



Central Jersey Sports Medicine & Orthopaedic Center, P.C.

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Keeping you active and raising the level of play!

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PHYSICIAN PRACTICE NOTICE OF PRIVACY

THIS NOTICE INFORMS YOU OF HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW AND SIGN WHERE INDICATED.

WE ARE LEGALLY REQUIRED TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION (PHI). WE MUST PROVIDE YOU WITH THIS NOTICE ABOUT OUR PRIVACY PRACTICE AND WE ARE LEGALLY REQUIRED TO FOLLOW THE PRACTICE DESCRIBED IN THIS NOTICE.

WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION FOR (i) TREATMENT;(ii) TO OBTAIN PAYMENT FOR TREATMENT;(iii) FOR HEALTHCARE OPERATIONS; (iv) WHEN A DISCLOSURE IS REQUIRED BY FEDERAL, STATE, OR LOCAL LAW, JUDICIAL OR ADMINISTRATIVE PROCEEDINGS OR BY LAW ENFORCEMENT;(v) FOR PUBLIC HEALTH ACTIVITIES; (vi) FOR HEALTH OVERSIGHT ACTIVITIES; (vii) FOR PURPOSE OF ORGAN DONATION;(viii) FOR RESEARCH PURPOSES;(ix) FOR SPECIFIC GOVERNMENT FUNCTIONS;(x) FOR WORKER COMPENSATION PURPOSES; AND (xi) APPOINTMENT REMINDERS AND HEALTH RELATED BENEFIT OR SERVICES.

ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- (A) THE RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES.
- (B) THE RIGHT TO CHOOSE HOW WE SEND YOUR PHI TO YOU.
- (C) THE RIGHT TO SEE AND GET COPIES OF YOUR PHI.
- (D) THE RIGHT TO GET A LIST OF THE DISCLOSURES WE HAVE MADE.
- (E) THE RIGHT TO CORRECT OR UPDATE YOUR PHI.

THIS NOTICE IS EFFECTIVE AS OF APRIL 15, 2003.

PATIENT SIGNATURE: _____ DATE: _____

A FULL DETAILED COPY OF THIS NOTICE IS AVAILABLE FOR YOUR REVIEW AS REQUIRED BY THE FEDERAL GOVERNMENT.