

NOTICE OF PRIVACY PRACTICES

Copy available upon request

Hamilton Gastroenterology Group is committed to ensuring the rights of our patients to privacy. Privacy includes, but is not limited to, Protected Health Information (PHI); PHI includes patient identity, address, age, social security number, the reason the patient is being seen, treatments and medications the patient may receive, and observations about the patients' current condition as well as any past medical history.

Privacy considerations include verbal, written or electronic communications. It is Hamilton Gastroenterology Group's responsibility to maintain confidentiality and ensure that any business associates receiving PHI and not covered under the Health Insurance Portability and Accountability Act (HIPAA) also adhere to appropriate privacy standards.

Patients have the right to control who will see their Protected Health Information. PHI communication will be limited to those who need the information to provide treatment, obtain payment or to complete healthcare operations (TPO). Hamilton Gastroenterology Group will require patient authorization to release any PHI to anyone who does not meet the TPO criteria. Hamilton Gastroenterology Group is required to release information in a limited number of situations to comply with the law. In these cases, the patient will be informed unless prohibited by law.

Patients have the right to review their medical records upon request. This review is to be done with the attending physician or a designee in order to assist the patient's understanding. The patient has the right to request corrections to the medical record. The patient is to make these requests in writing, and it will be maintained in their medical record.

Patients will sign a copy of the Notice of Privacy Practices, and this signed acknowledgement will be maintained in their medical record. Patients may request a copy of our Notice of Privacy Practices at any time.

The Office Manager will serve as the designated Privacy Officer for Hamilton Gastroenterology Group. Patients having a complaint related to privacy or confidentiality should complete a form for our complaint box and/or request to speak with the Privacy Officer. Patients may also contact the Secretary of Health and Human Services. The practice will not penalize the patient for filing a complaint. For the latter option, complaints in New Jersey should be directed to:

**Region 11, Office for Civil Rights
US Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, NY 10278
212 264-3313 Fax: 212 264-3039 TDD: 212 264-2355**

Patient Signature/Printed Name

Date