide you with additional information about each HIE that we may participate in, including how your PHI may be accessed and disclosed by, to, and among the HIE authorized providers and other authorized individuals. We will also provide you with information on how you can choose to not participate in each HIE (Opt-Out). If you choose not to participate in one or more HIEs, we will not access or disclose your PHI through such HIE, however, your PHI may still be made available to us, or used and disclosed by us to other health care providers and

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authorized individuals through other traditional mechanisms as described in this HIPAA Notice or as permitted or required by applicable law.

- Public Health Activities. We may disclose your PHI for certain public health activities, including preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; reporting immunizations where required by law, reporting disease or infection exposure or reporting information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- Health Oversight Activities. We may disclose your PHI to a health oversight agency such as Medicaid or Medicare that oversees health care systems and delivery, including to assist with audits or investigations designed for ensuring compliance with such government health care programs, or licensure, accreditation and related activities.
- Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a court order, subpoena or other lawful process in the course of a judicial or administrative proceeding.
- Law Enforcement Officials. We may disclose your PHI to police or other law enforcement officials as may be required or permitted by law or pursuant to a court order, subpoena or other lawful process. For example, we may disclose your PHI to police in order to identify a suspect, fugitive, material witness or missing person. We may also disclose your PHI to police where it may concern a death we believe is a result of criminal conduct or due to criminal conduct within our premises. We may also disclose your PHI where it would be necessary in an emergency to report a crime, identify a victim of a crime, or identify or locate the person who may have committed a crime.
- Decedents. We may disclose your PHI to medical examiners, or coroners for purposes of identifying or determining cause of death or to funeral directors in order for them to carry out their duties as permitted or required by law.
- Public Safety. We may use or disclose your PHI where necessary to prevent or lessen a serious and imminent threat to your health or safety or that of another identifiable individual, or to the general public.
- Victims of Abuse, Neglect, Domestic Violence. Where we have reason to believe that you are or may be a victim of abuse, neglect or domestic violence, we may disclose your PHI to the proper governmental authority, including social or protective service agencies, who are authorized by law to receive such reports.
- Workers Compensation. We may use or disclose your PHI to the extent necessary to comply with state law for workers' compensation or other similar programs, for example, regarding a work-related injury you received.
- Research. Although generally we will ask for your written authorization for any use or disclosure of your PHI for research purposes, we may use or disclose your PHI without your written authorization if our Internal Review Board has waived the authorization requirement in accordance with applicable law.
- Fundraising Communications. From time to time, we may contact you by phone, email or in writing to solicit tax-deductible contributions to support our activities. In doing so, we may disclose to our fundraising staff certain demographic information about you, such as your name, address and phone number, as well as certain other limited information. You have a right to opt-out of receiving these communications at any time.
- Military and Veterans; Specialized Government Functions. For members of the armed forces and veterans, we may disclose your PHI as may be required by military command authorities. If you are a foreign military personnel member, your PHI may also be released to appropriate foreign military authority. We may disclose your PHI to governmental units with special functions under certain circumstances. For example, your PHI may be disclosed to any of the U.S. Armed Forces or the U.S. Department of State.
- National Security and Intelligence Activities; Protective Services. We may disclose your PHI to authorized federal officials for purpose of intelligence, counter-intelligence and other national security activities that may be authorized by law. We may disclose your PHI to authorized federal officials for purposes of providing

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protection to the President of the United States, other authorized persons or foreign heads of state or for purposes of conducting special investigations.

- Inmates. If you are an inmate in a correctional institution or otherwise in the custody of law enforcement, we may disclose your PHI about you to the correctional institution or law enforcement official(s) where necessary: for the correctional institution to provide health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- Organ and Tissue Procurement. Where you have elected to be an organ donor, we may disclose your PHI to organizations that facilitate or procure organs, tissue or eye donations or transplantation.
- As Required by Law. We may use or disclose your PHI in any other circumstances other than those listed above where we would be required by state or federal law or regulation to do so.
- Change of Ownership. In the event that we merge or sell our practice to another organization or individual, your medical record will become the property of the new owner.

## IV. USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

In general, we will need your **specific written authorization** to use or disclose your PHI for any purpose other than those described in this Notice. For example, we would need your written authorization to disclose any PHI which contains psychotherapy notes, to use and disclose your PHI for marketing, or to use and disclose your PHI for certain activities in which we would receive money (remuneration) directly or indirectly from a third party in exchange for your PHI (a “sale”).

Certain state or federal laws may additionally place more stringent requirements on disclosure of your PHI which may contain Sensitive Information and therefore subject to special protections under applicable law. If we are required by applicable law to obtain a separate written authorization prior to disclosure of Sensitive Information to a third party, we will obtain your separate written authorization. For example, we may require a written authorization if you are a minor and you received certain emancipated care from us before we may disclose PHI related to that care to your parents unless otherwise permitted by law.

You may generally revoke any written authorization by contacting the Privacy Officer identified on the first page at any time.

## V. YOUR RIGHTS REGARDING YOUR PHI

- Right to Inspect/Copy PHI. You have the right to inspect and request copies of your PHI that we maintain. For PHI that we maintain in any electronic designated record set, you may request a copy of such PHI in a reasonable electronic format, if readily producible. However, under limited circumstances, you may be denied access to a portion of your records. For example, if your doctor believes that certain information contained within your medical record could be harmful to you, we would not release that information to you. Please contact the practice location which you are requesting copies of your PHI from. We may charge you a reasonable cost-based fee for paper copies of your PHI or the amount of our reasonable labor costs for a copy of your PHI in an electronic format.
- Right to Confidential Communications. You have the right to make a reasonable written request to receive your PHI by alternative and reasonable means of communication or at alternative reasonable locations.
- Right to Receive Paper Copy of NPP. You may at any time request a paper copy of this Notice, even if you previously agreed to receive this Notice by email or other electronic format. Please contact the Privacy Officer to obtain a paper copy of this Notice.
- Notice of Breach. We take very seriously the confidentiality of our patients’ information, and we are required by law to protect the privacy and security of your PHI through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured PHI and inform you of what steps you may need to take to protect yourself.
- Right to Request Restrictions. You have the right to request restrictions be placed on our use and disclosure of your PHI, such as for treatment, payment and health care operations, to individuals involved in your care or payment related to your care, or to notify or assist individuals locate you or obtain information about your condition. Although we will carefully consider all requests for restrictions on how we will use or disclose your PHI, we are not required to grant your request unless your request relates

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*solely* to disclosure of your PHI to your health plan or other payor for the sole purpose of payment or health care operations for a health care item or service that you or your representative have ***paid us for in full and out-of-pocket***. Requests for restrictions must be in writing. Please contact the Privacy Officer if you wish to request a restriction.

- **Right to Request Amendment.** You may request that we amend, or change, your PHI that we maintain by contacting the Privacy Officer. We will comply with your request unless we believe the information is accurate and complete; we maintain the information you have asked us to change but we did not create or author it, (for example, your medical records from another doctor were brought to us and incorporated into your medical records with our doctors); or if the information is not part of the designated record set or otherwise unavailable for inspection. If we deny your request, we will provide you with information on how you can disagree with the denial. Requests for amendments must be in writing. Please contact the Privacy Officer if you wish to request an additional restriction on a use/disclosure of your PHI.
- **Right to Revoke Authorization.** You may at any time revoke an authorization, whether it was given verbally or in writing. You will generally be required to revoke your authorization **in writing** by contacting our Privacy Officer. Any revocation will be granted except to the extent we may have taken action in reliance upon your authorization.
- **Right to Accounting of Disclosures.** You may request an accounting of certain disclosures we have made of your PHI within the period of six (6) years from the date of your request for the accounting. The first accounting you request within a period of twelve (12) months is free. Any subsequently requested accountings may result in a reasonable charge for the accounting statement. Please contact the Privacy Officer if you wish to request an accounting of disclosures.

## VI. INFORMATION REGARDING THE LENGTH AND DURATION OF THIS NOTICE

We will abide by the terms of this Notice as is currently in effect, however, we may change this notice at any time. Changes to this Notice will apply to all PHI that we maintain. However, if we do change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where all individuals seeking services from us will be able to read the Notice and on our website at <https://deborahspecialists.com>. You may obtain the new Notice in hard copy as well from our Privacy Officer or any of our practice locations.

## VII. COMPLAINTS/ADDITIONAL INFORMATION

You may contact our Privacy Officer identified on the first page at any time if you require any additional information or have questions concerning this Notice or your PHI. If you feel that your privacy rights have been or may have been violated, you may also contact our Privacy Officer at (609) 836-6659 **OR** file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. **We will NOT retaliate against you if you file a complaint with us or the Office of Civil Rights.** If you wish to file a written complaint with the Office of Civil Rights, please contact the Privacy Officer and we will provide you with the contact information.