TRAVEL HEALTH AND INFECTIOUS DISEASES, LLC

395 PLEASANT VALLEY WAY, WEST ORANGE, NJ 07052

Notice of Privacy Practices

As required by the HIPAA Act of 1996

Effective Date: Dec 01, 2012

1. This Notice Describes How Health Information About You Or Your Child(ren) May Be Used And Disclosed , And How You Can Get Access To This Information. Please Review This Notice Carefully.

**II. Our practice is dedicated to maintaining the privacy of your protected health information (PHI).** In conducting our business, we will create records regarding you and the treatment and services we provide to you or your child(ren). We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in the reception area and you may request a copy of our most current

# III. How we may use and disclose your Protected Health Information (PHI)

1. **For Treatment.** We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel in order to provide, coordinate or manage your health care or any related services, except where the PHI is related to HIV/AIDS, genetic testing, or where otherwise prohibited pursuant to State or Federal law. For example, we may disclose PHI to a pharmacy to fill a prescription, or to a laboratory to order a blood test
2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you or your children. For example, we may provide portions of your PHI to your insurance company to get paid for the health care services we provided to you. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **For Health Care Operations**. We may use and disclose PHI about you or your child for office operations. For example, you or your child’s health information may be disclosed to other staff members to: a) evaluate the performance of our staff b) assess the quality of care c) learn how to improve our facilities and services and d) determine how we can make improvements in the care and services we provide.

4. **When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, we may disclose PHI when a law requires that we report information about abuse, neglect, or domestic violence; to assist law enforcement officials in their duties to locate a suspect, fugitive or missing person; or when subpoenaed or ordered in a judicial or administrative proceeding.

5. **For public health activities.**  For example, we may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting that information; to prevent, control, or report disease, injury or disability as permitted by law; to conduct public health surveillance; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

6. **To avoid harm.** In order to avoid a serious threat to the health or safety of you, another person, or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

1. **Appointment reminders and health-related services.** We may use PHI to provide appointment reminders, follow-up calls or give you information about treatment alternatives or other services we offer. Please let us know if you do not wish to have us contact you for these purposes, or if would rather we contact you at a different telephone number or address.
2. **To coroners, funeral directors, and for organ donation.** We may disclose PHI to organ procurement organizations to assist then in organ, eye, or tissue donations and transplants. We may also provide coroners, medical examiners, and funeral directors necessary PHI relating to an individuals death.
3. **For workers’ compensation purposes.** We may provide PHI in order to comply with workers’ compensation laws.
4. **Research.** We may disclose information for research purposes when we have reviewed and approved the research proposal. Medical information that identifies you or your child(ren) will only be used when given permission for us to do so.
5. **Disclosure to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. For example, a parent may ask that a babysitter take their child to us for treatment of a cold. In that case, the babysitter may have access to this child medical information.
6. **For Specific government functions**. We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security and intelligence services.

# IV. Your PHI Rights

# Right to request limits on uses and disclosures of your PHI. We will make every effort to honor your request after it is made in writing. However, in some situations, we may be required by law to share the health information. Travel Health and Infectious Diseae, LLC is not required to agree to all requested restrictions. If we accept your request, we will put any limits in writing and abide by them except in emergency situations.

# Right to confidential communications. You have the right to request that we communicate with you about health information in a particular manner or at a location other than your permanent address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. It is your responsibility to make sure that we have your correct address and contact information.

* 1. **Right to inspect and or obtain a copy of your or your child’s PHI.**  You have the right to request to inspect and or obtain a copy of the PHI and billing records. We may charge a fee for the costs associated with copying and or mailing the information.
	2. **Request to correct/amend information in your or your child’s health record.** If you feel that health information we have is incorrect or incomplete, you may ask us to correct/amend the information. If the health information is determined to be incorrect or incomplete, we will revise the record.
	3. **Right to get a list of disclosures we have made.** You have the right to receive a listing of disclosures of the PHI for purposes outside of treatment, payment or office operations.
	4. **Right to receive a copy of this notice.** You have the right to receive a paper copy of this notice or via email.

**V. Right To File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with or practice or with the Secretary of the Department of Health and Human Services, NJ. We will take no retaliatory action against you if you file a complaint about our privacy practices.

**VI. Person to Contact for Information about this Notice.** If you have any questions about this notice or your health information rights, please contact Falguni Shah M.D., 395 Pleasant Valley Way, West Orange, NJ 07052

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