

**This notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.**

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*Women's Medical Specialty - Larry J Kaufman MD LLC*  
**NOTICE OF PRIVACY PRACTICES**

WMS understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive at WMS. This record is required to provide you with quality care and to comply with legal requirements. This notice applies to all of the records generated by providers and staff employed by WMS.

1. WMS may use and disclose protected health information for treatment, payment and healthcare operations. Examples of these include, but are not limited to, requested life insurance or physicals, referral to nursing homes, foster care homes, home health agencies and/or referral to other providers for treatment. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers; collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance including auditing or records.
2. WMS is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. Two examples of such are for public health requirements or court orders. We may release protected health information about you for worker's compensation or similar programs.
3. WMS will not make any other use or disclosure of a patient's protected health information without the individual's written authorization. Such authorization may be revoked at any time in written form.
4. WMS may at times contact the patient to provide appointment reminders or information regarding treatment alternatives or other health-related benefits and services that may be of interest to the individual patient.
5. We may release protected health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends the condition that you are in. You will be provided a form to list specific people who we may speak to regarding your medical care.
6. WMS will abide by the terms of this notice or the notice currently in effect at the time of the disclosure.
7. WMS reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains.
8. WMS will provide each patient with a copy of any revisions of its Notice of Information Privacy Practice at the time of their next visit, or at their last known address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our offices.

9. Any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, please contact the Privacy Officer at the following address and or phone number: 2500 English Creek Avenue Suite 604 Egg Harbor Township, NJ 08234 (609) 485-0885.
10. It is the policy of WMS that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

Patients have been granted individual rights under the HIPAA Legislation. These include the following:

You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes. To inspect and request a copy of medical information, you must submit your request in writing or sign a release. If you request a copy of this information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide a reason that supports your request and we may deny your request for an amendment if it is not in writing or does not include a reason to support the request. You may request an amendment for as long as the information is kept by or for WMS.

You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years. 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.

You have the right to request a restriction of limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree with your request. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment.

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 restrictions, you must make your request in writing to the WMS Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. You will be asked to sign an acknowledgement of receipt of this Notice of Privacy Practices.