

Princeton Infectious Diseases

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed. It also explains how you get access to this information. Please review it carefully.

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information (PHI) includes your symptoms, test results, diagnosis, treatment and other medical information. It also includes information that is needed for payment, billing and insurance information.

How we use your PHI

We use health information to treat, obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care you receive. Under certain circumstances, we may be required to use or disclose PHI without your permission.

Examples of Treatment, Payment and Health Care Operations

Treatment: In order to provide you with medical treatment and services, we will use your PHI. For example, nurses, doctors and other members of your treatment team may

need to share the information to determine the most appropriate course of treatment. We may also disclose PHI to the pharmacists who fills prescriptions, and to family members who are helping you with your care.

Payment: We will use and disclose your health information for payment purposes. For example, to bill for services rendered, obtain prior authorization or do referrals.

Health care Operations: We will use and disclose your Phi to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and others like it.

Special Uses

We may use your PHI to remind you of appointments or to send recalls. It may also be disclosed to your other healthcare providers when it is required for them to treat you, or to receive payment for services that they rendered to you. It

may also be disclosed for detection of healthcare fraud or abuse.

Other Uses and Disclosures

We may use or disclose your PHI for other reasons without your consent.

Subject to certain

requirements, we are

permitted to give out the information without your permission for the following reasons:

Required By Law: We are required by law to report gunshot or stab wounds, suspected abuse or neglect or similar injuries or events.

Research: We may use or disclose information for approved medical research.

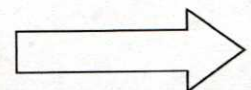
Public Health Activities: As required by law, we may disclose vital statistics, immunization records and communicable diseases to the public health authority.

Health Oversight: We may be required to disclose information in response to an appropriate subpoena or court order.

Law Enforcement

Procedures: Subject to

Please sign on the back



certain restrictions, we may disclose information required by law enforcement officials.

Deaths: We may report information regarding deaths to coroners, medical examiners, funeral directors and organ donation agencies.

Serious threat to health or safety: We may use or disclose information necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional facilities' or for national security purposes.

Workers Compensation: We may release information about you for workers compensation or similar programs providing benefits for work related injuries or illness.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you.

Individual Rights

You have the following rights regarding you Phi. Please contact our Private Officer to obtain the appropriate forms for exercising these rights.

Request Restrictions: You may request restrictions for certain uses and disclosures. We are not required to agree to such restrictions, but if we do agree, we must abide by them.

Confidential

Communication: You may ask us to communicate with you confidentially by, for example, a special Address for mailing or not using postcards for recalls or appointment reminders.

Inspect/ Obtain copies: In most cases you have the right to inspect your records or obtain copies of specific health information. There is a charge for copies of health records.

Amend Information: If you believe that information in your record is incorrect or incomplete, you have the right to request that it be corrected or added.

Accounting of Disclosures: you may request a list of disclosures of your PHI for purposes other than TPO.

Our Legal duty

We are required by law to protect and maintain the

privacy of your health information. We are also requiring to provide this notice about our duties and our privacy practices regarding PHI and to abide by the terms of the Notice.

Changes in Privacy

Policies We may change our privacy policy at any time. The new Notice will be posted in the waiting room. You may also request a copy of this notice at any time. If you have any questions about this, please contact our Private Officer.

Complaints

If you are concerned that we have violated your privacy rights or you disagree with a decision about your records, you may contact the privacy officer for Arunima Mamidi M.D. Contact may be in writing, or by phone at the address below. You may also complain to the U.S. Department of Health and Human Services.

Princeton Infectious
Diseases Associates, LLC
5 Plainsboro Road
Plainsboro, NJ 08536
Phone: 609-750-0011
Fax: 609-750-0022

Signature:

Date: