

ARIEL F. ABUD, M.D., L.L.C.

NEUROLOGICAL SURGERY

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PRIVACY POLICY

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.

INTRODUCTION:

We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of "protected health information". "Protected health information" includes any individually identifiable information that we obtain from you or others that relates to your past, present, or future physical or mental health, the health care you have received, or payment for your healthcare.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of the notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current notice or access it on our website at www.arielfabudmdllc.com.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit our facility we make a record of your visit. Most often, this record contains notes about your symptoms, results of exams and tests, diagnosis, treatment, and plans for future care or treatment. This information, sometimes referred to as your health or medical record, serves as:

- Basis for planning your care and treatment
- Means of communication to other health professionals who may care for you
- Legal document telling about the care you received
- Means by which you or a third party payer (insurer or others legally responsible to pay

for your medical care) can be sure that services billed were actually given to you

- A tool for educating health care givers (ie: doctors, nurses, dieticians)
- A source of data for medical records (data is not identified with you)
- A source of information for public health officials charged with improving the health of the public
- A tool with which we can use to improve the care we give and the results we achieve
- *Understanding what information is in your medical records and how your health information is used helps you:*
 - Make sure it is correct
 - Better understand who, what, where, and why others may see and use your health information;
 - Make informed choices when you permit others to see your personal health information

PERMITTED USES AND DISCLOSURES

We can use or disclose your protected health information for purposes of treatment, payment, and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

- TREATMENT means the provision, coordination or management of your health care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because that could slow down the healing process. In addition, the doctor may need to contact a physical therapist to create an exercise regimen appropriate for your treatment.

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- PAYMENT means the activities we undertake to obtain reimbursement for health care provided to you, including billing, collections, claims management, determinations of eligibility and coverage and other utilization review activities.
- HEALTH CARE OPERATIONS means the support functions of our office, related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comment and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

In addition to using and disclosing your information for treatment, payment and health operations, we may use your protected health information in the following ways:

- We may contact you to provide appointment reminders for your treatment/care.
- We may contact you to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you.
- We may disclose, to your family or friends or any other individual identified by you, your protected health information. We may use or disclose your information to notify or assist in the notification of a family member, a personal representative, or another person responsible for your care. If you are present and/or available, we will give you an opportunity to object to these disclosures. If you are not present and/or available, we will determine whether a disclosure to your family or friends is in your best interest.
- We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, and similar forms of protected health information, when determined in our professional judgment that it is in your best interest to make such disclosures.
- Subject to applicable law, we may make incidental uses and disclosures of protected health information. These are by-products of otherwise permitted uses or disclosures which

are limited in nature and cannot be reasonably prevented.

- We may use or disclose your information for research purposes, subject to the requirements of applicable law.
- We will use or disclose protected health information about you when required to do so by law.

NOTE: IN ACCORDANCE WITH APPLICABLE LAW, WE MAY DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO YOUR EMPLOYER IF WE ARE RETAINED TO CONDUCT AN EVALUATION RELATING TO MEDICAL SURVEILLANCE OF YOUR WORK PLACE OR TO EVALUATE WHETHER YOU HAVE A WORK RELATED ILLNESS OR INJURY. YOU WILL BE NOTIFIED OF THESE DISCLOSURES BY YOUR EMPLOYER OR OUR OFFICE AS REQUIRED BY LAW.

SPECIAL SITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your protected health information:

- Organ and Tissue Donation.
- Military and Veterans
- Worker's Compensation
- Public Health Activities
- Health Oversight Activities
- Lawsuits and Disputes
- Law Enforcement
- Coroners, Medical Examiners and Funeral Directors
- National Security and Intelligence Activities
- Protective Services for the President and Others
- Inmates
- Serious Threats

HIV-RELATED INFORMATION, GENETIC INFORMATION, ALCOHOL AND/OR SUBSTANCE ABUSE RECORDS, MENTAL HEALTH RECORDS AND OTHER SPECIALLY PROTECTED HEALTH INFORMATION MAY ENJOY CERTAIN SPECIAL CONFIDENTIALITY PROTECTIONS UNDER APPLICABLE STATE AND FEDERAL LAW. ANY DISCLOSURES OF THESE TYPES OF RECORDS WILL BE SUBJECT TO THESE SPECIAL PROTECTIONS.

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OTHER USES OF YOUR HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

YOUR RIGHTS

Involvement

- be involved in decisions concerning your care
- have your family members and/or others involved in decisions about your care
- exclude your family members and/or others from participating in decisions about your care
- discuss any treatment planned for you
- give your informed consent or informed refusal for treatment
- request a transfer of care (in accordance with Chesapeake Neurology Associates policy and/or the law)

Respect

- be treated with respect and courtesy
- receive safe, considerate, ethical and cost effective medical care
- have your individual cultural, spiritual and psychological needs respected
- have your privacy and personal dignity maintained
- be free from all forms of abuse, neglect and harassment
- expect that information regarding your care will be treated as confidential

Treatment

- receive treatment regardless of race, religion or any other discrimination prohibited by law
- maintain reasonable continuity of care and be informed of available and realistic care options when acute rehabilitation is no longer appropriate
- be informed about pain, pain relief measures, and have your pain evaluated and treated by concerned and committed staff
- be free from the use of restraints unless clinically necessary

Information

- understand your diagnosis and treatment, as well as the possible outcomes, risks and benefits of your care, and be informed of any unanticipated outcomes
- have information regarding your rehabilitation explained to your family members or other appropriate individuals when you are unable to participate in decisions about your care
- access a foreign language or American Sign Language interpreter and/or adaptive equipment if needed
- be advised of policies, procedures, rules and regulations which may affect your care
- know the names and titles of your healthcare providers
- see your medical records (in accordance with Chesapeake Neurology Associates policy and/or the law)
- review your bill and have any questions or concerns adequately answered

Advanced Directives

- have an advance directive (living will and/or durable power of attorney for health care decisions)
- obtain information regarding an advance directive
- have your advance directive (if you have one) included in your medical record

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact our Chief Privacy Officer at (609)896-0207. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the United States Department of Health and Human Services.

Please also contact us at ARIEL F ABUD MD LLC if you have any questions or would like further information about this notice.

This notice is effective as of January 1st, 2012