

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Uses and Disclosures of Health Information

We use and disclose health information about your treatment, payment, and health care options. For example: **Treatment:** We may use and disclose your information to a physician or other healthcare provider providing treatment to you. **Payment:** We may use and disclose your health information to obtain payment for services we provide to you. **Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations; Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. **To your Family and Friends:** We must disclose your health information to you. We may disclose health information to a family member or friend to the extent necessary to help with your healthcare or with your payment for your healthcare, but only if you agree that we may do so. **Persons involved in care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or other person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your capacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person to pick up copies of prescriptions, medical supplies, or other similar forms of health information. **Marketing Health-Related Services:** We will not use information for marketing communications without your written authorization. **Required by law:** We may use or disclose your healthcare information when we are required to do so by law. **Abuse Or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. **National Security:** We may disclose to military authorities the health information to Armed Forces personnel under certain circumstances. We may disclose authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of professional health information of inmate or patient under certain circumstances. **Appointment:** We may disclose your health information to provide you with an appointment reminders (such as voicemail messages, postcards, or letters)

Legal Notice

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information we maintain, including health information we created or received before we made the changes. In the event we make a material change in our privacy practices, we will change this notice and provide it to you.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us.

Questions and Complaints

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed. You may also submit a written complaint to the U.S. Department of Health and Human Services (address available upon request).

We support your right to the privacy of your health information. We will not retaliate, in any way, if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you want more information about our privacy practices or have questions or concerns, please contact:

Name: Keith Handler
Telephone: 732-968-4422
Fax: 732-968-3671
E-mail: info@bestptnj.com
Address: 601 Bound Brook Rd. Suite 201
Middlesex, N.J. 08846