

Edgewater Pediatrics, P.C.

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Dr. Sushma D. Kaul, M.D.

Notice of Privacy Practices

Effective Date: _____

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.

If you have any questions about this notice, please contact Danielle Castro at the above number.

Our pledge regarding medical information:

We understand that medical information about you and your health is personal. We are committed to maintaining the confidentiality of medical information about you: we create a record of the care and services you receive at this office. We need this record to treat you and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our office, whether made by your personal doctor or by other personnel within our office.

This notice advises you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required to by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms described in this notice.

How we may use and disclose medical information about you:

The following categories describe different ways that we may use and disclose your medical records:

- **Treatment-** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other office personnel who are involved in your medical care and treatment. For example: a doctor may have to tell dietician if you have diabetes, so that appropriate suggestions are given. Different departments of the office also may share medical information about you in order to coordinate the different things you need, like arranging a nebulizer for home use, prescriptions, lab work or x-rays. We also may need to disclose your medical information to your caregivers.
- **Payment-** Means such activities as obtaining reimbursement for services from you or your insurances, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. Also we may have to tell your health insurance plan about a treatment you are going to receive in order to obtain approval or to determine whether your plan will cover the treatment.
- **Health care operations-** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example: we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many office patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to medical student, residents, nurses, technicians and other office personnel for review and learning purposes. We may also compare the medical

information from other doctor's offices to compare how we are doing and see where we can make improvements in the care and services that we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. You also have a right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Dr. Sushma Kaul. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Appointment reminders-** We may use or disclose medical information in connection with our efforts to remind you that you have an appointment.
- **Treatment Alternatives-** We may use or disclose medical information to tell you about or recommend possible treatment options or alternatives that may interest you e.g. suggestion regarding beneficial effects of nutritional counseling.
- **Health-Related Benefits and Services-** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals involved in your Care or Payment for your care-** We may release medical information to your baby sitter taking care of your child. We may disclose medical information to an entity assisting in the disaster relief effort so that your family could be notified about your condition, status and location. We may also give information to someone who helps pay for your care.
- **Research-** Before placing you or your records in a research study we always ask for your consent.
- **As Required by Law-** We will disclose medical information about you when required by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety-** We may use and disclose medical information about you when necessary to prevent a serious threat to your child's health and safety or a threat to public health or safety. Any disclosure, however, would only be to someone able to help prevent the threat.

Special situations:

Organ and Tissue donation: If you are a donor you may release medical information about your child to the organ donation organization.

Public Health Risks: We may disclose your child's medical information for public health issues:

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To report child abuse or neglect/ domestic violence.
- To report reactions to medications/ vaccinations.
- To notify recall products.
- To notify a person who may have been exposed to a disease or is at risk of developing disease.

Health Oversight Activities- We may disclose your medical information to a health oversight agency for activities authorized by law. E.g. audits, investigations, inspections, and licensure.

Lawsuits and Disputes- If you are involved in a lawsuit or dispute, we may disclose medical information about you in the response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute but only if required by law or if effort has been made to tell you about the request or to obtain an order protecting the information requested.

Right to Request Confidential Communications- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Dr. Sushma D. Kaul. We will not as you're the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper copy of This Notice- You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact our office at 201-945-9453.

Changes to this Notice

We reserved the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are seen at the office for treatment or health care services as an outpatient, we will offer you copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact our office at 201-945-9453. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.