

The Dermatology Specialists

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HIPAA PRIVACY NOTICE

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Jay D. Geller, M.D., P.C. and your legal rights regarding your protected health information held by Jay D. Geller, M.D., P.C. under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact:

The Privacy Officer at Jay D. Geller, M.D., P.C.

Our Responsibilities: We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will post our revised Notice of Privacy Practices in our waiting room; copies will be provided upon request.

How We May Use and Disclose Your Protected Health Information:

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Medical Treatment. We may use or disclose your protected health information to provide, coordinate, or manage your health care and any related services, including coordination and management of your health care with another provider. For example, we may disclose your protected health information, as necessary, to a home health agency that provides care to you or other physicians who may be treating you. Your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care, diagnosis, or treatment to your physician.

For Payment. We may use or disclose your protected health information to determine your eligibility for health care benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under your agreement with your health care provider. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether your insurance provider will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other health care operations. These uses and disclosures are necessary to health care operations. For example: we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to benefits provided by health care provider; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general administrative activities.

However, we may not disclose your genetic information (for example, a predisposition to a genetic diseases or disorder) for the purposes of adjustment or modification of your benefits, rights, or premiums as they pertain to your health care provider.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information 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. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering your health care provider's coverage plan, we may disclose to certain employees protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations:

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- 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 a disease or condition;
- to notify the appropriate government authority if we believe that an adult 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 your protected health 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 health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a 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 disclose your protected health 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 a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners and Funeral Directors. We may release protected health 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 patients to funeral directors, as necessary to carry out their duties.

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

Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures:

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures:

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or (2) treating such person as your personal representative could endanger you; and (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the named primary beneficiary under the health care provider agreement. This includes mail relating to a spouse or other family member covered under that agreement, and includes mail with information on the use of the benefits by a spouse and other family members and information on the denial of any benefits to a spouse and other family members. If

a covered person under another's health care provider agreement has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

In the event that Jay D. Geller, M.D., P.C. seeks to utilize your protected health information for marketing purposes or seeks to sell your protected health information, Jay D. Geller, M.D., P.C. must first request your written authorization to do so. You may deny this request without any adverse consequence.

Your Rights:

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to:

Jay D. Geller, M.D., P.C. at 908-879-8800

If you request a copy of the information, you may be charged a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to:

Office for Civil Rights of the United States Department of Health and Human Services and the New Jersey Division of Consumer Affairs

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Jay D. Geller, M.D., P.C. . To request an amendment, your request must be made in writing and submitted to:

Jay D. Geller, M.D., P.C. at 908-879-8800

In addition, you must provide a reason that supports your request. We may deny your request for an 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 you ask us to amend information that:

- is not part of the medical information kept by or for Jay D. Geller, M.D., P.C. ;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include: (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to:

Jay D. Geller, M.D., P.C. at 908-879-8800

Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to your health care provider for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service that has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to:

Jay D. Geller, M.D., P.C. at 908-879-8800

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limitations to apply — for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to:

Jay D. Geller, M.D., P.C. at 908-879-8800

We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, you may make that request to:

Jay D. Geller, M.D., P.C. at 908-879-8800

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with Jay D. Geller, M.D., P.C. or with the Office for Civil Rights of the United States Department of Health and Human Services as well as with the New Jersey Division of Consumer Affairs. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint.

AN EXPLANATION OF AN INDIVIDUAL'S RIGHT TO APPEAL HEALTH INSURANCE DETERMINATIONS

Under the New Jersey Health Care Quality Act, certain individuals have the right to dispute a decision by a health insurance company or health maintenance organization or health service corporation (a carrier) concerning the medical appropriateness of requested covered services. Either the individual seeking the requested covered service or the health care provider (if authorized to act by the individual attempting to receive the service) can appeal to the carrier. If that appeal is unsuccessful, the individual or provider can appeal to an independent third party.

Internal Appeals Process

In most cases, the covered person or duly authorized provider **MUST** first comply with the carrier's Internal appeal process **BEFORE** appealing to an independent third party. Under NJ law, a carrier must meet specific deadlines when responding to such an appeal. For persons covered under group plans the internal appeals process may require two stages. The deadlines for carriers to respond in each stage are:

- Stage 1: For cases involving urgent or emergent care a decision must be rendered within 72 hours. For all other cases a decision must be rendered within ten days.
- Stage 2: For cases involving urgent or emergent care a decision must be rendered within 72 hours. For all other cases a decision must be rendered within 20 days.

For persons covered under individual plans, there is only one stage of internal appeal and the timeframes for carrier responses are the same as those indicated above for "Stage 1."

Contact your carrier for information on how to follow the Internal Appeals Process.

**Deadline extensions are applicable under certain situations and with appropriate notice.*

Independent Health Care Appeals Program (IHCAP)

Appeals that remain unsuccessful after completion of the carrier's internal appeal process may be sent to the Independent Health Care Appeals Program (IHCAP.) This is called a Stage 3 appeal. The IHCAP applies to health benefits plans offered through Medicaid and in the individual health insurance market.* Persons covered under a group plan through an employer should contact the employer regarding any appeal process that applies under the employer's group plan. The IHCAP does not apply to individuals on Medicare.

Under the IHCAP, an eligible person's claim will be reviewed by an independent arbiter, called an Independent Utilization Review Organization (IURO), that is selected by the Department of Banking and Insurance. An IURO will determine whether the carrier's decision inappropriately denied coverage for a medically necessary covered service. If the IURO accepts the appeal, it will make a determination within 45 days, or within 48 hours for emergent appeals. The IURO's decision is binding, but the parties may have other remedies under State or Federal law.

How to Apply to the IHCAP

- Applications for the Independent Health Care Appeals Program are available online at <http://www.state.nj.us/dobi/chap352/352ihcapform.doc>
- The following must be attached to the **signed** Application in order to be considered:
 - A \$25.00 filing fee, via check or money order, made payable to "New Jersey Department of Banking and Insurance." * **DO NOT SEND CASH!**
 - A copy of the final written decision from the carrier;
 - A copy of the Summary of Insurance Coverage from the insurance policy, if available;
 - A copy of the Notice of Intent to Appeal an Adverse UM Determination – Stage 3 (provided to the patient by the insurance carrier if internal appeals were unsuccessful);
 - A copy of all medical records and correspondence to be reviewed; and
 - If the provider is filing on behalf of the patient: a copy of the Consent to Representation in Appeal of a Utilization Management Determination and Authorization of Release of Medical Records for Appeal and Arbitration of Claims form

*NOTE: The filing fee is waived if there is financial hardship evidenced by participation in the Pharmaceutical Assistance to the Aged or Disabled program, Medicaid, NJFamilyCare, General Assistance, SSI or New Jersey Unemployment Assistance.

- Mail to: New Jersey Department of Banking and Insurance
Office of Managed Care
PO Box 329, Trenton, NJ 08625-0329 (courier service: 20 West State Street, 9th floor)

IMPORTANT: SEND ONLY COPIES OF ALL DOCUMENTS; ORIGINALS WILL NOT BE RETURNED.

For more information about IHCAP, call DOBI at 1-609-292-5316 x50998 or toll-free at 1-888-393-1062 or visit the DOBI website at http://www.state.nj.us/dobi/division_insurance/managedcare/ihcap.htm

The Dermatology Specialists

Jay D. Geller, MD FAAD FASD FASDS

RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA)

WRITTEN ACKNOWLEDGEMENT FORM

ALL PATIENTS (Health Insurance and Cosmetic Patients) MUST COMPLETE AND SIGN

I, (PATIENT'S NAME) _____, have been given the opportunity to review Dermatology and Cosmetic Medicine Specialists Notice of Privacy Practices and acknowledge that it was made available to me as posted on the office website www.drjaygeller.com or in the office when requested by me.

I acknowledge the opportunity to view the terms of the HIPAA policy as posted. I **understand** that this consent shall remain in force from this time forward.

(SIGNATURE) _____ DATE _____

Signature above is: PATIENT or LEGAL GUARDIAN (if patient is a minor or has a Power of Attorney for medical care)

IMPORTANT: Is there anyone (spouse, parent, son, daughter, etc.) with whom we can discuss your medical condition?

If yes, please PRINT their name(s) and relationship here:

NAME/RELATIONSHIP

NAME/RELATIONSHIP

OFFICE CANCELLATION POLICY:

We recognize that there are sometimes valid reasons for late cancellations/no shows, and we strive to provide an understanding for specific situations. However, they do place a scheduling, staffing and financial burden on the office and restrict other patients from obtaining timely appointments. Our office has an automated reminder system in place which provides an opportunity to cancel or reschedule two business days prior to your appointment. We also ask that you inform us of any change to your appointment as soon as you are aware, preferably within 24 hours or as early in the day as possible to allow other patients the opportunity for an appointment with us. Our office reserves the right to charge a \$75.00 cancellation fee to your account for non-compliance of our policy. Excessive abuse can, but rarely, may result in dismissal from the practice.

I understand that I am expected to pay for all applicable services (non-billable services/Cosmetic procedures/no health insurance) at the time services are rendered in full. If care is provided under health insurance, the SPECIALIST copayment is due at the time of service. All billable insurance balances will be sent to the address on file for my account and are expected by the statement due date unless other arrangements have been set up with our billing staff. It is my responsibility to inform the office of any changes in health insurance, billing address or personal phone numbers when they occur or at the time of check-in. If my insurance requires a referral I also understand that it must be provided at time of appointment to avoid being responsible for the fee's incurred. If at any time the billable balance of my account should become uncollectible, I am responsible for any fees incurred in the collection process.

(SIGNATURE) _____ DATE _____

REQUIRED SIGNATURE: PATIENTS USING HEALTH INSURANCE BENEFITS ONLY

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

Release of Information: I authorize the release of any medical information to process my insurance claim when required.

Assignment of Benefits: I authorize payment of medical benefits to Jay D. Geller, MD / Dermatology and Cosmetic Medicine Specialists for any services provided.

(SIGNATURE) _____ DATE _____