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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. (Effective April 14, 2003).**

Your health information is personal, and we are committed to protecting it. Sharon E. Selinger, M.D., P.A. uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This Notice of Privacy Practices (Notice) applies to all records about your care that we retain at our offices. Your health information is contained in a medical record that is the physical property of Sharon E. Selinger, M.D., P.A.

**How Sharon E. Selinger, M.D., P.A. May Use or Disclose Your Health Information**

**For Treatment.** Sharon E. Selinger, M.D., P.A. may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

**For Payment.** Sharon E. Selinger, M.D., P.A. may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Health Care Operations.** Sharon E. Selinger, M.D., P.A. may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others outside of Sharon E. Selinger, M.D., P.A. to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

**Appointments.** Sharon E. Selinger M.D., P.A. may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Required by Law.** Sharon E. Selinger, M.D., P.A. may use and disclose information about you as required by law. For example, Sharon E. Selinger, M.D., P.A. may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect, or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

**Public Health.** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Decedents.** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties. If you have passed away, we may disclose to your fellow patients who individually inquire that you have passed away and direct that fellow patient to contact your family or personal representative for additional details.

**Organ/Tissue Donation.** Your health information may be used or disclosed for cadaveric organ, eye, or tissue donation purposes.

**Research.** Sharon E. Selinger M.D., P.A. may use your health information for research purposes pursuant to a valid authorization from you or when an institutional review board or privacy board has reviewed the research proposal and established protocols and concludes that the privacy of your health information is ensured pursuant to the federal legislation identified as 45 C.F.R. 512 (i).

**Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Government Functions.** Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

**Workers Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

**Other Uses.** Other uses and disclosures will be made only with your written authorization, and you may revoke the authorization except to the extent Sharon E. Selinger M.D., P.A. has taken action in reliance on a previously valid authorization.

### Uses and Disclosures that Require Sharon E. Selinger, M.D., P.A. to Give You the Opportunity to Object

Unless you object, we may provide relevant portions of your Protected Health Information (“PHI” which is defined as individually identifiable health information as set forth in federal legislation) to a family member, friend, or other person you indicate is involved in your health care or in helping you get payment for your health care.

We may use or disclose your health information to notify your family or personal representative of your location or condition.

In an emergency, or when you are not capable of agreeing or objecting to these disclosures, we will disclose health information as we determine is in your best interest, but will discuss the information at a later time with you, after the emergency, and give you the opportunity to object to future disclosures to family and friends.

Unless you object, we may also disclose your protected health information to persons performing disaster relief activities.

### Your Health Information Rights

You have the right to:

Request a restriction on certain uses and disclosures of your information as provided by the federal legislation identified as 45 C.F.R. §164.522; however, Sharon E. Selinger, M.D., P.A. is not required to agree to a requested restriction.

Obtain a paper copy of the Notice of Privacy Practices upon request. You may obtain a paper copy of this notice by contacting the Privacy Office at 973-379-1133.

Inspect and obtain a copy of your health record as provided for in 45 C.F.R. §164.524. Except for limited circumstances, you may look at and copy your health information if you ask to do so in writing. Any such request must be addressed to our Privacy Office, which will respond to our request within 30 days (or 60 days if more time is needed). In certain situations, we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed.

If you ask for a copy of your protected health information, we may charge you \$1.00 for each page not to exceed \$100. Alternatively, we may provide you with a summary or explanation of your protected health information, as long as you agree to that and to the cost, in advance.

You may request that your health record be amended as provided in 45 C.F.R. §164.526. If you believe that the protected health information we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing on the **"Request for Amendment"** form. We will not address your request unless it is made on the **"Request for Amendment"** form. We will act on your request within 60 days (or 90 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask you whom else you would like us to notify of the amendment.

We may deny your request if you ask us to amend information that:

- Was not created by Sharon E. Selinger, M.D., P.A. unless the person who created the information is no longer available to make the amendment;
- Is not part of the health information that Sharon E. Selinger, M.D., P.A. maintains about you;
- Is not part of the health information that you would be allowed to see or copy;
- Is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your health information.

You may request communications of your health information by alternative means or at alternative locations. You have the right to ask that Sharon E. Selinger, M.D., P.A. send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You must make such request in writing, on the **"Request to Receive Information and Communications by Alternative Means or Location"** form.

You may request a restriction of the uses and disclosures of your health information. You have the right to ask that Sharon E. Selinger, M.D., P.A. restrict your protected health information. Sharon E. Selinger M.D., P.A. may not be able to honor this request if it interferes with normal health care operations. You must make such request in writing, on the **"Request to Restrict Uses and Disclosures of PHI Held By Sharon E. Selinger M.D., P.A."** form.

You may receive an accounting of disclosures made of your health information as provided by 45 C.F.R. §164.528. You have the right to get a list of instances in which Sharon E. Selinger, M.D., P.A. has disclosed your health information. The list will not include disclosures we have made for treatment, payment and health care operations purposes, those made directly to you or your family, or for disaster relief purposes. Neither will the list include disclosures we have made for national security purposes, to law enforcement personnel, or disclosures made before April 14, 2003. Your request for a list of disclosures must be made in writing. We will respond to your request within 60 days (or 90 days if more time is needed). The list we provide will include disclosures made within the last six years unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged our costs for providing any additional lists within the same 12-month period.

You may complain to Sharon E. Selinger, M.D., P.A. and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

### Obligations of Sharon E. Selinger, M.D., P.A.

Sharon E. Selinger, M.D., P.A. is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and

Sharon E. Selinger, M.D., P.A. reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains.

### Contact Information

If you have any questions or complaints, please contact the Privacy Office at 973-379-1133.