



901 W. Main St., Suite 205, CN5050, Freehold, NJ 07728  
Phone: (732) 866-0800 Fax: (732) 866-0018  
www.heart-nj.com



Ted Gutowski MD, FACC • Lou-Anne Beauregard MD, FACC • Ashish Awasthi MD, FACC • John Werber MD, FACC • Divya Menon, MD  
*Specializing in: Interventional Cardiology, Vascular Medicine & Endovascular Interventions, Electrophysiology  
Nuclear Cardiology, Transthoracic, Stress & Transesophageal Echocardiography, Integrative & Preventive Cardiology*

---

## NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
2013 Update

**This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your individually identifiable health information.**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

### **WE ARE COMMITTED TO YOUR PRIVACY**

Our practice is dedicated to protecting the privacy of your health information. In conducting our business, we create records of treatment and services. We are required by law to keep this confidential, and we are also required by law to provide you with this notice of our legal duties and privacy practices. This applies to any records that we maintain on you, and we reserve the right to revise or amend this Notice and we will keep a copy of this Notice posted in our office.

We must provide you with the following information:

- ☞ How we may use and disclose your private health information
- ☞ Your privacy rights in your private health information
- ☞ Our obligations concerning the use and disclosure of your private health information.

If you have questions about this notice, please contact the Office Manager or Assistant Office Manager.

**We may use and disclose your personal health information (PHI) in the following ways:**

1. **Treatment:** We may use this information to treat you. This includes ordering lab tests, writing prescriptions, or phoning them in to the pharmacy, or we may discuss your case with other doctors to try to help you. We may speak to other people who help care for you such as a spouse or children.
2. **Payment.** We may use your PHI in order to bill and collect payment for the services and items that you receive from us. This may involve contacting your insurer to verify that you have insurance, and we may provide your insurer with information about your treatment to determine if they will cover this treatment. We may use your PHI to obtain payment from people that may be responsible for the costs such as family members, or we may bill you directly. We may use your PHI to assist other healthcare providers take care of you or bill you or your insurance. \*As of 2013, if you have personally paid the entire cost of a service and it is not submitted to your insurance for billing, you can restrict the release of this information to other parties. That is, if you have a test for which you pay in full, such as our ultrasound screening package, you may ask us to not release the results of this testing. This request must be made in writing.\*
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. We can use it to evaluate quality of care, and conduct cost-management and business planning activities.
4. **Appointment Reminders.** Our practice may disclose your PHI to contact you to remind you of an appointment. \* The automated service we use does not have access to your PHI, so this risk is very low.\*
5. **Treatment Options.** Our practice may disclose your PHI to inform you of treatment options or alternatives.
6. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member who helps to take care of you, such as a babysitter in the case of a child. It is our policy, however, to ask permission of any patient over

the age of 18 before discussing the patient's care with anyone else. In the case of children under 18, we would ask permission of the parent or legal guardian.

7. **Disclosures Required by Law.** When required by legal bodies, your information may be disclosed.

## **SPECIAL CIRCUMSTANCES**

There are some special circumstances in which health care information may be disclosed.

1. **Public Health Risks.** We may disclose your PHI to public health authorities when requested for purposes such as:
  - a. Vital records
  - b. Child abuse or neglect
  - c. Preventing or controlling diseases
  - d. Notifying of exposure to a communicable disease or notification about spreading or contracting a disease (e.g. measles, AIDS)
  - e. Reporting reactions to drugs or problems with medical devices
  - f. Notifying patients of recalled items
  - g. Notifying government agencies of adult abuse or domestic violence (with permission of the victim)
  - h. Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
  - i. Notifying schools of immunization records where these records are required for admission to the school.
2. **Health Oversight Activities.** Our practice may disclose your PHI for activities authorized by law that involve investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities that monitor government programs.
3. **Lawsuits and Similar Proceedings.** If you are involved in a lawsuit, we may disclose your PHI in response to an order from the court. We may also disclose your PHI in response to a

- discovery request, subpoena, or other lawful process by another party, but only if we have made an effort to inform you first.
4. **Law Enforcement.** We may release information if asked to do so by a law enforcement official:
    - a. regarding a crime victim if we cannot obtain consent
    - b. concerning a death which may be a crime
    - c. criminal conduct at our offices
    - d. in response to a legal process such as warrant or subpoena
    - e. to identify a suspect, material witness, fugitive or missing person
    - f. in an emergency to report a crime
  5. **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify the patient and determine cause of death. If necessary, information may be released to funeral directors to help them do their jobs. \*We may also release information to family or persons who have been taking care of you for the purpose of your care and the cost of your care. The HIPAA privacy protection expires 50 years after the patient dies.\*
  6. **Research.** If our practice is engaged in research and you are recruited to participate, you will be asked to sign an appropriate informed consent, unless a hospital Institutional Review Board determines that the study involves no risk of either harm, or personally identifying you. Any exposure of your PHI will be clearly identified in the consent form.
  7. **Serious Threats to Health or Safety.** Your PHI may be disclosed if your life or your safety are in danger.
  8. **Others.** Your PHI may be released to the military, to national security officers, or to a correctional institution only under the proper circumstances. Your PHI may be released for workers' compensation or similar programs.

## **YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION (PHI)**

1. **Confidential Communication.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain locations.

Our practice will accommodate reasonable requests. Please ask to update your “yellow sheet” at the front desk.

2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care, or in payment for your care. The circumstances in which we are required to honor your request are spelled out in the first section under Item 2. We may be unable to accommodate other kinds of requests. However, if we do, we are bound by our agreement, except as otherwise required by law. In order to request a restriction, you must request a form and describe:
  - a. The information you want restricted;
  - b. Whether you are requesting to limit our practice’s use, disclosure or both;
  - c. To whom you want the limits to apply
  
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the records we have on you. You must submit your request in writing to the office manager. You will be charged a fee for copying and mailing your records. You are entitled to an electronic copy of your records as well. There will be a fee for preparing the electronic record. You can have direct access to the available medical records at the time of each office visit. There are limited circumstances where we may deny your request for records; however, you may request a review of our denial and we will select another licensed healthcare professional to conduct that review.
  
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. The request is made in writing, with your reasons stated. We may deny your request if it is:
  - (i) not made in writing with reasons cited;
  - (ii) if the information you are requesting to be changed is in our opinion accurate and incomplete, not part of our practice’s PHI, not part of the PHI you would be permitted to inspect and copy or not created by our practice (unless the individual or entity that

- created the information is not available to amend the information).
5. **Accounting of disclosures.** All of our patients have the right to request an “accounting of disclosures” which is a list of non-routine disclosures that are not associated with treatment, billing or operations. Your request must state a time period, which may not include dates before April 14, 2003 and may not be longer than 6 years. The first request in a 12 month period is free. Any additional requests within the same 12 month period will be \$20 each.
  6. **\*Breach Notification.** Within 60 days of discovery of a breach of the privacy of your PHI by our practice we must notify you of the nature of the breach, meaning how your PHI was exposed, the seriousness of the exposure and the steps we have taken to correct the problem. We will not notify you if your PHI was not revealed, or the problem was corrected before unauthorized persons were able to identify you. We are also required to notify the Secretary of the Department of Health and Human Services of breaches and if there is a very serious breach, the media. This latter instance might occur if there was hacking into the encrypted files on a computer that identified over 500 people in the area and subjected many persons to exposure of their PHI.
  7. **Right to File a Complaint.** If you believe that your privacy rights have been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Services. To file a complaint in writing, address your complaint to the Office Manager, Heart Specialists of Central Jersey, 901 West Main St., Suite 205, CN 5050, Freehold, New Jersey 07728. You will not be penalized for filing a complaint.
  8. **Right to Provide an Authorization for other uses and disclosures.** Our practice will obtain your written permission for uses and disclosures that are not identified by this notice. You may revoke this in writing at any time. Please note, however, that we are required to retain records of your care for a period of 7 years, even if you are not seen as our patient during that time.
  9. **You have the right to a paper copy of this notice.**

Heart Specialists of Central Jersey Patient Information on Privacy Protection  
Updated 2013

**If you have any questions about this notice, you may speak to the Office Manager, or the Assistant Office Manager.** You may also request to speak to one of the physician partners about this matter, and you may visit the Center for Medicare Services website <http://cms.hhs.gov/hipaa>.