



www.princetonnassaupediatrics.com

PNP PATIENT REGISTRATION FORM

PLEASE LIST ALL CHILDREN WHO WILL BE PATIENTS:

FIRST NAME:

LAST NAME:

DATE OF BIRTH:

1. _____
2. _____
3. _____
4. _____
5. _____

If Visiting, Please List the Name and Number of the Person You are Visiting:

Parent: _____

Parent: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Insurance Company: _____

Insurance Group #: _____

Insurance Policy # _____

Princeton Office

301 N Harrison St.
Princeton, NJ 08540
609-924-5510

West Windsor Office

196 Princ-Hightstown Rd.
West Windsor, NJ 08550
609-799-5335

Pennington Office

25 South Rt. 31
Pennington, NJ 08534
609-745-5300

Monroe Office

312 Applegarth Rd
Monroe, NJ 08831
609-409-5600

Montgomery Office

1378 Rt 206
Skillman, NJ 08558
609-651-4405



www.princetonnassaupediatrics.com

Agreement of Responsibility

I, the undersigned parent or guardian, hereby agree to pay Princeton Nassau Pediatrics all balances due for medical services provided to the patient(s) named below and to any other patients of Princeton Nassau Pediatrics for whom I am a parent or guardian.

I understand that I am responsible for and agree to pay for any charges for medical services not promptly paid by my insurance including:

1. Charges due to changes in my health care plan coverage or termination of my healthcare coverage on or prior to the date of service.
2. Charges for services performed with my consent when I have been advised that such service may not or will not be covered in part or in full.

I understand that Princeton Nassau Pediatrics expects payment in full within thirty days of notice that a balance is due. Should I be unable to pay the balance in full, I agree to enter into a payment plan if requested (terms to be determined at the discretion of Princeton Nassau Pediatrics) and adhere to the payment plan until the balance has been paid in full.

Patients Name(s): _____

Signature of Parent or Guardian: _____

Date: _____

Princeton Office
301 N. Harrison St.
Princeton, NJ 08540
609-924-5510

West Windsor Office
196 Princeton Hightstown Rd.
West Windsor, NJ 08550
609-799-5335

Pennington Office
25 South Rt. 31
Pennington, NJ 08534
609-745-5300

Monroe Office
312 Applegarth Rd.
Monroe, NJ 08831
609-409-5600

Montgomery Office
1378 Rt. 206
Skillman, NJ 08558
609-651-4405

PRINCETON NASSAU PEDIATRICS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Your signature below acknowledges
that you have received a copy
of the Notice Of Privacy Practices.

Signature of Personal Representative _____

Date _____

Name of Patient(s) _____

Description of Personal Representative's Authority (i.e. Parent, etc.)



Welcome to Princeton Nassau Pediatrics!

We are excited to welcome you to our practice and to provide you with the highest level of care and service.

We would like to know how you discovered our practice. Please check off all that apply:

Patient name(s): _____ Date: _____

Date(s) of Birth: _____

Google/FaceBook/Instagram: _____

Friend/Word of Mouth: _____

Ob-gyn referral _____

Local magazine or other publication _____

Other (please specify) _____

Please upload this form along with the rest of the welcome packet or bring this with you and hand in to our receptionist at your initial visit.

Thank you again for choosing Princeton Nassau Pediatrics!

Princeton Office
301 N Harrison St.
Princeton, NJ 08540
609-924-5510

West Windsor Office
196 Princ-Hightstown Rd.
West Windsor, NJ 08550
609-799-5335

Pennington Office
25 South Rt. 31
Pennington, NJ 08534
609-745-5300

Monroe Office
312 Applegarth Rd
Monroe, NJ 08831
609-409-5600

Montgomery Office
1378 Rt 206
Skillman, NJ 08558
609-651-4405

COLLECTIONS - NO APPOINTMENTS

As stated above, all fees are due at the time of service. Any charges remaining unpaid sixty (60) days after the date of service are considered past due, and will be subjected to a late fee. In this case, our billing office will make every effort to contact the person responsible for the delinquent balance, and arrange an equitable payment schedule. Until resolution of this outstanding balance, PNP will be unable to make any non-emergent appointments for any patient on the account. Further, if no effort is made to contact our business office in return and there remains a balance due for over ninety (90) days, the account will be considered seriously delinquent and will be referred to a collection agency. In this situation, no further appointments will be granted and the responsible person will be asked to seek medical care for their child/children elsewhere.

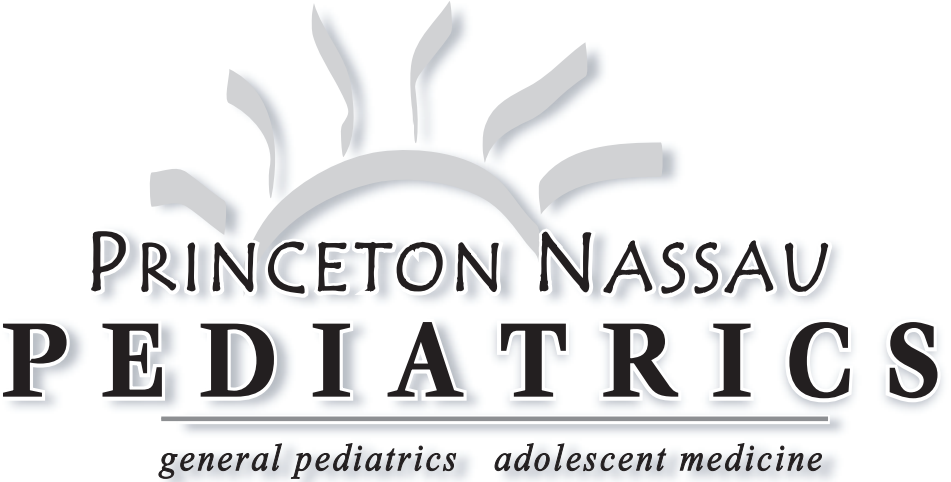
FINANCIAL HARDSHIP

If you are experiencing financial difficulty, please let our billing office know. We will not turn away an existing patient because of financial hardship; however, it is your responsibility to keep our office apprised.

PATIENT REFUNDS

Patient refunds will be issued when the following criteria have been met:

- 1. The patient has not been seen in the office for ninety (90) days.
- 2. There are no outstanding insurance claims on the patient’s account.
- 3. There are no outstanding patient balances on the family account.



FINANCIAL POLICY

301 North Harrison Street
Princeton Shopping Center
Princeton, New Jersey 08540
609-924-5510

312 Applegarth Road, Suite 104
Monroe, NJ 08831
609-409-5600

196 Princeton-Hightstown Road
West Windsor, NJ 08550
609-799-5335

25 Route 31 South
Pennington, NJ 08534
609-745-5300

1378 Route 206
Skillman, New Jersey 08558
609-651-4405

Business Office
609-921-3441

————— www.princetonnassaupediatrics.com —————

Dear Patient:
Welcome to our office! We are pleased that you have chosen Princeton Nassau Pediatrics, P.A. to provide health care for your family! We would like to explain to you our billing, insurance, payment, and credit policies. We ask that you take the time to read this financial policy thoroughly. Please contact our patient account representative to discuss any questions or concerns that you have.

RESPONSIBILITY FOR MEDICAL CARE

Every minor child, under age 18, seen in our office for medical services must be accompanied by a parent or legal guardian, or by an adult who has obtained written consent for treatment from the parent or legal guardian. An exception is an adolescent presenting for confidential services, which we are permitted by state law to provide without notifying the parent.

TIMELY PAYMENT/METHOD OF PAYMENT

We at Princeton Nassau Pediatrics, P.A. are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. Full payment is expected at the time of service unless other arrangements have been made in advance. This especially includes applicable deductibles and required co-payments for participating insurance companies.

Princeton Nassau Pediatrics, P.A. accepts cash, personal checks, and credit cards. Any check returned to our office as non-sufficient funds will be re-billed with a \$25 penalty fee (as is charged to PNP by the bank). If two non-sufficient checks are returned to our office within a period of six months, we will no longer accept checks for services rendered. We will continue to provide services and accept credit cards or cash as payment for one year from the time of the last returned check.

PARTICIPATING INSURANCE PROGRAMS:*

CIGNA	AMERIHEALTH
BEECHSTREET	HEALTHNET (PHS)
AETNA	QUALCARE
Managed Choice	HORIZON BC/BS OF NJ
Elect Choice	MULTIPLAN
Open Choice	
CONSUMER HEALTH NETWORK (CHN)	
AETNA-US HEALTHCARE	DEVON NETWORK
OXFORD	GREAT WEST
UNITED HEALTHCARE	
PRINCETON THEOLOGICAL SEMINARY	
*Please contact the business office to confirm we participate with your particular plan.	

INSURANCE & NON-COVERED CHARGES

Your insurance contract is between you and your insurance carrier. The benefits packages provided by insurance companies vary from employer to employer. It is your responsibility to learn the benefits and restrictions of your policy (including vaccine and well-child care coverage), and follow the rules of the policy.

We will bill the insurance companies we participate with; however, if we are not paid in a timely fashion, you will be responsible for the bill and expected to pay in full. Please note that although

we participate with certain insurance plans, some charges may not be covered under those plans (co-payments, medical equipment and supplies, travel vaccines, audiograms, holiday, weekend, and after hour charges, etc.). Except as provided by such contract or by state law, we will hold you responsible for all charges not paid by your insurance carrier.

INSURANCE CARDS

Patients must present their insurance identification card(s) at EACH visit. If a patient cannot provide an I.D. Card or if a Princeton Nassau Pediatric physician does not appear as the PCP (Primary Care Provider) on the card, the patient may be required to pay that day’s charges in full, or reschedule the appointment.

CO-PAYMENTS

As per each individual insurance contract, the patient is required to pay a co-payment at the time of each visit. If a patient is unprepared to pay the co-payment, he/she may be required to reschedule the appointment. In addition, there are often occasions when a patient must come back on another day for immunizations or lab work. Reasons for this may include a shortage of vaccines, temporary lab closure, or your child having “just had enough” of the doctor’s office for one day. If you return on the same day for the procedures to be completed, no additional co-payment charge will be incurred. If, however, you return on a later day, the visit may be treated as a new visit and an additional co-payment will be required. This policy is based on the requirements set forth by NJ State Insurance law.

SECONDARY INSURANCE

If a private indemnity plan is your primary insurance carrier and one of our participating HMOs is your secondary insurance carrier, you must adhere to the following procedures:

1. As per your secondary insurance contract, pay the required co-payment at the time of the office visit.
2. Submit your claim to your primary insurance carrier with payment assigned to Princeton Nassau Pediatrics, P.A.
3. Upon receipt of the Explanation of Benefits (EOB) from your primary insurance carrier, submit a copy of this document to Princeton Nassau Pediatrics, P.A. and include payment if your insurance carrier paid you directly.
4. Upon receipt of your EOB, we will submit it to your secondary insurance carrier (HMO) for reimbursement.

*** If we do not receive your EOB within 45 days of the date of service, we will bill you for the amount due for services provided and expect prompt payment in full.

REFERRALS

If your insurance contract requires a referral for consult or treatment by a specialist or for ancillary services such as physical therapy or radiology procedures, you must receive the referral from our office before seeing a specialist. Patients are required to consult with their primary care physician prior to requesting a referral. Except in true medical emergencies, you must allow five (5) business days for our office to complete the referral. Self-referrals will be considered as out-of-network care by a specialist and may result in financial liability to the patient. Princeton Nassau Pediatrics, P.A. cannot accept responsibility for patient non-compliance with their individual insurance policies.

MISSED APPOINTMENTS

Missed appointments represent a cost to us, to you, and to other patients who could have been seen during the time set aside in the schedule for your child. Please call at least 24 hours in advance to make any scheduling changes necessary. If you arrive more than 15 minutes late for a physical exam appointment, the appointment has been missed and you will be required to reschedule. There will be a \$25 fee for missed appointments. This fee will not be covered by insurance and will be considered a personal balance. Excessive abuse of scheduled appointments may result in discharge from the practice. If your appointment is rescheduled because you failed to produce a valid insurance card with a PNP physician as the PCP or because you failed to pay your co-pay, you may be charged a missed appointment fee.

WALK IN POLICY

We encourage our patients to schedule an appointment for all visits to the office. Even when an emergency occurs, prior notification that you are coming can help us to prepare to care for your child. “Walk-in” visits may be subject to a \$50 fee.

FORMS AND RECORD TRANSFERS

There is a \$10 fee for each camp, school, etc. form that the doctor must complete. We offer a generic health form for \$10 that parents may copy as often as necessary for one (1) year. There is no charge to complete medication authorization forms or working papers. There is a record transfer preparation fee of \$1.00 per page with a minimum of \$10 and a maximum of \$100. These charges are subject to change.

TRAVEL IMMUNIZATIONS

Travel immunizations often are not a covered benefit of most insurance plans. Travel consultation services and travel immunizations must, therefore, be paid for in full at the time of service, prior to administration.

MEDICAL SUPPLIES

As a convenience to any patients, PNP stocks many basic medical supplies such as rehydration solutions, Asthma equipment, splints & bandages, etc. These supplies will not be billed to your insurance company and payment will be expected at the time of service.

INJURIES

Any visit related to an injury incurred as a result of an automobile accident, or an accident on school grounds, or on the job, must be paid in full at the time of service. In such instances, the patient’s health insurance typically is not the primary insurance for the visit. Instead, the responsible party will be your automobile insurance, or the school, or employer’s liability insurance carrier. Our superbill provides all pertinent information for submission to the appropriate automobile or liability insurance carrier.

DIVORCE

In the case of separated or divorced parents, it is our policy that the parent who brings the patient to the office is responsible for payment at the time of service. We will not bill the non-presenting parent.

DRUG TESTING/CRISIS CARE

The cost of drug testing or emergency care requested by the school will be the financial responsibility of the patient’s parents.

BILLING POLICY

For patients not covered under any of the insurance plans in which we participate and for any office charges not covered by insurance, Princeton Nassau Pediatrics, P.A. requires payment at the time of service. Our office uses a “Superbill”. This statement should be submitted to your insurance carrier for payment. If your insurance carrier refuses to process the Superbill claim, please contact our business office at (609) 921-3441, and we will send you an itemized statement to submit to your insurance carrier.

Emergency and inpatient services are billed on a monthly basis. Payment for these services is due 30 days from the billing date. Delayed payment to you by your insurance carrier is not a valid reason for delayed payment to us. Please understand that Princeton Nassau Pediatrics, P.A. can neither accept responsibility for payment or nonpayment on you insurance claims, nor will we negotiate a settlement on a disputed claim. Questions regarding your coverage and benefits should be directed to your insurance carrier.

Princeton Nassau Pediatrics



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.

Princeton Nassau Pediatrics

Princeton Office
(609) 924-5510

West Windsor Office
(609) 799-5335

Monroe Office
(609) 409-5600

Pennington Office
(609) 745-5300

Skillman Office
(609) 651-4405

Effective Date:
April 14, 2003

Privacy Officer:
(609) 924-5510

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR CHILD'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your child's IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your child's IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

The Privacy Officer, Princeton Nassau Pediatrics, 301 North Harrison St., Princeton, NJ 08540. (609) 924- 5510

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your child's IIHI.

1. Treatment. Our practice may use your child's IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your child's IIHI in order to write a prescription for your child, or we might disclose your child's IIHI to a pharmacy when

we order a prescription. Many of the people who work for our practice — including, but not limited to, our doctors and nurses — may use or disclose your IIHI in order to treat your child or to assist others in your child's treatment.

Additionally, we may disclose your child's IIHI to others who may assist in your child's care, such as your spouse, children or parents. Finally, we may also disclose your child's IIHI to other health care providers for purposes related to your treatment.

2. Payment. Our practice may use and disclose your child's IIHI in order to bill and collect payment for the services and items your child may receive from us. For example, we may contact your child's health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your child's insurer with details regarding your treatment to determine if your child's insurer will cover, or pay for, your child's treatment. We also may use and disclose your child's IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose your child's IIHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations, our practice may use your child's IIHI to evaluate the quality of care your child received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your child's IIHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Our practice may use and disclose your child's IIHI to contact you and remind you of an appointment.

5. Treatment Options. Our practice may use and disclose your child's IIHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services. Our practice may use and disclose your child's IIHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your child's care, or who assists in taking care of your child. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office

for treatment of a cold. In this example, the babysitter may have access to this child’s medical information.

8. Disclosures Required By Law. Our practice will use and disclose your child’s IIHI when we are required to do so by federal, state or local law.

9. Laboratory Results. Our practice may use and disclose your child’s IIHI to contact you regarding laboratory results. Results may be left on a message machine or voicemail.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

2. Health Oversight Activities. Our practice may disclose your child’s IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your child’s IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your child’s IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person’s agreement

- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices. In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation. Our practice may release your child’s IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your child’s IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

- (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following:
 - (A) an adequate plan to protect the identifiers from improper use and disclosure;
 - (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law) ; and
 - (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;
- (ii) the research could not practicably be conducted without the waiver; and
- (iii) the research could not practicably be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your child’s IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your child’s IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your child’s IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your child’s IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your child’s IIHI to correctional institutions or law enforcement officials if your child is an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: for the institution to provide health care services to you, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals.

12. Workers’ Compensation. Our practice may release your child’s IIHI for workers’ compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR CHILD’S IIHI

You have the following rights regarding the IIHI that we maintain about your child:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Privacy Officer, 609-924-5510 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your child’s IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child’s IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your child’s IIHI, you must make your request in writing to Privacy Officer, 609-924-5510. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice’s use, disclosure or both; and
- (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Privacy Officer, 609-924-5510 in order to inspect and/or obtain a copy of your child’s IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your child’s health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an

amendment, your request must be made in writing and submitted to Privacy Officer, 609-924-5510. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your child’s IIHI for non-treatment, non-payment or non-operations purposes. Use of your child’s IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, 609-924-5510. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, ask a receptionist or contact Privacy Officer at 609-924-5510.

7. Right to File a Complaint. If you believe your child’s privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Privacy Officer at 609-924-5510. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child’s IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child’s IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Privacy Officer at 609-924-5510.