

BEHAVIORAL CONSULTATION L.L.C.
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(732) 658-3870

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.

If you have any questions about this notice, please contact us at address above.

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 care and services you receive at our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. 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.

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 or other healthcare professionals who are involved in taking care of you to provide services that are part of your care such as therapist or primary care physician.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at our clinic so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations. We may use and disclose medical information about you for clinic operations. The uses and disclosures are necessary to run the clinic and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services to evaluate our performance. We may also combine medical information about many other clinics to decide what additional services should offer, what services are not needed and whether certain new treatment are effective. We may also combine medical information we have with medical information from other clinics to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this so of medical information so others may use it to study health care and healthcare delivery without learning the identities of specific patients.

Uses and Disclosures Based On Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in this notice. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend different ways to treat you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits and services that may be interest you.

Individual Involved in Your Care or Payment for Your Care. We may release protected information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose protected information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or an entity assisting in a disaster relief effort.

As Required By Law. We will disclose protected information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose protected information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may release protected information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

Workers' Compensation. We may release protected information about you for Workers' Compensation or similar program. These programs provides benefits for work-related injuries or illness.

Public Health Risks. We may disclose protected information about you for public health activities. These activities include to prevent or control disease, injury or disability; to report deaths; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose protected information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuits or dispute, we may disclose protected information about you in response to a court or administrative order. We may also disclose medical information about you in response to subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release protected information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of 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 clinic; and 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 protected 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 about deceased patients of the clinic to funeral directors as necessary to carry out their duties upon the request of the patient's family.

National Security and Intelligence Activities. We may release protected information about you to authorize federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may release protected information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates. If you are an inmates of a correctional institution or under the custody of a law enforcement official, we may release protected information about you to the correctional institution or law enforcement official. This release would be necessary for the institute to provide you with health care; to protect your health and safety or the health and safety of others; for the safety and security of the correctional institution; or to obtain payment for services provided to you.

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 right to inspect and request a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but doesn't include psychotherapy notes and other mental health records under certain circumstances. To inspect and request a copy of medical information that may be used to make decisions about you, you must submit your request in writing. 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. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees, if any for preparing the summary or explanation.

We may deny your request to inspect and request a copy of your medical information in certain circumstances such as when we determines that for medical reasons this is not advisable.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to our clinic. In addition, you must provide a reason that supports your request.

We may deny your request for 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 your ask us to amend information that was not created by us; is not part of the medical information kept by our clinic; sis not part of the information which you would be permitted to inspect or copy; or is accurate and complete.

Accounting of Disclosures. After April 14, 2003, you will have the right to receive a list of instances in which we or our business associates have disclosed your protected health information for purposes other than treatment, payment, health care operations, and certain other activities. After April 14, 2009, the accounting will be provided for the past six (6) years. We will be able to provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed on this notice for a full explanation of our fee structure.

Restriction Requests. You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing, and signed by a person authorized to make such an agreement on our behalf. We will not be bound by any restrictions unless our agreement is so memorialized in writing.

Confidential Communication. You have the right to request that we communicate with you about your protected health information by alternative means or to an alternative location in confidence. For example, you can ask that we only contact you at work or by mail, or at another mailing address, besides your home address. You must make your request in writing. You are not required to provide us with an explanation as to the reason for your request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payment from you.

Electronic Notice. If you receive this notice via our website or by electronic mail (e-mail), you are also entitled to receive this notice in written form. Please contact us using the information listed on this notice to obtain this notice in written form.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the copy of current notice in the clinic.

COMPLAINTS

If you want more information about our privacy practices or have any questions or concerns, please contact us using the information on this notice. If you believe that we may have violated your privacy rights, or if you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us using the contact information on this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected 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.