

FIRSTCARE MEDICAL PATIENT RIGHTS

This section describes your rights and the obligations of this practice regarding the use and disclosure of your medical information.

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

Right to Inspect and/or Copy. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You may access ALL your medical records online at MyHealthRecord.com. Visit www.FirstCareNJ.com and select the **MYHEALTH PORTAL** link. You must submit your request in writing to the **Privacy Officer, 750 Valley Brook Ave., Lyndhurst, NJ 07071** in order to obtain a paper copy of records. If approved, our practice will charge a fee for the costs of copying, mailing, labor and supplies associated with your request in accordance with the law. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

Right to Amend. If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your medical record. To request an amendment, your request must be submitted in writing to the Privacy Officer along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you. We are required to respond to written request within thirty days, with a thirty day extension, if necessary. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- 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 or for the Practice;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented (for example the doctor sharing information with the nurse, or the billing department using your information to file your insurance claim). In order to obtain an accounting of disclosures, you must submit your request in writing to the **Privacy Officer, 750 Valley Brook Ave., Lyndhurst, New Jersey 07071**. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

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 the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received.

We are not required to agree to your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, in an emergency situation, or if the Department of Health and Human Services is investigating our HIPAA compliance status, or if we are permitted or required by law to disclose the information, such as in response to subpoena or law enforcement demands.

To request restrictions, you must make your request in writing. In your request, you must indicate:

- what information you want to limit;
- how you wish us to limit or use or disclosure this information; and
- 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 certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail or the like. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all *reasonable* requests. Your request must specify how or where you wish us to contact you. We recommend that you register to use our secure website to schedule appointments and to receive messages from us, because this will reduce the potential that others could intercept your personal information. . Our website uses **HEALTHKEY™ by MedFusion**. First Care and other participating healthcare practices store your personal medical information using powerful security and encryption technologies to help protect your privacy.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You can request a copy from our receptionist or visit our website at www.FirstCareNJ.com.