



NOTICE OF INFORMATION
PRIVACY PRACTICES

This notice summarizes how information about you may be used and disclosed. Please review it carefully

TO OUR PATIENTS:

Atlantic Gastroenterology Associates want you to know that we value you as a patient and take your privacy seriously. We recognize our obligation to keep personal information about you secure and confidential.

It is important to know that we do not sell information about you; and we do not share your information except to conduct our business or to allow others to conduct their business for your health benefits.

This notice summarizes our policy and practices regarding our disclosure of your personal health and financial information.

Please read this notice carefully to understand how we protect and use Patient Information and to understand your privacy rights relative to that information.

In the process of serving your health coverage needs, we collect personal information about you. We collect patient information from the following sources:

- Information we receive from you or your policyholder on questionnaires and other forms.
- Information we obtain from your other health care providers.

We believe that the best protection we can provide you regarding Patient Information that we collect and maintain about you is simply to keep it to ourselves. That is why, except as explained below, we do not disclose information about our patients to anyone other than yourself or those you designate.



At Atlantic Gastroenterology Associates you do not need to take any action to prevent unlawful disclosure of your patient information – we do that for you.

Our employees understand the need to maintain your patient information with the strictest confidence. They agree to be bound by that promise of privacy of your patient information and are subject to disciplinary action if they violate that promise. We also maintain physical, electronic and procedural safeguards to guard and protect the patient information that we have.

Finally, in those situations where we rely on a third party to perform business, professional or insurance services or functions for use, those third parties are obligated to abide by our privacy policies and all applicable privacy laws. In that way, Atlantic Gastroenterology Associates remain committed to protecting the privacy of your information.

In order to serve you we need to regularly disclose patient information to certain companies. For example, we may disclose all of the patient information we collect as described above, to other financial and health institutions.

There may be circumstances where Atlantic Gastroenterology Associates will seek your authorization before we make a disclosure of your patient information to someone other than you -- to be sure we have your permission to make that disclosure. You are permitted to revoke any authorization you give us at any time in writing. We will honor your revocation once processed, except to the extent we may have taken action in reliance upon your original authorization.

Most of the disclosures we make of your patient information however are made because they are reasonably necessary to administer your health care – either so we can conduct our business or enable another to perform a valid business, professional or insurance function for us. In those instances, we are not required to seek your authorization in order to make the disclosure. But our business associates must agree to protect the privacy of your information, since any report produced by them that contains your patient information could be saved and further disclosed. Their agreement to protect your patient information helps insure that your information is protected in the hands of our business associates.

There are a number of other situations where authorization is not required before a reasonable disclosure can be made of your patient information. They are as follows:

- To an insurer, agent or self-funded health plan sponsor, to detect or prevent fraud, criminal activity or a material misrepresentation or omission relating to your health coverage or so any of them can properly perform its functions in connection with your health coverage;
- To a medical care institution or professional, in order to verify your coverage or benefits, to advise you of a medical problem about which you may be unaware, or conduct an audit;
- To an insurance regulatory authority;
- To law enforcement or other governmental authority, either to help us in preventing or prosecuting fraud or because we believe illegal activities may have occurred;
- To respond to an administrative or judicial order, search warrant or subpoena;
- To conduct actuarial or research studies, under certain circumstances and conditions;
- To a group policyholder, for purposes of reporting claims experience or conducting an audit of the operation or services of the group health policy;
- To a certificate holder or policyholder to inform them of the status of an insurance transaction;
- To conduct a professional peer review of the services or conduct of a medical care institution or professional; and
- As otherwise permitted or required by law.



In order to properly carry out the duties and responsibilities of administering a group health benefits plan, whether self-funded or insured, the plan administrator may require data, including patient information agreed to or directed by the plan administrator – the patient information we receive or create on behalf of your plan.

The law provides you with several rights with respect to your patient information. You have a right to request, in writing, to inspect and obtain a copy of your patient records or other information about you. This does not include information that relates to, and is collected in connection with or in anticipation of, a claim or civil or criminal proceeding involving you, or information the release of which is prohibited by law. You must reasonably describe in your written request the information you seek; and the information must be reasonably available to retrievable by us. When permitted, we may charge you a fee to cover the cost of providing this patient information.

You also have the right to request, in writing, that we amend or delete information about you that we have in our records if you believe that the information is incorrect or incomplete. You must include the reason that you are making this request; and we may deny your request. However if we do so, we must advise you of your right to file a statement of rebuttal.

You may file a complaint with our office manager if you feel that your privacy rights have been violated. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint -- it is against the law for us to retaliate against you for complaining.

If you have any questions or comments about this Notice, want to learn more about your rights under the law as described above, or wish to exercise any of them, please contact in writing:

Dianne Georgio, LPN
Clinical Care Coordinator
3205 Fire Road
Egg Harbor Township, NJ 08234

Atlantic Gastroenterology Associates will provide you with notice of our privacy practices annually, as long as you maintain an ongoing patient relationship with us. Our policies may change as we periodically review and revise them – and we will advise you if the changes are significant. But you can rest assured that we will not revise our Privacy Policy to permit the sharing of patient information other than as required by law unless we first notify you and provide you with an opportunity to object