

HIPAA NOTICE OF PRIVACY PRACTICES

Core Medical & Wellness, including Core Spine & Joint Center

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.

Who This Notice Covers

This notice applies to Core Medical & Wellness and Core Spine & Joint Center, the conservative musculoskeletal division of Core Medical & Wellness (together, "Core," "we," "us," or "our"). It covers all our offices and everyone who works with us, including our physicians, physical therapists, chiropractors and other providers, our staff, and students or trainees working under our supervision. Everyone covered by this notice may share your information with one another for treatment, payment, and health care operations as described below.

This notice describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.

How We Use and Disclose Your Health Information

Treatment. We use and disclose your PHI to provide, coordinate, or manage your health care and related services, including coordinating your care with others. For example, a physical therapist or chiropractor at Core Spine & Joint Center may share your information with a Core Medical & Wellness physician who evaluates you, and our physicians may share information with the Core Spine & Joint Center providers who continue your care. We may also disclose your information to a physician or other provider to whom you have been referred, or to a home health agency that provides care to you.

Payment. We use and disclose your PHI, as needed, to bill and get paid for your health care services by health plans or others. For example, we may give your health plan information about a procedure or a course of physical therapy to get approval before we provide it.

Health Care Operations. We may use or disclose your PHI as needed to run our practice and improve your care. These activities include quality assessment, employee review, training of students and trainees, licensing, and other business activities. For example, we may disclose your PHI to students or trainees who see patients at our offices. We may also use a sign-in sheet at the registration desk and call you by name in the waiting room when your provider is ready to see you.

Business Associates. We work with outside companies that perform services for us, such as billing, information technology, online scheduling and intake forms, appointment reminders, and patient communication services. These business associates may receive your PHI only to do this work for us, and they must sign agreements requiring them to protect it.

Appointment Reminders and Health-Related Communications. We may contact you by phone, text message, email, or mail to remind you of appointments, follow up on your care or on a request you made, or tell you about treatment options

and health-related services we offer, including services at Core Medical & Wellness and Core Spine & Joint Center. Text messages and unencrypted email carry some risk of being read by others. You may ask us to contact you a different way, and you may reply STOP to any text message to stop receiving texts.

Family and Friends. Unless you object, we may share relevant information with a family member, friend, or other person involved in your care or in paying for it, or to notify them of your location or condition. If you cannot tell us your preference, for example in an emergency or if you are unconscious, we may share information if we believe it is in your best interest.

Other Uses and Disclosures We May Make Without Your Authorization

We may use or disclose your PHI without your written authorization in the following situations, as permitted or required by law:

- **As required by law:** when federal, state, or local law requires it.
- **Public health and safety:** for example, to prevent or control disease, report communicable diseases, report adverse reactions to medications or product problems to the Food and Drug Administration, help with product recalls, report suspected abuse, neglect, or domestic violence, and prevent or reduce a serious threat to anyone's health or safety.
- **Health oversight:** to agencies for activities such as audits, investigations, inspections, and licensing.
- **Legal proceedings:** in response to a court or administrative order, or to a subpoena or other lawful process.
- **Law enforcement:** for law enforcement purposes permitted by law, including reporting certain crimes.
- **Coroners, medical examiners, funeral directors, and organ donation:** as needed for them to carry out their duties.
- **Research:** for research approved through a process that protects your privacy.
- **Military activity, national security, and protective services:** for special government functions authorized by law.
- **Workers' compensation:** for workers' compensation claims and similar programs.
- **Inmates:** to a correctional institution or law enforcement official that has custody of you.
- **U.S. Department of Health and Human Services:** when it investigates or reviews our compliance with federal privacy law.

Uses and Disclosures That Require Your Written Authorization

We will not use or disclose your PHI for the following purposes unless you give us written authorization:

- Most uses and disclosures of psychotherapy notes.
- Marketing purposes, as defined by HIPAA.
- Sale of your health information.

Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke an authorization at any time, in writing, except to the extent that we have already acted in reliance on it. If we ever contact you about fundraising, you have the right to tell us not to contact you again for that purpose.

Special Protections for Certain Information

Substance use disorder treatment records (42 CFR Part 2). If we receive or maintain records about you from a federally assisted substance use disorder treatment program, those records are protected by federal regulations at 42 CFR Part 2, which in some cases are more restrictive than HIPAA. We will use and disclose these records only as permitted by your written consent and by Part 2. Part 2 records, or testimony relaying the content of such records, will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed. If we intend to use or disclose Part 2 records for fundraising, we will first give you a clear and conspicuous opportunity to choose not to receive any fundraising communications.

New Jersey law. New Jersey law may give additional protection to certain information, such as HIV/AIDS-related information, genetic testing information, and certain mental health or substance use treatment information. When state or federal law is more protective of your privacy than HIPAA, we follow the more protective law.

Your Rights

You have the following rights with respect to your protected health information. To exercise any of them, contact our Privacy Officer using the information at the end of this notice.

You have the right to inspect and get a copy of your health information. You may ask to see or get a paper or electronic copy of your medical and billing records and other PHI we maintain about you. We will provide a copy or a summary, usually within 30 days of your request, and may charge a reasonable, cost-based fee. Under federal law, you may not inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, or PHI that is subject to a law that prohibits access.

You have the right to request a restriction of your health information. You may ask us not to use or disclose certain PHI for treatment, payment, or health care operations, or not to share it with family members or friends involved in your care. Your request must state the specific restriction requested and to whom you want it to apply. We are not required to agree, and we may say no if it would affect your care. However, if you pay for a service or health care item out of pocket in full, you may ask us not to share information about it with your health plan for payment or health care operations, and we will agree unless a law requires us to share it.

You have the right to request confidential communications. You may ask us to contact you in a specific way (for example, only by home or office phone, or not by text message) or to send mail to a different address. We will agree to all reasonable requests.

You have the right to request an amendment. You may ask us to correct PHI that you think is incorrect or incomplete. Please ask in writing. We may deny your request, but we will tell you why in writing within 60 days. If we deny your request, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal and give you a copy.

You have the right to an accounting of disclosures. You may ask for a list of the times we have shared your PHI during the six years before your request, who we shared it with, and why. The list will not include disclosures for treatment, payment, or health care operations, or certain other disclosures (such as those you asked us to make). We will provide one accounting a year for free, but may charge a reasonable, cost-based fee if you ask for another within 12 months.

You have the right to a paper copy of this notice, upon request, even if you have agreed to receive it electronically.

You have the right to choose someone to act for you. If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will confirm that the person has this authority before we act.

Changes to This Notice

We reserve the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our offices, and on our websites at coremedicalwellness.com and corespineandjointcenter.com.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer, or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. **We will not retaliate against you for filing a complaint.**

Contact Us

If you have questions about this notice or want to exercise your rights, please contact:

Privacy Officer

Core Medical & Wellness (including Core Spine & Joint Center)
256 Stuyvesant Ave., Lyndhurst, NJ 07071
Phone: (201) 729-0001