



Healing Oceans Privacy Practices

This Notice of Privacy Practices describes how Healing Oceans Family Wellness Center (HOFWC) may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes complying with HIPAA and other law.

It also describes your rights to access and control your protected health information. "Protected health information" (hereafter referred to as "PHI") is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

If you have any questions about this Notice please contact our Privacy Officer.

- As outlined in the Notice of Privacy Practices, I authorize Deborah Ginsburg, MD and other representatives of HOFWC to use and release my protected health information (PHI) for treatment, payments, and health care operations.
- I have the right to request that Deborah Ginsburg, MD restrict the use or disclosure of my protected health information. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.
- I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Deborah Ginsburg, MD and other representatives of HOFWC may decline to provide treatment to me.
- I specifically authorize Deborah Ginsburg, MD and other representatives of HOFWC to communicate issues of my health and medical care with my other caregivers.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. Uses And Disclosures Of Protected Health Information

Your PHI may be used and disclosed by your physician, our office staff, and others outside of our office involved in your care and treatment for the purpose of providing health care services to you. We will share your PHI with third party "business associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of



interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Other permitted and required disclosures that may be made without your authorization:

We may use or disclose your PHI in the following situations without your authorization: when required by law for reasons related to public health needs, for health oversight purposes (such as audits, investigations, and inspections), in cases of abuse or neglect, to the Food and Drug Administration, for legal proceedings and law enforcement, to coroners, national security, to workers' compensation programs, and to a correctional facility if you are an inmate.

Uses and Disclosures Of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other Permitted And Required Uses And Disclosures That Require Providing You The Opportunity To Agree Or Object:

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights. You have the right to inspect, obtain, and copy your PHI. You may obtain this from us for so long as we maintain the PHI. This includes medical and billing records and any other records that your physician and the practice use for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that



prohibits access to PHI. Depending on the circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by sending written, specific instructions to our Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made if you authorized us to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a



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complaint.

You may contact our Privacy Officer, Deborah Ginsburg, at 609-474-4325 for further information about the complaint process.

This notice was published and becomes effective on January 1, 2014.

You can find it online at <http://www.healing-oceans-family-wellness-center.com/support-files/02-notice-of-healing-oceans-privacy-practices.pdf>.