

Privacy Notice of Jersey Wellness Center, LLC.

This notice describes the type of information we gather about you and describes with whom that information may be shared. It also describes safeguards we have in place to protect information about you. We sometimes refer to ourselves in the notice as "Practice".

You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information about you, except when law requires us to release the information. If the practices described in this notice regarding your medical information are satisfactory to you, you do not have to do anything further. If you prefer that we not share information, we may honor your written request in certain circumstances which are described in this notice. If you have any questions about this notice, please contact our Privacy Officer at the address on the last page.

Who Will Follow This Notice

This notice describes our practices regarding the use of your medical information. We maintain records documenting our treatment of you called Medical Records. Medical Records contain not only information regarding the nature and extent of services provided during office visits, but test results, x-ray, hospital records, records of other doctors treating you, your medical history, orders and prescriptions and other similar records related to your medical care. Our physicians and health care personnel enter information into your medical record. In addition, we maintain billing records regarding your care, which necessarily contain information regarding your health care and treatment in the practice.

Entries are made in the records by our staff including our physicians and health care personnel in case of medical care and our billing personnel in case of billing records. This notice applies to all of the records containing protected health information related to your care generated in the Practice whether made by health care professionals or one of our personnel.

The purpose of this notice is to tell you about how we may use and disclose medical information about you. The notice also describes your rights and certain obligations we have, regarding the use and disclosure of your medical information.

We are required by law to keep medical information that identifies you private; give you this notice of our legal duties and privacy practices with respect to health information we maintain about you; and to follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information about You

There are three basic categories of ways in which we may use and disclose your health information with your consent.

Treatment - We may use medical information about you as necessary to provide medical treatment. We may also disclose your medical information to physicians and other health care professional who are involved in taking care of you, whether within our Practice or outside of our Practice.

Health care personnel in our Practice may share information about you amongst themselves or with health care professionals outside the Practice who are treating you to coordinate care, such as medical history, sharing test results, prescription information and x-rays. Sharing of information would also be necessary with respect to referrals we make. For example we may refer you to an outside physician, such as a radiologist for x-rays or tests needed to treat and diagnose your medical condition.

For Payment - In order to bill and collect for our services we use and disclose medical information about you including an insurance company or third party. For example, your insurance may need to know about care you receive in order to pay our Practice for services we provide to you. We may also use and disclose medical information about you to determine your eligibility for insurance payment and where required to obtain prior approval or for coverage determinations for particular services. In addition, we may disclose medical information about you to billing companies we use to process billing and collections.

For Health Care Operations - We use medical information about you to review the quality and utilization of care in our Practice, including evaluating compliance by our staff and personnel with professional and billing standards to assure that our patients receive quality care in an economically and efficient manner.

For example, we may use medical information about you as part of a sampling to review, maintain and improve the quality of treatment and services our patients receive. In the course of such reviews we may disclose information to physicians, nurses, technicians and other Practice personnel on our staff. We may also disclose information to our medical liability insurer for purposes of evaluating care provided in our Practice. We may remove information that identifies you from information we share or use so others may use it to study health care and health care delivery in our Practice without learning who you are. In addition, we may disclose health information about you to persons who provide transcription services for reports and records we are required to make and maintain regarding services to you.

Appointment Reminders - We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care. For instance we may call you and leave a message with someone who answers your home phone or on your home answering machine, to confirm or schedule an appointment.

Treatment Alternatives - We may use and disclose medical information to tell you about or recommend possible treatment options or alternative that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member and who is involved in your medical care. We may also give information to someone who helps pay for your care.

As required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations:

We may release medical information about you for the following other reasons:

To our military authorities, if you are a member of the armed forces.

For Worker's compensation or similar programs which provide medical benefits for work related illnesses or injuries.

activities monitor the health care system, government programs and For public health activities, including: to prevent or control disease, injury or disability; to report births and deaths; to report to government authorities actual or suspected child or other abuse, neglect or domestic violence; to report reactions to medications or problems with products; to notify people of recalls of products they may have been exposed to disease or may be at risk for contracting or spreading a disease or condition.

To comply with laws, rules and regulations governing consents regarding birth defects and cancer.

To comply with special New Jersey State Laws, which we observe, requiring your consent to the disclosure of information regarding genetic information and test results.

To comply with laws regarding mandatory reporting requirements to the Commissioner of Health of the State of New Jersey regarding HIV, AIDS and HIV related illness.

To cooperate and comply with government health oversight agencies requirements with respect to audits, investigations, inspections and licensure review authorized by law which compliance with civil rights laws.

To fulfill legal duties in response to a subpoena, discovery request or other lawful order from a court directed to the Practice.

If asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

To identify a deceased person, to determine the cause of death or as otherwise necessary to a coroner, medical examiner or funeral director to carry out their duties.

To respond to requests from authorized federal official for protection of the President, other authorized persons or foreign heads of state or conduct special investigations or for intelligence, counterintelligence and other national security activities authorized by law.

Your Rights Regarding Medical Information About You.

You have the following rights regarding medical information we maintain about you.

Right to Inspect and Copy. Right to Inspect and Copy.

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer at the address on the last page. If you request a copy of the information, we may, except in some limited circumstances, charge a fee for the costs of copying, mailing or other supplies associated with our request, not to exceed a reasonable charge per page. We can also place reasonable limitations on the time, place and frequency of inspections.

We may deny your request to inspect and copy in certain very limited instances. If you are denied access to medical information, you may request that the denial be reviewed. We will comply with the outcome of the review.

A denial of a request for access may also, in certain circumstances, be the subject of a review if requested by you by the Practice or of a complaint to the Secretary of Health and Human Services. We will provide you with the instructions for filing requests for such reviews or complaints.

Right to Amend - Supplement Information in Your Records. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend and/or you may supplement the information in your medical record. You have the right to request an amendment and/or supplement information in your records, including by having a brief written statement of disagreement included in the record which will accompany any disclosures, for as long as the information is kept.

To request an amendment and/or to supplement information in your records, your request must be made in writing and submitted to our Privacy Officer and where applicable should include the proposed supplemental information. In all cases, you should provide a reason that supports your request for amendment or supplement.

We may deny your request for amendment subject to review for certain designated reasons under the Privacy Laws including that the subject of the amendment:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by the Practice.
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

A denial of a request for access may also be the subject of a complaint to Practice Privacy Officer and/or the Secretary of Health and Human Services and we will provide you with instructions as to how to file such a complaint.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Office at the address on the last page. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a specific way or at a specified alternative location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications you must make your request in writing to our Privacy Officer. We will not ask you for the reason for your request and accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time, even if you have agreed to receive this notice electronically.

Request for paper copies should be made in writing to our Privacy Officer at the address on the last page.

Changes to This Notice. We reserve the right to change this notice and to make a revised or changed notice effective for medical information we already have or which we receive subsequent to such revised or changed notice. We will post a copy of the current notice. The effective date of the notice will be placed in the lower left-hand corner of the first page.

Communications to You

Practice may display your name in public areas in their office for such purposes of referral board, games or contests, etc. Practice may contact you regarding direct patient marketing, health related information and promotional material.

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Privacy Officer at the address and telephone number on this page. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing at any time. If you revoke your permission, hereafter we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care what we provided to you.

Questions

If you have any questions at any time regarding this notice or our privacy practices, we encourage you to write, call or fax to the following.

**Attn: Privacy Officer
Jersey Wellness Center, LLC.
25 Orchard Street, Suite 103
Denville, NJ 07834
Telephone: 973-625-7800 / Fax: 973-627-6982
Email: info@jerseywellnesscenter.com**