

**MONMOUTH CARDIOLOGY ASSOCIATES, L.L.C.**  
**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

***PLEASE REVIEW CAREFULLY.***

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and in the future. We will post a notice in our office if our Notice of Privacy Practices is materially revised or amended. You may request a copy of our most current Notice of Privacy Practices at any time.

**B. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI).**

1. **Treatment.** Our practice may use and disclose your PHI to treat you and assist others in your treatment. It may be used for the purposes of evaluating your health, and diagnosing a medical condition. For example, we may disclose PHI to a laboratory to order a blood test, or to a pharmacy to fill a prescription.
2. **Payment.** Our practice may use your PHI in order to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. Also, we may use your PHI to bill you directly for services.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. For example, we may use and disclose your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business activities for our practice.
4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact and remind you of an appointment.
5. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Release of Information to Family/Friends and Others.** Our practice may release your PHI to a friend or family member or other as identified by you as involved in your care, or the payment of your care. We may use or disclose PHI about you to notify others of your general condition. We may also allow friends and family to act for you and pick up prescriptions, etc. when we determine it is in your best interest to do so. If you are available, we will give you the opportunity to object to these disclosures.
7. **Law Enforcement/Public Health Reporting.** Your health information may be disclosed to law enforcement and public health agencies as required by law without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, to comply with government mandated reporting and we are required to report certain communicable diseases to the state's public health department.

## C. INDIVIDUAL RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. **Confidential Communication.** You have the right to receive confidential communications concerning your medical condition and treatment by alternate means or alternate locations. Example: Sending information to your work address rather than your home address, or asking that we contact you by mail rather than telephone. To request confidential communications, you must specify where and how you wish to be contacted. We will accommodate all reasonable requests.
2. **Restrictions.** You have the right to request a restriction on the use and disclosure of your protected health information. We are not required to agree to your request. In order to request a restriction in our use or disclosure of your PHI, your request must be made in writing in a clear and concise fashion:
  - The information you wish restricted
  - To whom you want the limits to apply
3. **Inspections and Copies.** You have the right to inspect and obtain a copy of your protected health information, but not including psychotherapy notes. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request for amendment. We may deny your request to amend information that is in our opinion: a) accurate and complete; b) not part of the PHI kept by or for the practice; c) not part of the PHI that you would be permitted to inspect and copy; or d) not created by our practice.
5. **Disclosures.** All of our patients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. All requests must be in writing and state a time period of no longer than six (6) years, and not include dates before April 14, 2003.
6. **Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by law. Any authorization you provide to us regarding the use and disclosure of your PHI can be revoked at any time in writing except to the extent that Monmouth Cardiology Associates has acted in reliance upon this authorization.
7. **Right to a Printed Copy of This Notice.** You have a right to receive a paper copy of our Notice of Privacy Practices.
8. **Right to File a Complaint.** To submit a comment or complaint about our privacy practices, or if you feel your rights have been violated, you can do so by sending a letter outlining your concerns to either: the Privacy Officer named below or to the Secretary, US Department of Health and Human Services. You will not be penalized for filing a complaint.

### CONTACT PERSON:

Privacy Officer  
Monmouth Cardiology Associates, LLC  
215 Brighton Avenue  
Long Branch, NJ 07740  
(732) 222-5143

### EFFECTIVE DATE:

This Notice of Privacy Practices shall be effective as of April 14, 2003