



**Premier Urology Group, LLC  
Notice of Privacy Practices**

Effective date of this notice: **September 1, 2009**

This notice is required as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 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.

If you have questions about this notice please ask to speak to our Privacy Officer or call our Privacy Officer at 908-654-5100 X 2090.

We are required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this Notice of Privacy Practices with respect to your Protected Health Information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. As required by federal law we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

Our Privacy Officer may be contacted at: Privacy Officer c/o Premier Urology Group, LLC., 275 Orchard Street, Westfield, NJ 07090 or by phone at 908-654-5100 X 2090.

**We may use and disclose your PHI in the following ways:**

**Treatment:** We may use and disclose your PHI in order to treat and diagnose you. For example, we may request laboratory tests (such as blood or urine tests) to help us reach a diagnosis. We may disclose your PHI when we order or write a prescription for you. The physicians in this practice in addition to other employees of the practice may use or disclose your PHI in order to assist other providers involved in your treatment. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Employees of our practice, in using their best judgment, may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you.

**Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for services provided. We may also use and disclose your PHI in order to determine if your insurer will cover future treatment and to obtain prior authorization and/or approval for future treatment.

**Health Care Operations:** We may use and disclose your PHI for office operations. Our practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities.

**We may use and disclose your PHI in certain special circumstances:**

**Law Enforcement:** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

- Military:** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- Deceased Patients:** Our practice may release your PHI to a coroner or medical examiner. This may be necessary to identify a deceased individual or to identify the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
- Inmates:** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- Workers’ Compensation:** Our practice may release your PHI for workers’ compensation claims and similar programs.
- Organ and Tissue Donation:** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

*Adult and Pediatric Urology • Sexual Dysfunction • Male Infertility • Urinary Incontinence • Urologic Oncology  
Laparoscopic Surgery • Robotic Surgery • Radiation Oncology • Stone Disease Management • Pelvic Reconstruction*

275 Orchard Street • Westfield, New Jersey 07090 • Tel: (908) 654-5100 • Fax: (908) 789-8755  
138 South Euclid Avenue • Westfield, New Jersey 07090 • Tel: (908) 654-6366 • Fax: (908) 789-8755  
659 Kearny Avenue • Kearny, New Jersey 07032 • Tel: (201) 997-0640 • Fax: (908) 789-8755  
776 East Third Avenue • Roselle, New Jersey 07203 • Tel: (908) 241-5268 • Fax: (908) 789-8755  
Atkins Medical Plaza • 1500 Pleasant Valley Way • Suite 306 • West Orange, New Jersey 07052 • Tel: (973) 325-0091 • Fax: (908) 789-8755  
570 South Avenue East • Building. A • Cranford, New Jersey 07016 • Tel: (908) 272-5335 • Fax: (908) 497-1633

7. **Public Health Risks:** Our practice may use and disclose your PHI for public health activities authorized by law to collect information for the purpose of:
  - \*Maintaining vital records, such as births and deaths
  - \*Reporting child abuse or neglect
  - \*Preventing or controlling disease, injury or disability
  - \*Notifying a person regarding a potential exposure to a communicable disease
  - \*Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - \*Reporting reactions to drugs or problems with products or devices
  - \*Notifying individuals if a product or device they may be using has been recalled
  - \*Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are authorized by law to disclose this information
  - \*Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
8. **Serious Threats to Health or Safety:** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9. **National Security:** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

### **Your Rights Regarding Your PHI**

You have the following rights regarding the PHI that we maintain about you:

- Confidential Communications.** You have the right to request that our office communicate with you regarding matters related to your health care in a particular manner or certain location. In order to request a specific type of communication you must make a written request to our Privacy Officer (see section B). The request must specify particular method of contact, or location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
- Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. You have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction of our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer (see section B). You must describe in a clear and concise fashion:  
 The information you wish restricted  
 Whether you wish to limit our practice's use, disclosure or both  
 To whom you want the limits to apply
- Inspection and Copies of your PHI.** You have the right to inspect and obtain a copy of your PHI including medical records and billing records. You must submit your request in writing to our Privacy Officer (see section B) in order to inspect or obtain a copy of your PHI. Our practice has the right to charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice has the right to charge a fee associated with your request to inspect your PHI. Our practice may deny your request to inspect and/or copy in certain circumstances; however, you may request a review of our denial.
- Amendment.** You may ask us to amend your PHI if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to our Privacy Officer (see section B). You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion accurate and complete.
- Accounting Of Disclosures.** You have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of non-routine disclosures our practice has made of your PHI. Use of your PHI as part of routine patient care is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer (see section B). All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates prior to April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period.
- Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. To obtain a copy of this notice, contact our Privacy Officer (see section B).
- Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer (see section B) or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
- Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.
10. **Changes to this Notice.** We reserve the right to change this notice. We reserve the right to make

the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. You may request a copy of the current notice from our staff.