This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

If you have any questions about this Notice, please contact the Executive Director, Valley Medical Group by calling 201-291-6456.

WHO WILL FOLLOW THIS NOTICE

This Notice describes Valley Medical Group’s practices and that of:

- Any healthcare professional authorized to enter information into your patient chart.
- All departments and units of Valley Health System (System), including The Valley Hospital; Valley Home Care; Valley Health Medical Group; and The Valley Hospital Foundation.
- Any member of a volunteer group we allow to help you while you are at a Valley Medical Group facility.
- All employees, staff, and other Valley Health System employees.
- The Valley Hospital; Valley Home Care; Valley Medical Services t/a Valley Medical Group; Valley Physician Services t/a Valley Medical Group; Valley Physician Services NV, PC; t/a Valley Medical Group; Valley Health Medical Group; and The Valley Hospital Foundation follow the terms of this Notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment or operations purposes described in this Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by any Valley Medical Group facility.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices concerning medical information about you; and
- Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We use and disclose medical information in many ways. For each category of uses or disclosures we explain what information we disclose and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information to doctors, nurses, technicians, nursing and medical students, or other personnel who are involved in taking care of you and who need to know how you are doing. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the diettian if you have diabetes so that we can arrange for appropriate meals. Different departments within the System also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and X-rays. We also may disclose medical information about you to people outside Valley Medical Group who are involved in your medical care, such as family members, employes, rehabilitation centers or others we use to provide services that are part of your care.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive will be billed to an insurance company or a third party. For example, we may need to give your health plan information about care you received so your health plan will pay us or reimburse you for services. We may also tell your health plan about a treatment you are about to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose medical information about you for the facility's own quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by any Valley Medical Group facility.

- All employees, staff, and other Valley Health System employees.
- The Valley Hospital; Valley Home Care; Valley Medical Services t/a Valley Medical Group; Valley Physician Services t/a Valley Medical Group; Valley Physician Services NV, PC; t/a Valley Medical Group; Valley Health Medical Group; and The Valley Hospital Foundation follow the terms of this Notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment or operations purposes described in this Notice.

Health Information Exchange

Consistent with federal regulation, we have partnered with Jersey Health Connect, which is a Health Information Exchange (HIE). An HIE is governed by a strict set of rules designed to protect patient confidentiality, privacy and security. The purpose of an HIE is to allow physicians and healthcare facilities to share your clinical information electronically. The goal of this exchange is to reduce medical errors, eliminate redundant care and reduce unnecessary costs. Ultimately the HIE will allow us to access your information that is stored in the HIE and become a more active, informed participant in your overall care. You are entitled to opt-out of the HIE by contacting Jersey Health Connect at 855-624-6542 or via the internet at http://www.jerseyhealthconnect.org/.

Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at a Valley Medical Group facility.

Treatment Alternatives

We may use and disclose medical information to tell you about recommended possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Funding Activities

We may use demographic information about you, such as name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of services, department of services, treating physician or information regarding outcome, to contact you in an effort to raise funds for the hospital, home care or hospice. We may disclose medical information to The Valley Hospital Foundation so that the Foundation may contact you in raising funds to support the hospital, home care or hospice. You are free to opt-out of fundraising solicitation and your decision will have no impact on your treatment or payment for services. If you do not wish to have the hospital to contact you for fundraising efforts, you must notify us. If you do not wish to have the Foundation to contact you for fundraising and you wish to opt-out of these contacts, you may call the Foundation at 855-624-6542. You can opt-out of these contacts by contacting the Foundation in writing at The Valley Hospital Foundation, 223 North Defi Avenue, Ridgewood, New Jersey 07450-2789.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to a friend or family member who is involved in your medical care. We may release medical information about you to health care providers who will help pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you, for the purpose of helping in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process so that our use of your medical information, trying to balance the research needs with your privacy rights. If you are a member of an HIE, we may disclose medical information to researchers for research approval process, but we may, however, disclose medical information about you to people preparing the system for research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the facility.

As Required By Law

We will use and disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Business Associates

We may disclose medical information to a business associate who performs functions on our behalf or provides services if the information is necessary for such function or service. These disclosures are made only to those persons or entities that perform functions on our behalf or provide services. We may use another company to provide billing services. We may disclose medical information to these persons or entities and any such persons or entities that perform functions on our behalf or provide services are required to sign agreements that prevent them from using your information for purposes other than those permitted by this Notice. We may disclose medical information to our business associates if they agree to certain requirements that protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the contract or as permitted by federal, state or local law.

SPECIAL SITUATIONS

Organ and Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you to the appropriate foreign military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authorities.

Workers’ Compensation

We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose medical information about you to notifying public health authorities. These activities generally include the following:

- To prevent or control disease, injury or illness.

Valley Medical Group is the “trading as” name for Valley Physician Services, PC, Valley Medical Services, PC and Valley Physician Services, NY, PC.
• to report births and deaths;
• to report child abuse or neglect;
• to report reactions to medications or other treatments;
• to notify people of recalls of products they may be using;
• to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
• to notify the appropriate government authority if we believe a patient has been the victim of a homicide or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:
• in response to a court order, subpoena, warrant, summons or similar process;
• to identify or locate a suspect, fugitive, material witness, or missing person;
• about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
• about a death we believe may be the result of criminal conduct;
• about criminal conduct at hospital medical group facility; and
• in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner, medical examiner or funeral director as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to a person or organization providing protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Correctional Institutions. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and the health of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Executive Director, Valley Medical Group, 15 Essex Road, Paramus, NJ 07652. If you request a copy of your records and they contain information we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend. If you feel that medical information we maintain about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as the information, both old and new, is kept by or for the medical group.

To request an amendment, your request must be made in writing and submitted to the Executive Director, Valley Medical Group, 15 Essex Road, Paramus, NJ 07652. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend information that:
• was not created by us, unless the person or entity that created the information is no longer available to amend the information;
• is not part of the medical information kept by or for the medical group;
• is not part of the information which you would be permitted to inspect and copy; or
• is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, excluding disclosures for the purpose of treatment, payment, and healthcare operations.

To request this list or accounting of disclosures, you must submit your request in writing to the Executive Director, Valley Medical Group, 15 Essex Road, Paramus, NJ 07652. Your request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request restrictions or limits on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, if you ask that we not use or disclose information about a procedure you had.

We are not required to agree to your request in most cases. If we do agree, we will comply with your request, unless the information is being used to provide you emergency treatment or as required by law. We are required by law and will agree to restrict the use or disclosure of your medical information only if your request pertains solely to a disclosure to a health plan when you have paid for services out-of-pocket and in full. For example, if you pay for a service completely out of pocket and ask us not to tell your insurance company about it, we will abide by this request.

To request restrictions, you must make your request in writing to the Executive Director, Valley Medical Group, 15 Essex Road, Paramus, NJ 07652. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit its use, disclosure, both or neither; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Executive Director, Valley Medical Group, 15 Essex Road, Paramus, NJ 07652. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must be in writing, state how or where you wish to be contacted, and we do not have to follow your request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a copy of this Notice, please write to the Executive Director, Valley Medical Group, 15 Essex Road, Paramus, NJ 07652.

Right to Be Notified of a Breach. You have the right and we will notify you if any breach of your unsecured protected health information.

CHANGES TO THIS NOTICE. We reserve the right to change this Notice. We will have the right to make the revised Notice effective for medical information we create or receive on or after the effective date. In addition, each time you register to receive treatment, care, services or health care information, we will offer you a copy of the current Notice in effect.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with the medical group or the Secretary of the Department of Health and Human Services at the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Federal Plaza, Suite 3312, New York, New York 10027. To file a complaint with the medical group, please write to the Executive Director, Valley Medical Group, 15 Essex Road, Paramus, NJ 07652. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION. Other uses and disclosures of medical information not covered by this Notice are governed by law. Unless you have given us written permission, we are not permitted to use or disclose medical information about you, except as covered by your written authorization. Such information includes most (i) uses and disclosures of psychotherapy notes (if recorded by us); (ii) uses and disclosures of your protected health information for marketing purposes; (iii) disclosures that constitute a sale of our protected health information; and (iv) other uses and disclosures that may not be described in this Notice.

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are not required to disclose any records of the use or disclosure that we made before we received your written revocation.
For further information, please contact the Executive Director, Valley Medical Group, 15 Essex Road, Paramus, NJ 07652, 201-291-6456.