

es:

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Avenue #2-2, Hackettstown, NJ 07840

FAX 973-352-9519

31 Route 23, Hamburg, NJ 07419

Mailing Address:

venue #1G, Clifton, NJ 07013

P.O. Box 429

Mountain Lakes, NJ 07046

HIPAA AUTHORIZATION FORM

Patient's Full Name _____ Date of Birth _____

Patient's Social Security Number/Medical Record Number _____ Phone: _____

Address _____ City _____ State _____ Zip Code _____

I hereby authorize use or disclosure of protected health information about me as described below.

1. The following specific person/class of person/facility is authorized to use or disclose information about me: _____

2. The following person (or class of persons) may receive disclosure of protected health information about me: _____

His/her/its Name Address City, State Zip Code _____

3. The specific information that should be disclosed is (please give dates of service if possible): _____

UNLESS YOU SIGN HERE, NO INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL HEALTH WILL BE DISCLOSED:

YES, DISCLOSE THIS INFO* _____ NO, DO NOT DISCLOSE THIS INFO * _____

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying _____ in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

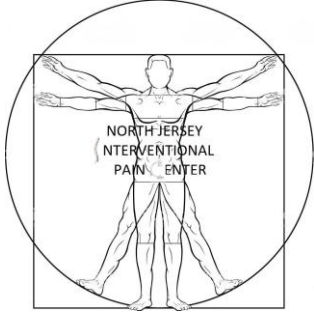
6. My purpose/use of the information is for _____

7. This authorization expires on _____, 200____, OR upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: _____

FEES FOR COPIES: Federal and state laws permit a fee to be charged for the copying of patient records. This cost is \$1/page with a \$10 minimum and a \$100 maximum. You may be required to pre-pay for the copies; if not, then your copies will be mailed along with an invoice. **THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING – note that signature is required in two places.***

Signature of Individual* (The person about whom the information relates) Date of Individual's Signature Date of Birth or Social Security Number OR, if applicable –

Signature of Guardian* or Personal Representative of Patient's Estate Date of Guardian's/Personal Representative's Signature Description of Authority to Act for the Individual
A copy of this completed, signed and dated form must be given to the Individual or other signator. Official Use Only Received Processed By Log #



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HIPAA 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.

I. We are required by law to protect the privacy of your health information. We call this protected health information "PHI," and it includes individually identifiable health information that relates to your past, present, or future physical or mental health/condition, the provision of health care, or the past, present, or future payment. We must provide you with this Notice about our privacy practices and legal duties that explains how, when, and why our practice may use or disclose your protected health information.

We recognize and respect your right to confidentiality, and we maintain numerous safeguards to protect your privacy. We are required by law to abide by the terms of this Notice currently in effect. We reserve the right to change this Notice at any time and to make the revised Notice effective for all PHI we maintain. You can always obtain a copy of our most current Notice by contacting our office.

II. How We May Use and Disclose Protected Health Information The following categories describe different ways that we may use or disclose medical information about you. For each category, here are examples:

Treatment – Means the provision, coordination, or management of your health care, including consultations between doctors, nurses, and other providers regarding your care, and referrals for care from one provider to another. For example, we may disclose your protected health information to a cardiologist if we are concerned that you have a heart problem.

Payment - Means the activities we carry out to bill and collect for the treatment and services provided to you. For example, we may provide information to your insurance company about your medical condition to determine your current eligibility and benefits. We may also provide PHI to outside billing companies and others that process health care claims.

Health Care Operations – Means the support functions that help operate the hospital such as quality improvement, case management, responding to patient concerns, and other important activities. For example, we may use your PHI to evaluate the performance of the staff that cared for you.

III. Other Uses and Disclosures of Protected Health Information In addition to using and disclosing your protected health information for treatment, payment, and health care operations, we may use your information in the following ways:

Appointment Reminders and Health-Related Benefits or Services. We may use PHI to contact you for a medical appointment or to provide information about treatment alternatives or other health care services that may benefit you.

Disclosures to Family, Friends, and Others. We may disclose your PHI to family, friends, and others identified by you as involved in your care or the payment of your care. We may use or disclose PHI about you to notify others of your general condition and location in the facility after a procedure. We may also allow friends and family to act for you and pick-up lab results, splints, braces, X-rays, etc. when we determine it is in your best interest to do so. If you are available, we will give you the opportunity to object to these disclosures.

To Avoid Harm. As permitted by law and ethical conduct, we may use or disclose protected health information if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.

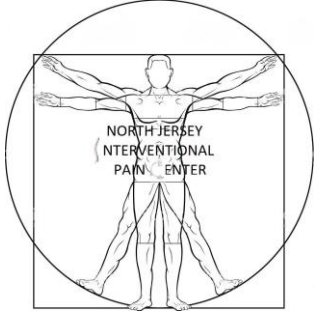
Fundraising Activities. We may contact you as part of our fundraising activities, as permitted by law.

Marketing Activities. We may contact you as part of our marketing activities, as permitted by law.

www.paintreating.com

Any questions? Please call 833-4-

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Research Purposes. In certain circumstances, we may use and disclose PHI to conduct medical research. Certain research projects require an authorization which will be made available to you prior to using your PHI.

Law Suits & Disputes. If you are involved in a law suit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other process by others involved in the dispute. We will only disclose information with assurance that efforts were made to inform you about the request or to obtain an order protecting the information requested.

Required by Law Enforcement. We may release health information about you if asked to do so by law enforcement in response to a court order, subpoena, warrant, summons, or similar process. We also may disclose information to identify or locate a suspect, fugitive, material witness, or missing person. In addition, we may disclose information about a crime victim or about a death we believe may be the result of criminal conduct. In emergency situations, we may disclose PHI to report a crime, to help locate the victims of the crime, or to identify/describe/locate the person who committed the crime.

Incidental Disclosures. We may make incidental uses and disclosures of your protected health information. Incidental uses and disclosures may result from otherwise permitted uses and disclosures and cannot be reasonably prevented. Having your name called aloud by a staff member in the Emergency Department is an example of an incidental disclosure.

Disaster Relief. When permitted by law, we may coordinate our uses and disclosures of protected health information with other organizations authorized by law or charter to assist in disaster relief efforts. For example, a disclosure of PHI may be made to the Red Cross or a similar organization in an emergency.

IV. Special Situations Organ and Tissue Donation. If you are an organ donor, we may disclose PHI to an organ procurement organization.

Military Personnel. If you are a member of the armed forces, we may release PHI about you, as required by military authorities. We may also release health information about foreign military personnel to appropriate foreign military authorities. **Worker's Compensation.** We may disclose health information about your work-related illness or injury to comply with worker's compensation laws.

Public Health Activities. We may disclose information about you for public health activities to:

- Prevent or control disease, injury or disability
- Report child abuse or neglect
- Persons under the jurisdiction of the Food & Drug Administration for activities related to product safety and quality and to report problems with medications or products
- Notify people who may have been exposed to a disease or are at risk of contracting or spreading a disease
- Notify government agencies if we believe an adult has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if the patient agrees or when required by law

Coroners, Medical Examiners, and Funeral Directors. We may release health information to these individuals. Such disclosures may be necessary to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors so they may carry out their duties.

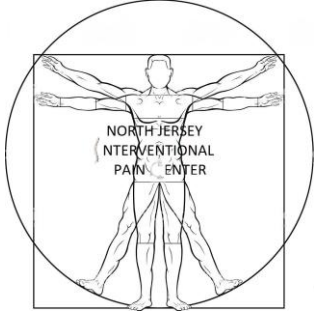
Health Oversight Activities. We may disclose information to government agencies that oversee our activities. These activities are necessary to monitor the health care system and benefit programs, and to comply with regulations and the law.

National Security. We may disclose PHI to authorized officials for national security purposes such as protecting the President of USA or other persons, or conducting intelligence operations.

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Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement, we may release PHI about you to the correctional facility or law enforcement officials. This would be necessary for the institution to provide you with health care; to protect your health and safety and the health and safety of others; or for the safety and security of the correctional institution.

Other Uses of Your Health Information. Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke the authorization at any time, provided the revocation is in writing - except if we have already taken action in reliance of your authorization.

V. YOUR RIGHTS You have the following rights with respect to your protected health information:

Right to Request Limits on Uses and Disclosures of Your PHI – You have the right to request restrictions to how we use and disclose your PHI. Your request must be sent in writing to our office. We will review your request but we are not required to agree to your request. If we agree to your request, we will document the restrictions and abide by them, except in emergency situations as necessary. You may not limit the uses and disclosures that we are legally required or allowed to make.

Right to Request Confidential Communications – You have the right to request to receive confidential communications of protected health information by alternative means or at alternative locations. For example, sending information to your work address rather than to your home address, or asking to be contacted by mail rather than telephone. To request confidential communications, you must specify your instructions in writing to our office. You must specify where and how you wish to be contacted. We will accommodate fair requests.

Right to Inspect and Obtain Copies of your Protected Health Information – In most cases, you have the right to inspect and obtain copies of protected health information used to make decisions about your care, subject to applicable law. To inspect or copy your medical information, you must make a request in writing to our office. If you request copies of your health information, we may charge a fee for copying, postage, and other supplies associated with your request.

Right to Amend your Protected Health Information – If you believe that the protected health information we have about you is incorrect or incomplete, you may request that we amend the information. To request an amendment, you must make your request in writing to our office and specify a reason that supports your request. We may deny your request, subject to applicable law.

The Right to Obtain a List of Disclosures We Have Made – You have the right to request an “accounting of disclosures” of your protected health information. Your request must be made in writing and include a time period no longer than six years (not including dates before April 14, 2003). There are several exceptions to the disclosures we must account for. Examples include disclosures for treatment, payment, and health care operations; those made to you; those made as a result of an authorization by you; those made for National security or intelligence purposes, and those that occurred before April 14, 2003. Requests for an accounting of disclosures must be made in writing to our office. The first accounting you request within a 12-month period is free. For additional accountings, we may charge you for the cost of providing it. We will notify you of the cost before processing your request so you may withdraw or modify your request before costs are incurred.

COMPLAINTS If you believe your privacy rights have been violated, you may file a complaint with our office at the address below. We will not take action against you for filing a complaint.