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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES

***YOU MAY REFUSE TO SIGN THIS*
ACKNOWLEDGEMENT**

I, _____, have received a copy of this
office's Notice of Privacy Practices.

Please Print Name

Signature

Date

For office use only

We attempted to obtain written acknowledgement of receipt of our
Notice of Privacy Practices, but acknowledgement could not be
obtained because:

- () Individual refused to sign
- () Communications barriers prohibited obtaining acknowledgement
- () An emergency situation prevented us from obtaining
acknowledgement
- () Other (please specify)

165 Summit Internal Medicine Clinic PA

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.

We respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses and treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

Examples of uses and disclosures of protected health information for treatment, payment, and health care operations:

For treatment: Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing you care. This will help them stay informed about your care.

For payment: We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

For health care operations:

We may use your medical records to assess quality and improve services.

We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.

We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

We may use and disclose your information to conduct or arrange for services including: Medical quality review by your health plan; accounting, legal, risk management and insurance services; and audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records we create and store are the property of our office. The protected health information in it, however, generally belongs to you. You have a right to:

Receive, read, and ask questions about this Notice. Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted.

Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice"). Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.

Have us review a denial of access to your health information—except in certain circumstances. Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.

When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.

Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing. Cancel prior authorizations to use or disclose health information by giving us a written

revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

Our Responsibilities

We are required to:

Keep your protected health information private.

Give you this Notice.

Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office/medical records department to pick one up.

Notification of family and others

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

Some of the ways that we may use and disclose your protected health information without your authorization are as follows:

With medical researchers—if the research has been approved and has policies to protect your privacy.

To funeral directors/coroners consistent with applicable law to allow them to carry out their duties. To organ procurement organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.

To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products. To comply with workers' compensation laws—if you make a workers' compensation claim.

For public health and safety purposes as allowed or required by law.

To report suspected abuse or neglect to public authorities.

To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others. For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.

For health and safety oversight activities for example, we may share health information with the Department of Health. For disaster relief purposes for example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.

For work-related conditions that could affect employee health for example, an employer may ask us to assess health risks on a job site. To the military authorities of U.S. and foreign military personnel for example, the law may require us to provide information necessary to a military mission.

In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order. For specialized government functions for example, we may share information for national security purpose.

Other uses and disclosures of protected health information: Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization