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NOTICE OF HIPAA PRIVACY

SUMMARY

THIS IS A SUMMARY OF THE PRIVACY NOTICE FOR OSCAR T. ORTIZ, MD PC (REFERRED TO HEREIN AS “US”, “WE”, “OUR”, OR “PHYSICIAN PRACTICE”). THIS SUMMARY IS NOT COMPLETE WITHOUT REFERENCE TO THE ATTACHED HIPAA JOINT PRIVACY NOTICE. IF YOU HAVE NOT RECEIVED THE HIPAA JOINT PRIVACY NOTICE, PLEASE REQUEST IT FROM US.

We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of any individual identifiable information the 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 health care (your “Protected Health Information”).

OUR USES AND DISCLOSURES

- Your Protected Health Information will be used, as needed, by Us for purposes of treatment, payment and routine health care operations.
- We may use your Protected Health Information in a variety of other ways, although all such uses and disclosures will be subject to the restrictions of applicable law. For example, We may:
 - Contact you to provide appointment reminders for treatment or to recommend possible treatment alternatives;
 - Disclose information to your family or friends or any other individual identified by you who is involved in your care or the payment for your care;
 - In the certain circumstances, allow your family and friends to act on your behalf to pick-up filled prescriptions, medical supplies, or X-rays;
 - Contact you as part of the Physician’s Practice’s marketing efforts;
 - Disclose your health information upon referral to a specialist or to ancillary services;
 - Disclose your health information to conduct certain research activities; and
 - Disclose your health information to comply with the laws applicable to Us.
- Other uses and disclosures of Protected Health Information not covered by Our notice or the laws that apply to Us will be made only with your permission in a written authorization.

YOUR RIGHTS

Among other things, you have the right to:

- Request restrictions on Our uses and disclosures of Protected Health Information for treatment, payment and health care operations.
- Reasonably request to receive communications by alternative means or at alternative locations.
- Inspect and copy certain Protected Health Information contained in your medical and billing records and in any other records used by Us to make decisions about you.
- Request an amendment to your Protected Health Information, but We may deny your request for amendment, in certain circumstances.

COMPLAINTS AND CONTACT PERSON

If you believe that your privacy rights have been violated, you should immediately contact the Practice Manager/Privacy Officer of the Physician Practice via telephone at 732-736-1000 or via correspondence to Practice Manager/Privacy Officer, Michelle Gatpolintan.

- We will not take action against you for filing a complaint.
- You may also file a complaint with the Secretary of U.S. Health and Human Services. If you have any questions or would like further information about our notice, please contact the Practice Manager/Privacy Officer of the Physician Practice.