

**Sea Girt Medical Associates, P.C.**  
**235 Route 71 Manasquan, NJ 08736**  
**Phone: 732-223-4300**  
**Fax: 732-223-5273**

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I, (Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_,  
have received a copy of Sea Girt Medical Associates' Notice of Privacy Practices.

**Please list any other parties (e.g., spouse, sibling, child) with whom we may share your health information (test results and treatment):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

None. Selecting this option means that we will only communicate with you regarding your health information.

**What is the best way to contact you with test results, treatment, and diagnosis information?**

**Cell phone** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

May we leave a voicemail at this number containing health information? Yes No

**Home phone** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

May we leave a voicemail at this number containing health information? Yes No

**Work phone** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

May we leave a voicemail at this number containing health information? Yes No

**Secure e-mail communication (via patient portal):**

Please provide e-mail: \_\_\_\_\_

*Note: If you do not yet have a portal account, you will receive an e-mail invitation to join.*

**Please choose your e-mail preferences below:**

We may NOT send messages regarding lab results to your portal

We may send messages regarding lab results via secure e-mail to your portal

**IMPORTANT:** By selecting this option, please be aware we will not be contacting you by phone with your lab results. Only in the case of critical, time-sensitive results will we notify you by phone. Normal results and/or results with non-emergent changes in your care will only be reported by secure web message.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

## **NOTICE OF PRIVACY PRACTICES**

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

**PLEASE REVIEW IT CAREFULLY.**

**THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/01/02 and will remain in effect until we place it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we make the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

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### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We may use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use or disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization, to use your 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 revocations will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reasons except to those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or location) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voice mail, messages, postcards, or letters).

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## **PATIENT RIGHTS**

**Access:** You have the rights to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. (You must make a request in writing to obtain access to your health information.) You may obtain a form to request access by contacting our office. You will be charged a reasonable fee for expenses. You may also request access by sending us a letter. If you request copies, you will be charged \$10 for the first page and \$1 for each following page plus postage.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclose of your 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).

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing) and it must explain why the information should be amended.) We may deny your request under certain circumstances.

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## **QUESTIONS AND COMPLAINTS**

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of health information or to have us communicate with you by alternative means for at alternative locations, you may complain to us using the contact information above. You may also submit a written complain to the U.S. Department of Health and Human Services. We will provide HHS address on request. We support your right to the privacy of your 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.