

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.

Who We Are: We are AlliedOP, Inc. This Notice describes the privacy practices of our organization and the physicians, nurses, technicians and other individuals that work at or in conjunction with AlliedOP ("we" or "us").

Our Commitment to Your Privacy: We are dedicated to maintaining the privacy of your medical information. We will create records regarding you and the treatment and services we provide to you. These records are our property, however we are required by law to maintain the privacy of medical and health information about you ("Protected Health Information") (PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to PHI.

Use or Disclosure with Your Authorization: We may use or disclose PHI only when (1) you give us your written authorization on a form that complies with the Health Insurance Portability and Accountability Act ("Your Authorization") or (2) there is an exception described in Section IV below. Further, except to the extent that we have taken action in reliance upon it, you may revoke Your Authorization by delivering a written revocation statement to the Privacy Office identified below.

Use and/or Disclosure for Treatment, Payment and Health Care Operations: Except as noted above, we may use and/or disclose PHI without your authorization for treatment provided to you, obtaining payment for services and for health care operations. We use and disclose your PHI to provide treatment and other services to you; we may also disclose your PHI for the treatment activities of another health care provider. We may use and disclose your PHI to obtain payment for services that we provide to you, i.e. disclosures to claim and obtain payment from your health insurer, other company that arranges or pays the cost of your health care ("Your Payer") to verify that Your Payer will pay for health care. We may also disclose your PHI to another health care provider for the payment activities of that health care provider. We may use and disclose your PHI for our health care operations, including internal administration and planning. Under certain circumstances, we may disclose your PHI to another health care provider if they either have treated or examined you and your PHI pertains to that treatment or examination.

Disclosure to Relatives and Close Friends: We may use or disclose your PHI to a family member, other relative, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we:(1) obtain your agreement;(2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care.

Health Oversight Activities: We may disclose your PHI to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings: We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials / Health or Safety: We may disclose your PHI to law enforcement officials as required by law or in compliance with a court order. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Workers' Compensation: We may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

For Further Information, Complaints: If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Compliance Officer Caroline Evans at, AlliedOP, Inc., 1 Emery Avenue, Randolph, NJ 07869. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services.

Right to Request Additional Restrictions: You may request restrictions on our use and disclosure of your Protected Health Information: (1) for treatment, payment and health care operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.

Right to Receive Confidential Communications: You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

Right to Inspect and Copy Your Health Information: You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from, and submit the completed form to, our Compliance Officer. You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to pregnancy, abortion, sexually transmitted disease, substance use and abuse, contraception and/or family planning services).

Right to Amend Your Records: You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from, and submit the completed form to, our Compliance Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures: Upon request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years.

Right to Change Terms of This Notice: We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in our treatment rooms.