

Raymond T Pekala MD
Privacy Officer: Raymond Pekala
Effective Date: April 14, 2003

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to get a copy of your paper or electronic medical record, correct your medical record, request confidential information, ask us to limit the information we share, get a list of those with whom we have shared your information, get a copy of this privacy notice, choose someone to act for you, file a complaint if you feel your privacy rights have been violated.

Your Choices

You have some choices in the way that we use and share information as to whether or not we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory

We never market or sell your information.

Our Uses and Disclosures

We may use and share your information as we treat you, run our organization, bill for your services. We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health, safety issues, research, comply with the law, respond to organ donor requests, work with a medical examiner or funeral director. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

We can also address workers' compensation, law enforcement, and other government requests. We can also respond to lawsuits and legal actions with instructions from the Court.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting
Raymond Pekala MD
215 White Horse Pike
Haddon Heights, NJ 08035

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.