

MORRIS SUSSEX FAMILY PRACTICE
694 ROUTE 15 SOUTH * SUITE 103 * LAKE HOPATCONG, NJ 07849
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DR. ANTHONY J. LUCATORTO, DO

NOTICE OF PRIVACY PRACTICES

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

PLEASE READ & REVIEW IT CAREFULLY

This notice describes our office's practices and that of any healthcare professional authorized to enter information into your medical chart, all departments of the office, and all employees, staff, and other office personnel.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this practice, made by office personnel or the doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligation we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you, and follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. All the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical student or other practice personnel who are involved in taking care of you at the office or at another medical facility that we recommended you visit. Different departments of the practice may also share medical information about you to coordinate the different things you need, such as prescriptions, lab work and x-rays.

To identify or locate a suspect, fugitive, material witness or missing person. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement. About a death we believe may be the result of criminal conduct. About criminal conduct at the office. In emergency circumstances to report a crime; the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in

writing to the Office Manager, at Morris Sussex Family Practice 694 Rt 15 South, Suite 103, Lake Hoptacong, NJ 07849. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that the medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the practice.

To request an amendment, your request must be made in writing and submitted to the Office Manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. was not created by us, unless the person or entity that created the information is no longer available to make the amendment
2. is not part of the medical information kept by the practice
3. is not part of the information you would be permitted to inspect and copy
4. is accurate and complete

Right To An Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list of accounting of disclosures, you must submit your request in writing to the Office Manager. Your request must state a time period, which may not be longer than six years and may not include dates before January 1, 2016. We may charge you for the costs involved in providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right To Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Office Manager. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both and to whom you want the limits to apply to.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Office Manager. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper of this notice, please inform the employees at the front desk.

I acknowledge that I have received a copy of the Notice of Privacy Practices and I have been afforded a means to have any questions answered.

Print Name

Date

Signature