

# **Bianca M Kazoun LLC**

## **NOTICE OF PRIVACY PRACTICES**

**THIS SUMMARY GENERALLY DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.**

**THIS IS NOT INTENDED TO BE A SUBSTITUTE FOR SPECIFIC STATUTORY LANGUAGE AND LEGAL ADVICE REGARDING YOUR RIGHTS AND OUR RESPONSIBILITIES. IF YOU HAVE A SPECIFIC LEGAL QUESTION, PLEASE SEEK LEGAL ADVICE FROM A QUALIFIED ATTORNEY.**

### **Understanding Your Health Record Information:**

- 1.** Every time you visit a hospital, physician, or other healthcare provider a record is made of your visit. This record contains your service plans, DYFS involvement, school records, health history, current symptoms, examination and test results, diagnoses, treatment and plans for future care and/or treatment. This information is called “Protected Health Information” (PHI).
- 2.** Understanding what is in your record, and how it is used, helps you to ensure its accuracy and completeness. We are required, by law, to help you understand how your information is secured and protected. It is also our responsibility, to assist you in reviewing and/or gaining access to your care management record, if you so desire.
- 3.** This Notice explains when your record is shared with others and for what reasons.
- 4.** Routine operations for Bianca M Kazoun LLC would not require us to secure authorization before sharing your information. Routine is defined as any services that have to do with treatment, administrative functions of the organization, and quality assurance functions of the agency. Any information which is shared is done so by disclosing only that information which is “minimally necessary” in order to perform the operation of the agency.

*When information is shared outside of “routine operations”, we will seek your authorization in writing.*

If you give us your authorization, you may revoke that authorization any time in writing. We will honor your request, except to the extent that we have taken action in accordance with your original authorization.

Here are some general examples of how your information is shared:

- We may use and share your PHI to secure payment for services which we have provided.
- We will share your PHI when required by federal, state, or local law. We would be required to share this information when the law requires us to report information about suspected abuse, neglect or domestic violence. We must also share PHI with authorities that monitor our compliance with privacy requirements.
- We may share information about your PHI in response to a court or administrative order. We would share information in response to a subpoena. We will seek your authorization to share information requests in regards to discovery proceedings, or other lawful requests.

### **Your Rights Regarding Your Protected Health Information (PHI)**

The federal privacy rules entitle you to request access, inspection and copying of your PHI that we maintain about you that is included in what is called a “Designated Record Set”. The summary below sets forth your rights relating to your PHI. You may exercise these rights by contacting Bianca Kazoun, in writing, at Bianca M Kazoun LLC, 80 Park Street, Montclair, NJ 07042.

- 1. To request restrictions on uses or sharing with others.** You have the right to ask us how we use or share your PHI. We will consider any request you may have to restrict this disclosure. However, we do not have to agree to your request if “routine operations” are impeded in any manner. If we do agree to your request, we will put our agreement in writing and follow it, except in emergency situations. We cannot agree to limit the use of sharing information as required by law.

2. **To choose how we contact you.** You have the right to request that we communicate with you about care management services in a certain way or at a certain location, if using standard means of communications may endanger you. For example, you can ask that we only contact you at work or by mail. To make a request regarding how we communicate with you, you must make your request, in writing, to the agency as indicated in the attached letter. We will agree to your request as long as it is reasonable for us to do so.
3. **To inspect and copy your record.** You have a right to see and receive a copy of your protected health information if you put that request in writing. We will respond to your request within the time required by law. If we deny your request, we will give you written reasons for the denial and explain your appeal rights. In some situations, we may deny access to certain parts of your PHI, and you may not appeal that decision. We will not provide access to information collected for legal action. These situations are not able to be appealed. If you want copies of your PHI, a charge for copying may be required depending upon your situation. You also have the right to choose to receive a summary instead of a copy of your record.
4. **To request changes or corrections to your PHI.** If you believe that there is a mistake or missing information in your PHI, you may request that we correct or add to the record. You must submit this request in writing. We will respond within the time required by law. We may deny the request if we determine that the PHI is 1) correct and complete, 2) was not created by us and/or is not part of our records, or 3) is a type of information that we cannot disclose. If we deny your request for changes, we will tell you in writing the reasons for denial and explain rights to have your request and our denial, together with any statement of disagreement made part of your PHI. If we approve the request for changes, we will change the PHI, and tell you and others that need to know, about the change.
5. **To find out what disclosures have been made.** You have the right to request a list of the disclosures we made of your PHI, including the date, the person receiving the PHI and the purpose of the disclosure. This list will not include disclosures made for the purposes of care coordination, treatment, payment or "routine operations". This list will not include any disclosures made before April 14, 2003, and will not include disclosures that health authorities or law enforcement agencies asked us not to list. To request this list, you must send your request, in writing. We will respond to your written request for a list within the time required by law. You can request a list of disclosures going back for up to six years but not earlier than April 14, 2003. There will be no charge for one list per 12 month period. There may be a charge for more than one list per year.

**How to Complain about our Privacy Practices.**

If you think that we may have violated your privacy rights, or you disagree with a decision that we made about access to or changes to your PHI, you should follow these appeal instructions: You may file a written complaint with the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, SW Washington, DC 20201 Phone: 202-619-0257 or toll free at 877-696-6777 within 180 days of when you knew (or should have known) of some violation act or omission. The Secretary may waive this time requirement for good cause shown. We will not discriminate against you in any way for filing any complaint pertaining to this matter.

Patient's Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_  
Signature (Under 14)