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This notice of Private Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice takes effect April 14th, 2003 and remains in effect until we replace it. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices upon your request.

OUR PLEDGE REGARDING MEDICAL INFORMATION- The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION- Not every use or disclosure will be listed. However, we have listed some of the different ways we are permitted to use and disclose medical information. For treatment, payment, health care operations, public health, communicable disease, abuse or neglect, Food and Drug Administration, legal proceedings, law enforcement, coroners, funeral directors, organ donation and criminal activity.

YOUR INDIVIDUAL RIGHTS- You have the right to look at or get copies of your medical information. You may request that we provide photocopies unless it is not practical for us to do so. You must make your request in writing. The law does allow us 30 days to process your request for medical records.

YOU HAVE THE RIGHT TO- Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

YOU HAVE THE RIGHT TO- Request that your medical record be changed, corrected, or amended. This request must be in writing and must include the reason for the desired change, amendment, or correction. This practice may accept or deny this request and will inform the patient in writing of the decision within 60 days. One 30-day extension is permitted if the patient is notified of the reason for the delay. If the request is denied, the practice must give a reason for the denying request. The patient may file a written rebuttal to the denial. Denying a request to amend the medical record may be due to but not limited to, some of the following reasons: information is not part of the designated record set, information is complete and accurate, and under HIPPA the patient is restricted from accessing or amending this information. Request will be retained for six years and must be included in future release of the patient's protected health information (PHI). If the amendment request has been denied, this denial letter must be included in future PHI disclosures.