

Notice of Privacy Practices

Effective Date: December 12, 2020

Overview

This Notice of Privacy Practices describes how your health information may be used and disclosed, and how you can access this information. Please review it carefully. You may have additional rights under state and local law. If you have questions about your rights to health care information, please seek legal counsel from an attorney licensed in your state.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information (PHI).

Our Commitment to Your Privacy

We understand that health information about you is personal. We are committed to protecting your health information. We create a record of the care and services you receive from us to provide you with quality care and to comply with legal requirements. This notice applies to all the records of your care generated by this practice and explains how we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

Legal Obligations

We are required by law to:

- Ensure that your PHI is kept private.
- Provide you with this notice of our legal duties and privacy practices.
- Follow the terms of the notice that is currently in effect.
- Inform you that we can change the terms of this notice, which will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

Uses and Disclosures of Health Information

The following categories describe different ways we use and disclose health information. Not every use or disclosure in a category will be listed, but all the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment, Payment, or Health Care Operations

Federal privacy rules allow health care providers to use or disclose your PHI without your written authorization for treatment, payment, or health care operations. For example, we may use your PHI to provide treatment, send appointment reminders, or manage your care with other providers.

For Legal Proceedings

If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to notify you or obtain an order protecting the information.

Uses and Disclosures Requiring Authorization

Certain uses and disclosures require your written authorization, including:

- Psychotherapy notes.
- Marketing purposes.
- Sale of PHI.

You may revoke your authorization at any time by submitting a written request to us.

Uses and Disclosures Not Requiring Authorization

We may use and disclose your PHI without your authorization for the following purposes:

- Appointment reminders and health-related benefits or services.
- Public health activities.
- Health oversight activities.
- Judicial and administrative proceedings.
- Law enforcement purposes.
- To coroners or medical examiners.
- For research purposes.
- Specialized government functions.
- For workers' compensation purposes.
- For organ and tissue donation requests.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI:

1. **Request Limits:** You can request restrictions on certain uses and disclosures of your PHI.
2. **Request Restrictions for Out-of-Pocket Expenses:** You can request restrictions on the disclosure of PHI if you pay out-of-pocket in full for the service.
3. **Confidential Communications:** You can request that we communicate with you in a specific way.
4. **Access to PHI:** You have the right to obtain an electronic or paper copy of your medical record.
5. **Accounting of Disclosures:** You can request a list of disclosures we have made of your PHI.
6. **Correction of PHI:** You can request that we correct or update your PHI.

7. **Copy of This Notice:** You have the right to obtain a paper or electronic copy of this notice.
8. **Representation:** If you have a medical power of attorney or legal guardian, they can make choices about your PHI.
9. **Revoke Authorization:** You can revoke an authorization previously given.
10. **Opt-Out of Communications:** You can opt-out of communications and fundraising from our organization.
11. **File a Complaint:** You can file a complaint if you feel we have violated your rights.

Changes to This Notice

We can change the terms of this notice at any time, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact Information

Vermillion C&E
934 Timber Ridge Court
Neptune, NJ 07753
754-212-9995
contact@drvermillion.com

For more information or to file a complaint, you may also contact the HHS Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, call (877) 696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints.