

Comprehensive Pain Solutions of New Jersey, P.C.

NOTICE OF PRIVACY PRACTICES

Revision Date (Effective Date): 3/10/16

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.

This Notice informs you of the following:

Who Will Follow This Notice

What Health Information is Protected

How We May Use Your Health Information

When We Will Obtain Separate Authorization From You for Use of Your Information

Your Privacy Rights

How to Contact Us and Obtain Copies of This Notice

How to File a Complaint

We are required by law to protect the privacy of your health information, and to provide you with a copy of this notice which describes the health information privacy practices of our practice, its physicians and affiliated health care providers, you will also be able to obtain your own copy at any time, as described further below.

If you have any questions about this notice or would like further information, please contact the Privacy Officer at 856-334-9600.

WHO WILL FOLLOW THIS NOTICE?

Comprehensive Pain Solutions of New Jersey, P.C. (CPSONJ) provides health care to patients with physicians and other health care professionals. The privacy practices described in this notice will be followed by:

- Any health care professional that treats you at any of our locations
- All employees
- Any business associates of CPSONJ (which are described further below).

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health related services. Some examples of protected health information (PHI) are:

- demographic information we collect (such as your name, address, or date of birth). -unique numbers that may identify you (eg. Social security number, phone number, license number) - information indicating that you are a patient of CPSONJ or receiving treatment from us
- information about your health care benefits under an insurance plan (such as whether a prescription is covered). Health information is not considered PHI and is not subject to the protections if it is "completely de-identified." This means that we have removed all information that has the potential to identify you, as required by law. For example, a MRI report that has been edited to remove your name, date of birth, medical record number, and all other information that could identify you, but still includes the test results, is considered de-identified.

The health information of a person who has been deceased for more than 50 years is no longer considered (PHI) and is not subject to the protections described in this notice. If other laws require us to give this information special protection, we will continue to do so.

HIV: Alcohol and Substance Abuse, Mental Health and Genetic Information

Special privacy protections may apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. We will follow any of these additional protections required by law. More information, call Privacy Officer.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment, Payment and Business Operations- No Authorization Required

We may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run our business operations. In some cases, we may also disclose your

health information for payment activities and certain business operations of another health care provider or payer. We can do all of these things without obtaining your authorization. Below are further examples of how your information may be used and disclosed for these purposes.

Treatment: We may share your health information with doctors, nurses or other staff at any of our locations who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A RNA doctor may share your health information with another CPSONJ doctor, or with a non CPSONJ doctor, to determine how to diagnose or treat you. Your CPSONJ doctor may also share your health information with another doctor to whom you have been referred for further health care.

Payment: We may use your health information or share it with others to obtain payment for your health care services. For example, we may share information about you with your health/auto insurance in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. We might also need to inform your health/auto insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the hospital for a particular type of surgery. We also may share your information with other health care providers and payers for their payment activities.

Business Operations: We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide to you. We also may share your health information with other health care providers and payers for certain of their business operations if the information is related to a relationship the provider or payer currently has or previously had with you, and if the provider or payer is required by federal law to protect the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits and Services: In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Business Associates: We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

Partially De-identified Information-Limited Data Set: We are also permitted to use and disclose ^U partially de-identified" health information about you (known as a "Limited Data Set") if the person who will receive the information signs an agreement to protect the privacy of the information a required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you(such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

2. Family and Friends —You Have an Opportunity to Object

We may also use your health information and share it with family and friends involved in your care, without your written authorization. However, for these purposes, we will always give you an opportunity to object unless there is insufficient time because of a medical-emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise. If you do not object, we may share your health information with any support person who is involved in your care or payment for that care, including a family member, domestic partner, or other close personal friend. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

3. EMERGENCIES OR PUBLIC NEED - NO AUTHORIZATION REQUIRED

The following are other circumstances where we may use your health information or share it with others to meet important public needs. We will not be required to obtain you authorization before using or disclosing your information for these reasons. However, if state law specifically requires that we obtain your written authorization for, or provide you with an opportunity to object to the use and disclosure of your health information in these situations, we will do so.

As Required By Law: We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities: We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability, or to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. We also may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect or Domestic Violence: We may release your health information to a public health authority that is authorized to receive reports of child abuse or neglect. We may release your health information to a public health authority that is authorized to receive reports of adult abuse, neglect or domestic violence. For example, we may make such a report if we reasonably believe that you have been a victim of such abuse, neglect or domestic violence. We will make every effort to obtain

your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair and Recall. We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of (1) reporting or tracking product defects or problems;(2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes: We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement: We may disclose your health information to law enforcement officials for various reasons as permitted by law, including: to comply with court orders or laws that we are required to follow; to report a crime; or to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person. If state or federal law requires us to inform you of the disclosures, we will do so.

To Avert a Serious and Imminent Threat to Health or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans. If you are in the

Armed forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmate or persons involved in supervising or transporting inmates.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties

Organ and Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

4. Incidental Disclosures

While we take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, your name may be overheard by others in the waiting area when you are called in for your appointment.

5. Authorization Required for Other Purposes

Other types of uses and disclosures of your PHI not covered by this Notice will be made only with your written authorization. Most uses and disclosures of psychotherapy notes and most uses and disclosures for marketing as well as disclosures that would constitute a sale of PHI purposes fall within this category and require your authorization before we may use you PHI for these purposes. If you provide us authorization to use or disclose your PHI, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosures we may have already made with your authorization.

YOUR PRIVACY RIGHTS

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. Right to Inspect and Copy Records

With certain exceptions, you have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. You also have a right to obtain copies of certain records in electronic format. To inspect or obtain a copy of your records, please submit your request in writing to the Privacy Officer at Comprehensive Pain Solutions of New Jersey, P.C., P.O. Box 4160, Cherry Hill, New Jersey 08034. We will respond to your request in a timely manner, and as required by law. There is no fee for an on-site inspection of your records. If you request a copy of the information, we may charge a reasonable fee to cover the costs of copying, mailing or other supplies we use to fulfill your request. The fee must generally be paid before or at the time we give the copies to you. We may deny access under certain circumstances. If we deny your request, we will provide you information on how to exercise your right to have that denial formally reviewed by a licensed healthcare professional designated by us.

2. Right to Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the Privacy Officer, Comprehensive Pain Solutions of New Jersey, P.C., P.O. Box 4160, Cherry Hill, New Jersey 08034. Your request should include the reasons why you think we should make the amendment. We will respond to your request in a timely manner, and as required by law. If we deny part or all of your request, we will provide a written explanation of our reasons for doing so and of your right to appeal the denial.

3. Right To An Accounting Of Disclosures

You have a right to request an "accounting of disclosures" which identifies certain disclosures of your health information made within the six years prior to your request. An accounting of disclosures does not include all disclosures of your health information outside of CPSONJ. Notable, an accounting of disclosures does not include information about the following disclosures: -

- Disclosures we made to you or your personal representative

- Disclosures we made pursuant to your written authorization

- Disclosures we made for treatment, payment or business operations:
 - Disclosures made to friends and family involved in your care or payment for your care
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by):
 - Disclosures for purposes of public health or our business operations of limited portions of your health information that do not directly identify you:
 - Disclosures made to federal officials for national security and intelligence activities
 - Disclosures about inmates to correctional institutions or law enforcement officers.
- Disclosures made more than six years prior to your request

To request an accounting of disclosures, please contact the Privacy Office at 856-334-9600. Your request must state a time period within the past six years for the disclosures you want us to include. You have a right to receive one accounting within every 12 month period for free. We may charge you for the cost of providing any additional accounting in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred. We will respond to your request in a timely manner, and as required by law.

4. Right To Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please contact the Privacy Officer. Your request should include: (1) what information you want to limit (2) whether you want to limit how we use the information, how we share it with others, or both (3) to whom you want the limits to apply.

With a limited exception described below, we are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction. If you request that we not disclose certain medical information to your health insurer and that medical information relates to a health care product or service for which we otherwise have received payment in full, from you or on your behalf, then we must agree to that request.

5 Right to Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please contact the Privacy Officer at 856-334-9600. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

6. Right to be Notified in the Event of a Breach

As required by law, CPSONJ will notify you in writing if your PHI has been used or disclosed in a way that is inconsistent with federal or state privacy regulations.

7. Right to Obtain a Copy of This Notice

You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please contact the Privacy Officer at 856-334-9600 or You may also obtain a copy of this notice from our website at www.CPSOFNJ.com or by requesting a copy at your next visit.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact the Privacy Officer, Comprehensive Pain Solutions of New Jersey P.C. P.O. Box 4160, Cherry Hill, NJ 08034 or 856-334-9600. No one will retaliate or take action against you for filing a complaint.

FUTURE CHANGES TO THIS NOTICE

We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information. We will post any revised notice in our registration areas. You will also be able to obtain your own copy of the revised notice by accessing our website at www.CPSOFNJ.com or by calling our office at 856-334-9600 or asking for one at the time of your next visit. The effective date of the notice will always be noted. We are required to abide by the terms of the notice that is currently in effect.