

NOTICE OF PRIVACY PRACTICES

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

What is this Notice and Why is it Important?

As of April of 2003, a federal law (“HIPAA”) went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how Abby Road Psychiatric Services and its providers will protect your medical information, how they may use or disclose this information, and describes your rights regarding your Protected Health Information (PHI). If you have any questions about this notice, please contact us directly at (908) 433-7263.

Understanding Your Health Information

During each appointment, clinical information is recorded and stored in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your PHI, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A tool with which can be assessed to improve the care that is provided for you.

I. Responsibility of Abby Road Psychiatric Services and its providers

The confidentiality of your personal health information is very important. Your health information includes records that are created and obtained when care is provided, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that is maintained related to your care.

This Notice describes how your health information and your rights are handled regarding this information.

Generally speaking, Abby Road Psychiatric Services and its providers are required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of their duties and privacy practices regarding the health information about you that I collect and maintain;
- Follow the terms of this Notice currently in effect.

Abby Road Psychiatric Services
7 Hendrickson Ave
Red Bank, NJ 07701
admin@abbyroadpsych.com
(732) 893-5316
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II. Uses and Disclosures of Information

Under federal law, it is permissible to use and disclose personal health information without authorization for treatment, payment, and health care operations.

III. Other Uses and Disclosures

In addition to uses and disclosures related to treatment, payment, and health care operations, your personal information may also be used and disclosed without authorization for the following additional purposes:

Serious Threat to Health or Safety:

Your health information may be disclosed to protect you or others from a serious threat of harm by you.

Abuse, Neglect, or Domestic Violence:

As required or permitted by law, your health information may be disclosed to a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, professional judgment will be used in deciding whether to make such a report. If feasible, you will be promptly informed that I such a disclosure has been made.

Business Associates:

Your health information may be shared with business associates who are performing services on behalf of Abby Road Psychiatric Services LLC and its providers. For example, a company that is contracted to service and maintain computer systems, or to do billing. My business associates are obligated to safeguard your health information. I will share with my business associates only the minimum amount of personal health information necessary for them to assist me. Also, if colleagues (other psychiatrists) are providing coverage for my practice while I am away, they may have access to the records of my patients to expedite their care.

Communications with Family and Friends:

I may disclose information about you to persons who are involved in your care or payment for your care, such as family members, relatives, or close personal friends. Any such disclosure will be limited to information directly related to the persons involvement in your care.

If you are available, I will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, I will use my professional judgment to determine what is in your best interest regarding any such disclosure.

Coroners, Medical Examiners, and Funeral Directors:

I may disclose health information about you to a coroner or medical examiner, for example, to assist in the identification of a decedent or determining cause of death. I may also disclose health information to funeral directors to enable them to carry out their duties.

Food and Drug Administration (FDA):

I may disclose health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.

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Health Care Oversight:

I may disclose health information about you for oversight activities authorized by law or to an authorized health oversight agency to facilitate auditing, inspection, or investigation related to my provision of healthcare, or to the health care system.

Judicial or Administrative Proceedings:

In case where you are involved in a court proceeding and a request is made for your personal health information, this information is privileged under state law and I will not release it without your consent or a court order.

Law Enforcement:

I may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order. This includes any information requested by the Department of Youth and Family Services (DYFS) related to cases of neglect or abuse of children, as mentioned above.

Notification:

I may notify a family member, your personal representative, or other person responsible for your care, of your location, general condition, or death.

If you are available, I will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, I will use my professional judgment to determine what is in your best interest regarding any such disclosure.

Personal Representative:

If you are an adult or emancipated minor, I may disclose health information about you to a personal representative authorized to act on your behalf in making decisions about your health care.

Public Health Activities:

As required or permitted by law, I may disclose health information about you to a public health authority, for example, to report disease, injury, or vital events such as death.

Required By Law:

I may disclose health information about you as required by federal, state, or other applicable law.

Worker's Compensation:

I may disclose your health information to comply with laws relating to worker's compensation or other similar programs.

Any Other Use or Disclosure -- Authorization Required:

Before using or disclosing your personal health information for any other purpose not identified above, I will obtain your written authorization. Unless action has already been taken in reliance on the authorization, you have a right to revoke such authorization by submitting your request in writing to me.

IV. Psychotherapy Notes

In the course of your care with me, I may keep separate notes during the course of your therapy sessions about our conversations. These notes, known as psychotherapy notes, are kept apart from the rest of your medical record and their confidentiality is subject to greater protection. They do not include basic medical information about your diagnosis or treatment.

Psychotherapy notes may be disclosed by a therapist only after you have given written authorization to do so. (Limited exceptions exist, e.g. in order for me to prevent harm to yourself or others, and to report child abuse/neglect). You cannot be required to authorize the release of your psychotherapy notes in order to obtain health-insurance benefits for your treatment, or enroll in a health plan. Psychotherapy notes are also not among the records that you may request to review or copy. If you have any questions, feel free to discuss this subject with your provider.

Your Health Information Rights

Under the law, you have certain rights regarding the health information that I collect and maintain about you. This includes the right to:

- Request that I restrict certain uses and disclosures of your health information; I am not, however, required to agree to a requested restriction.
- Request that I communicate with you by alternative means, such as making records available for pick-up, or mailing them to you at an alternative address, such as a P.O. Box. I will accommodate reasonable requests for such confidential communications.
- Request to review, or to receive a copy of, a summary of the health information about you that is maintained in my files. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.
- Request that I amend the health information about you that is maintained in my files. Your request must explain why you believe my records about you are incorrect, or otherwise require amendment. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
- Request a list of my disclosures of your PHI that I have made for reasons other than treatment, payment or healthcare operations.
- Request a paper copy of this Notice.

In order to exercise any of your rights described above, you must submit your request in writing. If you have questions about your rights, please speak with me in person or by phone during normal office hours.

VI. To Request Information or File a Complaint

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact me, Gagandeep Singh, M.D., at any time at (609) 245-8550 or send me a written request/complaint

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to one of my offices. If you feel your privacy rights have been violated in any way, please let me know and I will take appropriate action.

You may also send a written complaint to:

Department of Health & Human Services, Office of Civil Rights,
Hubert H. Humphrey Building 200 Independence Avenue
S.W. Room 509 HHH Building
Washington, D.C. 20201

VII. Revisions to this Notice

I reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, my legal duties, or other privacy practices described in the Notice, I will promptly distribute the revised Notice.

VIII. Effective Date: August 1, 2018