



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 REVIEW IT CAREFULLY BEFORE SIGNING

Family and Sports Medicine Institute of NJ. ("FAMSI") is committed to protecting the privacy and confidentiality of your personal and health information. The personal and health information that may identify you and relates to your past, present or future health condition, treatment, or payment for services is known as Protected Health Information, or PHI.

Our Responsibilities

FAMSI is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy and security of your PHI and to provide you with a notice of our legal duties, our privacy practices, and your patient rights.

This Notice of Privacy Practices (this "Notice") describes how we may use and disclose your PHI to carry out treatment, payment, and health care operations and for other specified purposes that are permitted or required by law. Whenever we use or disclose your PHI we are required to follow the terms of this Notice.

I. Uses and Disclosures of Your Health Information

FAMSI may use or disclose your PHI for the following purposes:

- We may use or disclose your PHI for purposes of providing your medical treatment. For example, we use and disclose your PHI to perform our diagnostic testing services and provide results to your physician and other health providers involved in your care.
- Payment. We may use or disclose your PHI for purposes of billing and collecting payment for our services. For example, we may disclose PHI to your health plan in order to obtain payment for our services.
- Healthcare Operations. We may use or disclose your PHI to facilitate our laboratory operations. For example, we may review your PHI internally as part of an audit to confirm quality of our services and accuracy of our testing.
- As Required by Law. We may use or disclose PHI if required to do so by federal or state law.
- Representatives and Individuals Involved in Your Care. We may disclose your PHI to friends or family members who are involved in your care, including those who are responsible for paying for your care. We may also disclose PHI to your personal representative, as established under applicable law, or to an administrator or authorized individual associated with your estate.
- Disclosures to Business Associates. We may disclose your PHI to companies who provide services to us. These business associates are required to protect the privacy and security of your PHI and notify us of any improper disclosure of information.
- Legal Proceedings. We may disclose your PHI as required to comply with a court or administrative order or in response to a subpoena, discovery request, or other legal process.
- De-Identification of PHI. We may de-identify your PHI by removing identifying features as determined by law to make it extremely unlikely that the information could identify you.
- Under certain circumstances, we may use or disclose your PHI for research purposes.
- Health and Safety. We may disclose your PHI to prevent or reduce the risk of a serious and imminent threat to the health and safety of an individual or the general public.



FAMSI may also use or disclose your PHI in other ways as permitted by law including to:

- Health Oversight Agencies
- The Food and Drug Administration
- Military Command Authorities
- National Security and Intelligence Organizations
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Law Enforcement
- Social Services or Protective Services Agencies
- Workers Compensation Agents

Uses and disclosures of PHI for purposes other than those described above will not be made without a written authorization signed by you or your personal representative. Once you sign an authorization, you may revoke it by contacting FAMSI at any time unless it has already been relied upon to use or disclose PHI.

II. Your Rights Regarding Your PHI

You have the following rights with respect to your PHI. To exercise any of these rights, please contact our Privacy Office using the contact information provided at the end of this Notice.

- Access PHI and Test Results. You or your authorized representative have the right to inspect and copy your PHI. You may retrieve your test results using the online Guardant patient portal or request PHI by contacting our administration team in writing.
- Correct or Update Your Information. If you believe that there is an error in your PHI, you may request that we update it.
- Restriction Requests. You have the right to request restrictions on certain uses and disclosures of your PHI. We are not required to honor such requests unless the requested restriction involves a disclosure to a health plan and you have paid for the applicable services in full and out of pocket.
- Alternate Communications. You may request that we communicate with you about your PHI in a specific means or to an alternative postal mail or email address.
- Accounting of Disclosures. You may request a list, or accounting, of certain disclosures of your PHI made by us or our business associates for purposes other than treatment, payment, healthcare operations and certain other activities. The request must be in writing and the accounting will include disclosures made within the prior six years.
- Copy of Notice. You have the right to obtain a paper or electronic copy of this Notice upon request.

III. Breach Notification

FAMSI is required by law to notify you following the discovery that there has been a breach of your PHI, unless FAMSI reasonably determines, after investigating the situation and assessing the risk presented, that there is a low probability that the privacy or security of your PHI has been compromised. You will be notified in a timely fashion, no later than 60 days after discovery of the breach.



IV. Changes to Our Notice

FAMSI reserves the right to amend this Notice from time to time. When changes are made, we will promptly post the updated changes on the website.

V. Questions and Complaints

If you have any questions or comments about this Notice, or if you have any complaints about FAMSI's privacy practices, please contact us using the contact information provided below.

VI. Contact Information

When communicating with us regarding this Notice, our privacy practices, or your privacy rights, please contact the Privacy Office using the following contact information:

Family and Sports Medicine Institute of NJ

33 Upper Overlook Road, Ste 305, Summit, New Jersey 07901, United States

Phone (973) 798-8793

Name: _____ Date: _____

Effective Date of Notice: February 8, 2017