SAINT PETER'S HEALTHCARE SYSTEM

Treating you better...for life.

NOTICE OF PRIVACY PRACTICES

Effective Date: August 1, 2012
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SUMMARY OF NOTICE OF PRIVACY PRACTICES

Saint Peter's Healthcare System Physician Associates, P.C.

D/B/A The Breast Center at Saint Peter's University Hospital

This is a summary of a notice that describes how medical information about you that is maintained by Saint Peter's Healthcare System Physician Associates, P.C. may be used and disclosed. This notice also tells you how to get access to these facts.

Saint Peter's Healthcare System Physician Associates, P.C. consists of all employed doctors, nurses, and other personnel. The notice applies to services provided to you at any facility of Saint Peter's Healthcare System Physician Associates, P.C.

Our Privacy Obligations: We must by law maintain the privacy of your *protected health information* (**PHI**)**.** When we disclose your PHI we must comply with the full terms of our Notice of Privacy Practices ("NPP" or "Notice", which is the longer Notice attached to this summary). In all cases where we may share your PHI with others, we will provide only the *minimum necessary* data to meet the need or request.

PHI Uses Without Your Written Authorization: There are times when we may use and disclose your PHI without your written authorization. This may include treatment, payment, and our health care operations (which may involve administrative, quality and cost studies or activities to improve the care we give to all patients).

Other examples (further defined in the attached Notice) include PHI made known to: your relatives, close friends or other caregivers (identified by you whenever possible); public health activities; reporting of abuse or neglect as required by law; health oversight activities; judicial and administrative proceedings; law enforcement officials; medical examiner, coroner or funeral director; organ and tissue procurement; research; health and safety; specialized government functions; workers' compensation; military command authorities if you are a member of the armed forces; national security and intelligence activities; protective services for the President and others; correctional institutions or law enforcement officials if you are an inmate; fundraising, and as otherwise required by law.

If you do not want to receive any fundraising requests in the future, you may contact our Privacy Office at (732) 565-5483.

PHI Uses With Your Authorization: For any purpose other than those listed above, your PHI may only be used with your written consent.

Your Rights about Your Protected Health Information: You have the right to ask for other limits on the use and disclosure of your PHI. While we will consider all requests, we are not required to agree. You have the right to confidential communications; the right to take back your authorization; the right to inspect and copy your health information; the right to amend (change or alter) your records; the right to receive a listing of disclosures; and the right to receive a paper copy of this notice.

Our Right to Change Terms of This Notice: We may change this Notice at any time. If we do, we may make the new notice apply to all PHI we maintain. We will post it in a place where all people seeking services from facilities Saint Peter's Healthcare System Physician Associates, P.C. will be able to read the Notice and on our Internet site at www.saintpetershcs.com. You may obtain any new notice by calling the Privacy Office.

For Further Information; Complaints: If you want more information, believe your privacy rights have been violated or disagree with a finding we have made about your access to your PHI, you may contact our Privacy Office. You may also file written complaints 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 with the Office of Civil Rights.

Please Note –

1. This is only a summary of the full Saint Peter's Healthcare System Physician Associates, P.C.'s *Notice of Privacy Practices.*
2. You may obtain a complete copy of the Notice at our Web site at www.saintpetershcs.com.
3. To obtain a paper copy of the Notice, contact the Privacy Office at (732) 565-5483 or by e-mail at privacyofficer@saintpetersuh.com.

Saint Peter's Healthcare System Physician Associates, P.C..

NOTICE OF PRIVACY PRACTICES

Effective Date: August 1, 2012

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.

WHO WE ARE

This Notice describes the privacy practices of Saint Peter's Healthcare System Physician Associates, P.C., our employed physicians, nurses, and other personnel (collectively, herein, the "Healthcare System," "we" or "us"). It applies to services furnished to you at any facility of Saint Peter's Healthcare System Physician Associates, P.C.

OUR PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice which may be amended from time to time. In all cases where we may share your medical information with others, we share only the *minimum necessary* amount of information required to satisfy the need or request.

PERMISSIBLE USES and DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

In certain situations, which we will describe below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

- Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and disclose PHI in order to treat you, obtain payment for services provided to you and conduct our "health care operations" as detailed below:

  - Treatment. We use and disclose your PHI to provide treatment and other services to you--for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to your physician and other providers involved in your treatment.

- Payment. We may use and disclose your PHI to obtain payment for services that we provide to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care to verify that your health plan will pay for the health care. We may also share insurance information with other medical providers who provided you care but are independent contractors and, therefore, are not employed by us.

- Health Care Operations. We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses, our staff chaplains and other health care workers. We may also disclose information to doctors, nurses, technicians, medical, nursing and other students, interns and residents, volunteers, and other practice personnel for teaching purposes. We may disclose PHI to our administrators in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

  We may also disclose PHI to another health care facility or home health provider to which you have been transferred, or transport company which has transported you when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

➢ Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we:

  - obtain your agreement;
  - provide you with the opportunity to object to the disclosure and you do not object; or
  - reasonably infer that you do not object to the disclosure.

  If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. When relatives, close friends and other caregivers request disclosure of your PHI via a distant means

(e.g., telephone, electronic mail, internet, etc.), we will comply with our information security and privacy policies concerning distant inquiries. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

- Public Health Activities. We may disclose your PHI for the following public health activities:
  - to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
  - to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;
  - to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration;
  - to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and
  - to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

- Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agencies, authorized by law to receive reports of such abuse, neglect, or domestic violence.

- Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the practice and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

- Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

- Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

- Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients at Healthcare System facilities to a funeral director as necessary to carry out their duties.

- Organ and Tissue Procurement. If you are or become an organ donor, we may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

- Research. We may use or disclose your PHI without your consent or authorization if our Committee for the Protection of Human Subjects in Research approves a waiver of authorization for disclosure.

- Health or Safety. We may use or disclose your PHI to prevent or lessen a threat of imminent, serious physical violence against you or another readily identifiable individual or if there is a threat to the general public.

- Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

- Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

- Military and Veterans. We may release medical information about you as required by military command authorities if you are a member of the armed forces. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.

- Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary:

    - for the institution to provide you with 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.

- As Required by Law. We may use and disclose your PHI when required to do so by any other law or regulation not already referred to above.

- Fundraising Communications. We may solicit tax-deductible contributions to support important activities of the Healthcare System. In connection with any fundraising, we may disclose to our fundraising staff demographic information about you (e.g., your name, address and phone number) and dates on which we provided health care to you, without your written authorization. No other

information will be disclosed to our fundraising staff without your express written authorization. If you do not want to receive any fundraising requests in the future, you may contact our Privacy Office at 732-565-5483.

USES and DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

- Use or Disclosure with Your Authorization: For any purpose other than the ones described above, we only may use or disclose your PHI when you grant us your written authorization on our authorization form ("Your Authorization"). For example, you will need to execute an authorization form before we can send your PHI to your life insurance company.

- Marketing. The facilities of the Healthcare System do not use or share medical information for marketing purposes. If you receive marketing materials from a facility of the Healthcare System, it is because we have received your contact information from another source, such as a zip code listing. We must also obtain your written authorization prior to using your PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter without obtaining authorization.) In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your authorization.

- HIV/AIDS Related Information. Your authorization must expressly refer to your HIV/AIDS related information in order to permit us to disclose your HIV/AIDS related information. In most cases, we will need to obtain your specific written authorization to release your HIV/AIDS related information. However, there are certain purposes for which we may disclose your HIV/AIDS information, without obtaining your authorization:

    - your diagnosis and treatment;
    - scientific research;
    - management audits, financial audits or program evaluation;
    - medical education;
    - disease prevention and control when permitted by the New Jersey Department of Health and Senior Services;
    - to comply with a certain type of court order; and
    - when required by law, to the Department of Health and Senior Services or another entity.

  You also should note that we may disclose your HIV/AIDS related information to third party payers (such as your insurance company or HMO) in order to receive payment for the services we provide to you. Finally, we may release general HIV/AIDS related information that has been "de-identified" with respect to you and other patients without specific authorization; however, the information will not be able to be used to identify you.

- Genetic Information. Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements, or pursuant to a court order), we will obtain your special written consent prior to obtaining or retaining your genetic information or using or disclosing your genetic information for treatment, payment or health care operations purposes. We may use or disclose your genetic information for any other reason only when your authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey State law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order).

- Sexually Transmitted Disease Information. Your authorization must expressly refer to your sexually transmitted disease information in order to permit us to disclose any information identifying you as having or being suspected of having a sexually transmitted disease. However, there are certain purposes for which we may disclose your sexually transmitted disease information, without obtaining your authorization including:

  - to a prosecuting officer or the court if you are being prosecuted under New Jersey law;
  - to the Department of Health and Senior Services; or
  - to your physician or a health authority, such as the local board of health.

  Your physician or a health authority may further disclose your sexually transmitted disease information if he/she/it deems it necessary in order to protect the health or welfare of you, your family or the public.

- Tuberculosis Information. Your authorization must expressly refer to your tuberculosis information in order to permit us to disclose any information identifying you as having tuberculosis or refusing/failing to submit to a tuberculosis test if you are suspected of having tuberculosis or are in close contact to a person with tuberculosis. However, there are certain purposes for which we may disclose your tuberculosis information, without obtaining your authorization, including for research purposes under certain conditions, pursuant to a valid court order, or when the Commissioner of the Department of Health and Senior Services (or his/her designee) determines that such disclosure is necessary to enforce public health laws or to protect the life or health of a named person.

- Psychotherapy Notes. Healthcare System facilities will obtain your authorization to disclose any psychotherapy notes that may be protected by law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your PHI:

  - for treatment, payment and health care operations,

- to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or
- to notify or assist in the notification of such individuals regarding your location and general condition.

While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction unless your requested restriction is with regard to uses and disclosure of your PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care item or service for which we have been paid for out-of-pocket in full. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.

- Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative reasonable means of communication or at alternative locations.

- Right to Revoke Your Authorization. You may revoke your authorization except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below. A form of Written Revocation is available upon request from the Privacy Officer.

- Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. This right includes to request a copy of your medical record in an electronic format, but only if it is information contained in an Electronic Health Record (EHR). Under limited circumstances, we may deny you access to a portion of your records. For example, a Healthcare System facility may withhold certain portions of a psychiatric record if the physician or psychologist believes that such review of the complete record would be harmful to your best interest.

If you desire access to your medical records, please obtain a record request form from the Health Information Management Department and submit the completed form to the Health Information Management Department. We may charge you a reasonable fee in accordance with New Jersey law, and in the case of a request for a copy of your medical records that may be maintained in an EHR (or a summary or explanation of such information) provided to you in an electronic format, we may charge you the amount of our reasonable labor costs in responding to your request.

You should take note that if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to pregnancy, sexually transmitted diseases, substance use or abuse, and/or fertility awareness services).

- Right to Amend Your Records. You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Health Information Management Department and submit the completed form to the Health Information Management Department. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply, or unless you are requesting us to amend PHI that we maintain, but that we have not authored (i.e., another provider's records "incorporated" into your record here. We will respond to your request to amend your records within thirty (30) days of receiving the request. We are not required to amend incorporated records, such as records received from another health care facility or provider.

- Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years from the date of your request. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable amount for the accounting statement. We will respond to your request for an accounting within thirty (30) days of receiving the request.

- Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

EFFECTIVE DATE and DURATION of THIS NOTICE

- Effective Date. This Notice is effective on May 12, 2011.

- Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new Notice in a clear and prominent location where it is reasonable to expect individuals seeking service from any facility of the Healthcare System to be able to read the notice or on our Internet site at *www.saintpetershcs.com.* You also may obtain any new notice by contacting the Privacy Office.

- For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director.

WE WILL NOT RETALIATE AGAINST YOU IF YOU FILE A COMPLAINT WITH US OR THE DIRECTOR.

PRIVACY OFFICE

You may contact the Privacy Officer at:

Privacy Office
Saint Peter's Healthcare System Physician Associates, P.C.
c/o Saint Peter's University Hospital
254 Easton Avenue
New Brunswick, NJ 08901
Telephone Number: (732) 565-5483
E-mail: privacyofficer@saintpetersuh.com

HEALTH INFORMATION MANAGEMENT DEPARTMENT

You may contact the Health Information Management Department at:

Health Information Management Department
Saint Peter's Healthcare System Physician Associates, P.C.
c/o Saint Peter's University Hospital
254 Easton Avenue
New Brunswick, NJ 08901
Telephone Number: (732) 745-8511

NOTICE OF PRIVACY PRACTICES

ADDENDUM

JERSEY HEALTH CONNECT

Health Information Exchange: Consistent with Federal Regulation, Saint Peter's Healthcare System has partnered with Jersey Health Connect, which is a Health Information Exchange (HIE). An HIE is governed by a strict set of rules designed to protect patient confidentiality, privacy and security. The purpose of an HIE is to allow physicians and healthcare facilities to share your clinical information electronically. The goals of this exchange are to reduce medical errors, eliminate redundant care and reduce unnecessary costs. Ultimately the HIE will also allow you to access information stored in the HIE and become a more active, informed participant in your overall care.

You are entitled to opt-out of this electronic health exchange by contacting Jersey Health Connect at (855) 624-6542 or via the internet at http://www.jerseyhealthconnect.org/.