



Notice of Privacy Practices

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.

This Notice of Privacy Practice describes how Deborah Cardiovascular Group, P.C., d/b/a Deborah Specialty Physicians (“DSP”) may use and disclose your Protected Health Information (your “health information”) under the Health Insurance Portability and Accountability Act of 1996 and its implementing rules and regulations (“HIPAA”).

i. How DSP May Use and/or Disclose Your Health Information

DSP collects health information from you and stores it in a medical chart on a secure computer system. This is your electronic medical record (“EMR”). The EMR is the property of DSP, but the information in the medical record belongs to you. DSP protects and takes seriously the privacy of your health information. DSP will notify you in the event a breach occurs of your health information that is “unsecured” and inform you of any steps you may need to take as a result.

DSP participates in an organized healthcare arrangement (“OHCA”) with Deborah Heart and Lung Center (“DEBORAH™”), a specialty heart, lung and vascular hospital located in Browns Mills, Burlington County, New Jersey. The DEBORAH OHCA was formed to improve and coordinate patient care for patients who are both DSP and DEBORAH patients. By participating in the DEBORAH OHCA, DSP may use and/ or disclose your health information to DEBORAH and its providers for your treatment when you are receiving care by/at DEBORAH, payment for your care while at DEBORAH, or for healthcare operations, which may include joint DSP-DEBORAH activities such as quality improvement, and risk management activities.

For a list of all healthcare providers who provide care at DEBORAH that may use your health information, including DEBORAH employees and its Independent Practitioners, please visit the DEBORAH website at www.demanddeborah.org.

State and federal law generally permit DSP to use or disclose your health information for the following purposes. Where we are permitted to use or disclose your health information as described in this Notice, we may do so verbally or on paper.

We may also use or disclose your health information electronically as described in this

Notice, such as through one or more health information exchange organizations (“HIO”). These HIOs may include the Common Well Health Alliance, Care quality, and NJHIN, among others. An HIO will allow your other providers, your health plans and other authorized individuals or entities to electronically access, use and disclose your health information such as your test results, medication history and other health information for your treatment, payment for care provided to you, health care operations and other permitted purposes by searching an electronic database linked to our records. If we do share your health information through an HIO, you will be provided with information about the HIO and the opportunity to opt- out of participation in such HIO. If you decide to opt-out of the HIO, we may continue to use and disclose your health information through other traditional mechanisms (i.e., paper, electronically or fax) as described and permitted by this Notice.

ii. Uses and Disclosures of Your Health Information:

Although we cannot describe each and every use or disclosure of your health information which may be made, all of the ways in which we are permitted to, and may, use and disclose your health information fall into one of the below categories. If a use or disclosure does not fall into one of the below categories, we will generally seek your written authorization before any such use or disclosure.

- **Treatment.** Information may be used and disclosed for patient care activities in the inpatient, outpatient and office setting, as well as for clinically necessary referrals to specialists. For example, a DSP physician may access your medical record and medication history to authorize a prescription refill. Likewise, under the OHCA, DSP may permit access to a DEBORAH specialist providing services to you at DEBORAH. DSP may also receive your health information related to these treatment activities from your other health care providers and pharmacies.
- **Payment.** Information will be given to your insurance company, such as to pay DSP for services we provide to you. We may also contact your insurance company to determine whether you are eligible for certain services or benefits. We may also share certain information with other healthcare providers who provide care to you at other facilities, such as DEBORAH, in order for them to receive payment from your insurance company or from yourself for the services they provide.
- **Regular Healthcare Operations.** During and following the course of your treatment at DSP it may be necessary to share or receive your health information with and from other caregivers and parties to conduct regular healthcare operations, including assessment, coordination and improvement of patient care, physician evaluations and reviews, and education of our employees. Under the DEBORAH OHCA, we may also share information with DEBORAH for quality improvement and assessment in our shared goal of improving patient care. We may also share information with outside contractors, vendors, consultants and agents who provide us with services, such as billing functions and software consultants. Under certain circumstances, we may also share and receive health information with and from other health care providers to help coordinate and manage your care, and for quality improvement and assessment.

- **Required by Law.** As required by law, we may use and disclose your health information to the extent necessary for DSP to comply with such law.
- **Public Health.** As required or permitted by law, we may disclose your health information to public health authorities for purposes related to 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 to state immunization registries or to those required by law to have access to immunization records, and reporting disease or infection exposure, among others.
- **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, accreditation and other proceedings.
- **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding providing certain procedures are followed.
- **Law Enforcement.** We may disclose your health information to a law enforcement official to help in identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or subpoena, and other law enforcement purposes.
- **Deceased Person Information.** We may disclose your health information to coroners, medical examiners and funeral directors. We may also disclose your health information to those family members, friends or other individuals involved in your care or payment for such care before your death.
- **Organ Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
- **Research.** We may disclose your health information to researchers conducting research approved by an Institutional Review Board.
- **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **Specialized Government Functions.** If necessary, we may disclose your health information for military and national security purposes.
- **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.
- **Employers.** We may disclose your health information in limited circumstances to your employer related to occupational health and safety.

- **Family/Friends.** We are permitted to disclose your health information to a family member or other individual involved in your medical care. We may also give information to someone who helps pay for your care.
- **Appointment Reminders.** We may contact you with appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.
- **Change of Ownership.** In the event that DSP is sold or merged with another organization, your health information/record will become the property of the new owner.

Except as described in this Notice of Privacy Practices, DSP will not use or disclose your health information without your written authorization. If you do authorize DSP to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, except to the extent that DSP has already relied upon your authorization, by contacting the Compliance Officer.

Except as otherwise permitted or required by law, DSP will generally ask for your written authorization prior to (i) use and disclosure of psychotherapy notes (if recorded by us); (ii) use and disclosure of your protected health information for marketing purposes; (iii) disclosures that constitute a sale of your protected health information; and (iv) other uses and disclosures that are not be described in this Notice.

For certain categories of your health information which may be considered “sensitive” and subject to more stringent protections, DSP may be required under state or federal laws or regulations, to obtain written authorization when disclosing any such sensitive information, including, but not limited to HIV/AIDS, Genetic, Sexually Transmitted Diseases and Tuberculosis information, information related to emancipated care received by a minor, as well as Drug/ Alcohol and Mental Health/Behavioral information originating from certain licensed facilities.

The federal laws also protect the confidentiality of substance abuse disorder (SUD) treatment records. As such, SUD treatment records will not be used or disclosed in legal proceedings against you unless there is a written consent from you or the request is accompanied by a court order and subpoena that meets the requirements of 42 CFR Part 2. If DSP intends to use or disclose SUD records for fundraising activities you will be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

iii. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information, such as for treatment, payment or healthcare operations purposes. However, DSP is not required to agree to a request unless you request a restriction on disclosure to your health plan(s) for either payment or a healthcare operations purpose and such disclosure relates solely to a healthcare item or service for which you have paid DSP in full and out of pocket (“out of pocket restriction”). Any such out of pocket restriction must be honored by

DSP unless the requested disclosure would be required by law.

2. You have the right to receive your health information through reasonable means.
3. You have the right to inspect and copy your health information, including an electronic copy of your health information. DSP may charge a reasonable cost-based fee to provide you with copies of your health information.
4. You have a right to request that DSP amend your health information if you believe that it is incorrect, inaccurate or incomplete. DSP is not required to change your health information if it believes it is correct, accurate and complete, or under certain other circumstances. In that case, DSP will provide you with information about how you can disagree with the denial.
5. You have a right to request and receive an accounting of certain disclosures of your health information made by DSP for a period of six (6) years from the date on which such disclosure was made. DSP may charge a reasonable cost-based fee to provide you with such an accounting where you request more than one (1) accounting in a given calendar year. DSP is not required to account for certain types of disclosures of health information.
6. You have a right to a paper copy of this Notice of Privacy Practices, even if you have already received an electronic copy.

iv. Changes To This Notice of Privacy Practices

DSP reserves the right to amend this Notice of Privacy Practices at any time in the future. If an amendment is made, DSP will promptly display and make available the revised Notice of Privacy Practices as of the effective date of such amendment.

v. Complaints

Complaints about this Notice of Privacy Practices or how DSP handles your health information should be directed to Deborah Specialty Physicians, Attn: Compliance, 200 Trenton Road, Browns Mills, New Jersey or through the hotline at (800) 660-5195.

You may also complain to the Department of Health and Human Services by contacting the Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza - Suite 3312, New York New York 10278, (800) 368-1019. DSP will not retaliate or discriminate against you for filing a complaint.

vi. Electronic Notice

This Notice of Privacy Practices is also available on the DSP web page at www.DeborahSpecialists.com