



THE TMS CENTER OF NEW JERSEY

David Sikowitz, M.D., Board Certified Psychiatrist

Dear Patient,

The TMS Center of New Jersey considers the privacy of your health information to be an important element in our relationship with you. In order to maintain the confidentiality of your health information, our staff has physical, electronic, and procedural safeguards in place. In compliance with the privacy regulations of the Federal Health Insurance Portability and Accountability Act (HIPPA), the following information outlines how we will use or disclose medical information.

NOTICE OF PRIVACY PRACTICE

1. Medical Records (kept electronically and physically) may be disclosed under the following circumstances:

- a. Treatment: Medical Information can be disclosed to individuals involved in your treatment such as employees within our practice, other health care providers involved in your care, pharmacists, and insurance companies.
- b. Payment: Medical Information can be disclosed in order to obtain payment for the services that we provide.
- c. Health Care Operations: Medical Information can be disclosed to operate this medical practice. It may be used to review or improve the quality of our care, to obtain authorization for services, or for medical reviews, legal services, and audits including fraud and abuse detection.
- d. Appointment Reminders: Medical Information can be disclosed when contacting you to remind you about an appointment. **If you would not like this information to be left on your phone or email, please notify our office staff.**
- e. Notification and Communication with Family: Medical Information can be disclosed to notify a family member or a representative responsible for your care about your location, your general condition, or in event of your death. While you have the authority to object to this release, we reserve the right to disclose information if we believe it is necessary to respond to emergency circumstances.
- f. Public Health: We may be required by law to disclose your information to public health authorities for purposes such as: preventing or controlling disease/exposure or reports to the Food and Drug Administration regarding reactions or problems with certain medications. We may also report suspected elder or dependent abuse or domestic violence.
- g. Judicial and Administrative Proceedings: We may be required by law to disclose your information in the course of an administrative order such as in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not provided objection.
- h. Law Enforcement: We may be required by law to disclose your information to law enforcement officials or coroners in the investigation of a death.
- i. Workers' compensation: Medical Information can be disclosed as necessary to comply with worker's compensation laws.

2. Your Health Information Rights

- a. You have the right to submit written request outlining restrictions on certain uses and disclosures of your health information you want to limit. We reserve the right to accept or reject your request and will notify you of our decision before disclosing.
- b. You have the right to inspect and copy your health information with limited exceptions. We will charge a reasonable fee as allowed by NJ Law.
- c. You have the right to request that we amend health information that you believe is incorrect or incomplete. We are not required to change your health information and will provide you with information should we decide to deny your request.
- d. You have the right to request a physical copy of our Notice of Privacy Practices.
- e. If you feel your privacy was not respected, you may contact our office administration. If you are not satisfied with the manner in which this office handles a complaint, you may contact the Department of Health and Human Services, Office for Civil Rights.

3. Our Rights in Regards to Your Health Information

- a. We reserve the right to amend this Notice of Privacy practices at any time in the future. Should an amendment be made, the revised Notice of Privacy protections will apply to all protected health information that we maintain, regardless of when it was created or received.

We commit to limit the use and disclosure of your health information to situations where it is deemed absolutely necessary. This acknowledgement of notice and consent authorizes The TMS Center of New Jersey to use health information about you for treatment, payment and health care purposes.

Patient Acknowledgement

I hereby acknowledge that I have reviewed and understand this medical practice's *Notice of Privacy Practices*.

Printed: _____ Signed: _____ Date: _____