

**JAMES F. DONOVAN
104 COMMONS WAY
TOMS RIVER, NJ 08755
(732) 349-1123**

THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

1) We are required by law to protect the privacy of your health information.

We call this protected health information “PHI” and it includes individually identifiable health information that relates to your past, present, and future physical or mental health or condition, the provision of health care, or the past, present or future payment for health care.

We must provide you with this Joint Notice about privacy practices and legal duties that explains how, when and why Dr. Donovan and his medical staff may use or disclose your protected health information.

At Dr. Donovan’s office, we recognize and respect your right to confidentiality, and maintain numerous safeguards to protect your privacy. We are required by law to abide by the terms of this notice currently in effect. We reserve the right to change this notice at any time and to make the revised notice effective for all PHI we maintain. You can always obtain a copy of our most current notice by contacting a member of our office staff.

2) How we may use and disclose protected health information.

TREATMENT - Means the provision, coordination, or management of your health care, including consultations between doctors and other providers regarding your care, and referrals for care from one provider to another. For example, your primary care doctor may disclose your protected health information to your Podiatrist if they are concerned that you might have a foot problem.

PAYMENT - means the activities we carry out to bill and collect for the treatment and services provided to you.

HEALTH CARE OPERATIONS - Means the support functions that help operate the hospital such as quality improvement, case management, responding to patient concerns and other important activities.

APPOINTMENT REMINDERS AND HEALTH RELATED BENEFITS - We may use PHI to contact you for a medical appointment or to provide information about treatment alternatives or other health care services that may benefit you.

DISCLOSURES TO FAMILY, FRIENDS, AND OTHERS - We may disclose PHI to family, friends, and others identified by you as involved in your care or the payment of your care. We may use or disclose PHI about you to notify others of your general condition. We may also allow friends and family to act for you and pick-up prescriptions, when we determine it is in your best interest to do so. If you are available, we will give you the opportunity to object to these disclosures.

TO AVOID HARM - As permitted by law and ethical conduct, we may use or disclose protected health information if we, in good faith, believe the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

INCIDENTAL DISCLOSURES - We may make incidental uses and disclosures of your protected health information. Incidental uses and disclosures may result from otherwise permitted uses and disclosures and cannot be reasonably prevented.

YOUR RIGHTS

You have the following rights with respect to your protected health information:

RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR PHI - You have the right to request restrictions to how we use and disclose your PHI. Your request must be in writing. We will review your request but we are not required to agree to your request.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS - You have the right to request to receive confidential communications of protected health information by alternative means or at alternative locations. We will accommodate reasonable requests.

RIGHT TO INSPECT OR OBTAIN COPIES OF YOUR PHI - In most cases, you have the right to inspect or obtain copies of protected health information use to make decisions about your care, subject to applicable law. If you request copies of your PHI we may charge a fee for copying, postage, and other supplies associated with your request.

RIGHT TO AMEND YOUR PROTECTED HEALTH INFORMATION - If you believe that the protected health information we have about you is incorrect or incomplete, you may request in writing that we amend the information. We may deny your request, subject to applicable law.