

*Dr. Patrick Anderson*

*Center for Gynecologic Oncology  
& Women's Health*

**PRIVACY PRACTICES**

*Effective January 1, 2015*

**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.**

This Office uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of this Office.

**How This Office May Use or Disclose Your Health Information**

**Treatment:** We may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, that is related to your treatment, may be necessary for us to determine what treatment you should receive. We will also record actions taken by them in the course of your treatment and note how you respond to treatment.

**Payment:** We may use and disclose your health information to others in order to receive payment for treatment and services you receive. For example, a bill may be sent to you or a third-party, such as insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in treatment.

**Health Care Operations:** We may use and disclose health information about you for operations purposes. For example, your health information may be used to evaluate performance of our staff; assess quality of care in your case and similar cases; learn how to continually improve quality and effectiveness of healthcare we provide.

**Appointments:** We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest.

**Required by Law:** We may use and disclose information about you as required by law, such as for judicial and administrative proceedings, or to report information related to victims of abuse, neglect or domestic violence, or assist law enforcement officials in their law enforcement duties.

**Public Health:** Your information may be used or disclosed for public health activities, such as assisting authorities to prevent or control disease or injury, or other health oversight activities.

**Decedents:** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation:** Information may be disclosed for organ or tissue donation purposes.

**Research:** Your information may be used for approved research purposes subject to established protocols to ensure the privacy of your health information.

**Health and Safety:** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Government Functions:** Your health information may be disclosed for certain government functions such as protection public officials or reporting to branches of the armed services.

**Workers' Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

**Other uses:** Other uses and disclosures will be made only with your written authorization and you may revoke authorization except to the extent the Office has taken action in reliance on such.

*120 Irvington Avenue  
South Orange NJ 07079*

*Email: [gyncenter@optimum.net](mailto:gyncenter@optimum.net)*

*Phone: 973 762-7270  
Fax: 973 762-1980*

### **Your Health Information Rights**

- To inspect and obtain a copy of your health record.
- To request that your health record be amended.
- To request communications of health information by other means or to other locations.
- To receive an accounting of disclosures made by this Office of your health information.
- To request restriction on certain uses/disclosures of information, subject to our approval.

### **Obligations of this Office**

- To maintain privacy of your health information;
- To provide you with this notice of our policies concerning your health information.
- To abide by the terms of this notice;
- To notify you if we do not agree to your request to restrict disclosure of your information.
- To accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

We reserve the right to change our information practices and make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you.

### **Contact and/or Complaint information**

You may complain to us or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. If you have any questions or complaints, please contact: Alma McDonald.