Taonei Mushayandebvu MD
Hudson IVF
Notice of Privacy Practices

THE 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.

If you have any questions about this notice, please contact the office at (201) 288-6330.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to maintaining the confidentiality of medical information about you. We create a record of care and service you receive at this office. We need this record to treat you and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our office, whether made by your personal doctor or by other personnel within our office.

This notice advises you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medial information about you
- Follow the terms described in this notice

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the different ways that we may use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and provide an example. Not every use

or disclosure in a category will necessarily be listed below. However, all of the ways which we are permitted to use and disclose information will fall within one of the categories.

Treatment – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to your doctors, nurses, technicians, medical students, or other office personnel (such as the financial department) who are involved in your medical care and treatment. Different departments of the office may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab works, and x-rays. We may also disclose medical information about you to people outside of the office who may be involved in your medical care after you leave the office, as per your designation in the proceeding sections.

Infertility is a condition of the reproductive system that prevents the conception of children. During the evaluation and treatment of the couple for infertility, the health information of both partners will be shared with each other. For example, the male and female partners may be interviewed together at the office visits. If one of the partners is not present, health information, including the results of tests, may be discussed and documented of the absent partners. Similarly, the partners may be together at the time of physical examination, counseling, and embryo transfer. The health information of each partner will be shared with each other at these times.

If you are an infertility patient and succeed in having a child, you may provide us with a picture of your baby. These pictures will not be identified with your name, or any information that may identify you or your baby. You can specifically request that the picture of your baby not be displayed at the office.

Payment – We may use and disclose medical information about you so that the treatment and services which we provide to you at the office, hospital, ambulatory surgery center or other site may be billed and payment may be collected from you and/or your insurance company or other responsible third party. We may also tell your health insurance plan about treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations – We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many office patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and educational purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific patients.

Appointment Reminders – We may use and disclose medical information in connection with our efforts to remind you that you have an appointment or that you need to have a test usually ordered on a regular basis. For example, we may send you a reminder that you need to have your yearly breast examination, your yearly PAP test, or other tests that should be performed periodically. These reminders may be sent to you by mail, by telephone, by voice mail, or by e-mail once appropriate and reasonable steps are taken to protect the privacy of your health information.

Treatment Alternatives – We my use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example, we may use your information to determine whether you qualify for a nutritional counseling program, or whether you may take

advantage of different types of support or counseling opportunities. We may refer you to a community support group or for individualized counseling.

Research – Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Other types of research may involve revision of the medical information of a group of patients followed over time to determine the success of a specific treatment. Health information may be stored in a data-base to examine the factors (for example, age, type, dose of medication, etc.) that may have an effect on the success of the treatment. All research projects, however, are subject to a special approval process.
This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patient's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the office. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the office.

Ambulatory Surgery Center, Outpatient Hospital Surgery, or Long term stay In-Hospital Registry – We include certain limited information about you in the registry while you are a patient at any of the locations indicated in the section. The information may include name, location in the specific center, your general condition and your religious affiliation. The registry information may only be released to people who ask for you by name and whom you have also indicated on your release of information form.

Individuals involved in your care or payment for your care – We may release medical 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 and friend your condition and that you are in the hospital, ambulatory surgery center, or office. In addition, we may disclose medical information about you to an entity assisting in a disaster relief so that your family can be notified about your condition, status, and location.

As required by law – We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety – We may use and disclose medical information about you when necessary to prevent a serious threat to health or safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donations – If you are a sperm, ovum (egg), or embryo donor, or if you are a recipient of these cells, or tissues, your medical information may be released to proceed with treatments that involve these cells or tissues following accepted standards of care.

Military and Veterans – If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. If you are a member of the Armed Forces, we may disclose medical information about you to the Department of Veterans Affairs upon your separation or

discharge from military services. This disclosure is necessary for the Department of Veterans Affairs to determine whether you are eligible for certain benefits.

Public Health Risks – We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- 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 a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities – We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor and health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes – If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if required by law or if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement – We may release medical information if requested by law enforcement officials acting pursuant to valid legal authority.

Coroners, Medical Examines, Funeral Directors – We may release medical information to a coroner or medical examiner for the purpose of identification of a deceased person or to determine a cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the right to following medical information we obtain about you:

I. Rights to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the office. If you request a copy of your entire chart, a fee will be charged as permitted by state law for the costs of copying ($0.50 per page), postage, and other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

II. Right to Amend

If you feel that the medical 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 the office.

The request and amendment, you request must be made in writing and submitted to the office. 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:

- 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 medical information kept by or for the office
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

III. Right to an Accounting of Disclosures

You have the right to request an “Accounting of Disclosures.” This is a list of the disclosures we made of the medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the office. Your request must state a time period that may not be longer than six years and may not include dates before Jan 1, 2013. Your request should indicate in what form you want the list, by mail, fax, or email. The first list you request within a 12 month period will be free. For additional lists, we may charge you a fee of $5 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 the time before any costs are incurred.

IV. Right to Request Restrictions

You have the right to request a restriction or limitation on the medical 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 to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your

request in the writing to the office. In the 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 limits to apply.

V. Right to Request Confidential Communications

Many types of infertility treatments require daily communication between the doctor/ the doctor's office and you. The purpose of these communications is generally to give you instructions regarding your infertility treatment. This communication can take place through the telephone, cell phone, fax machine, voice mail systems, e-mail, and other forms of verbal or written communications. The doctor or the doctor's office may communicate with you, with your partner, or with a family member or friend of your designation. You may be contacted at home, at your office, or at another specified location where you may be reached. You may be asked to provide us with a method and place where you can be reached during working hours (9:00 AM to 5:00 PM). You have a right to request that we communication 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 cell phone. To request confidential communication, you must make your request in writing to the office. We will not ask you the reason for your request. We will accommodate all reasonable requests that will provide adequate communication between you and the office.

VI. Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice. A copy of this completed notice will be given to you at the time you complete the document.

CHANGES TO THIS NOTICE

We reserve the right to change/ amend this notice. We reserve the right to make a revised notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the office. To file a complaint with the office, contact:

Privacy Officer
c/o Taonei Mushayandebvu MD
2777 Kennedy Blvd.
Jersey City, NJ 07306

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with you written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the provided to you.

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STATE OF NEW JERSEY PATIENT RIGHTS

As a patient of **Dr Taonei Mushayandebvu**, you have the following rights (under state law and regulations).

MEDICAL CARE

To receive the care and health services that the center is required by law to provide
To exercise your rights without being subject to discrimination or reprisal
To have the right to personal privacy and to receive care in a safe setting
To receive an understandable explanation from your physician of your complete medical condition, recommended treatment, expected results, risks involved and reasonable medical alternative. If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation must be given to your next of kin.
To give informed written consent prior to the start of specified, non-emergency medical procedures or treatments.
Your physician should explain to you, in words you understand, specific details about the recommended procedure or treatment, any risks involved, time required for recovery, and any reasonable medical alternatives.
To refuse medication and treatment after possible consequences of this decision have been explained clearly to you, unless the situation is life-threatening or the procedure is required by law.
To be included in experimental research only if you give informed, written consent. You have the right to refuse to participate.

COMMUNICATION AND INFORMATION

To be informed of the names, functions and credentials of all healthcare professionals providing you with personal care
To receive, as soon as possible, the services of a translator or interpreter, if you need one to help you communicate with the Center's healthcare personnel.
To be informed of the names and functions of any outside healthcare and educational institutions involved in your treatment. You may refuse to allow their participation.
To receive, upon request, the Center's written policies and procedures regarding life-saving methods and the use or withdrawal of life support mechanisms and the use of our information regarding an Advance Directive.
To be advised in writing of the Center's rules regarding the conduct of patients and visitors.
To receive a summary of your patient rights that includes the name and phone number of the Center staff member to whom you can ask questions or complain about a possible violation of your rights.

MEDICAL RECORDS

To have prompt access to the information in your medical record. If your physician feels that this access is detrimental to you health, your next of kin or guardian has the right to see your record.

To obtain a copy of your medical record, at a reasonable fee, within 30 days after a written request to the Center.
To expect that your medical record will be held in strict confidentiality and released only with your permission as per State and Federal laws.

COST OF AMBULATORY SURGICAL CENTER CARE

To be notified if your physician has a financial interest in the Center.
To receive a copy of the Center's payment rates. If you request an itemized bill, the Center must provide one, and answer any questions you may have. You have the right to appeal any charges.
To be informed by the Center if part or your entire bill will not be covered by insurance. The Center is required to help you obtain any public assistance and private healthcare benefits to which you may be entitled.

DISCHARGE PLANNING

To receive information and assistance from your attending physician and other healthcare providers if you need to arrange for continuing healthcare after your discharge from the Center.

PATIENT RIGHTS CONTINUED

TRANSFERS

To be transferred to another facility only when you or your family has made the request, or in instances where the Center is unable to provide you with the care you need.
To receive an advanced explanation from a physician of the reasons for your transfer and possible alternatives.

PERSONAL NEEDS

To be treated with courtesy, consideration, and respect for your dignity and individuality.
To have access to storage space for private use. The Center must also have a system to safeguard your personal property.

FREEDOM FROM ABUSE AND RESTRAINTS

To be free from physical and mental abuse.
To be free from restraints, unless they are authorized by a physician for a limited period of time to protect the safety of you or others.

PRIVACY AND CONFIDENTIALITY

To have physical privacy during medical treatment and personal hygiene functions, unless you need assistance.
To confidential treatment of information about you. Information in your records will not be released yo anyone outside the Center without your approval, unless it is required by law.

LEGAL RIGHTS

To provide treatment and medical services without discrimination based on age, religion, national origin, sex, sexual preference, handicap, or diagnosis.
To exercise all your constitutional, civil, and legal rights.

As a patient, you are responsible for:
1. Providing physicians and Center personnel with accurate information related to your condition and care.
2. Following your treatment plans. Patients are responsible for medical consequences which result from refusing treatment or not following instructions of physicians and the Center's personnel.
3. Being considerate of the Center's staff who is committed to excellence in patient care.
4. Supplying accurate insurance information and pay bills promptly so that your Office Based Surgical Center can continue to serve you effectively.

N.J. Department of Health & Senior Services **Healthcare Systems Analysis** **Complaint Program** **Room 601** **PO Box 360** **Trenton, NJ 08625**	**Dr. Taonei Mushayandebvu** **Hudson IVF** **2777 Kennedy Blvd.** **Jersey City, NJ 07306** **201-963-4200**

Revised 9/27/19

Complaint Hotline 800-792-9770	

QUESTIONS AND COMPLAINTS

Medicare Ombudsman Center Web Site
http://www.cms.hhs.gov/center/ombudsman.asp

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Public Law/Rule of the State of New Jersey/Board of Medical Examiners, the New Jersey Department of Health and Senior Services, and Medicare mandate that a physician, podiatrist and all other licensees of the Board of Medical Examiners inform patients of any significant financial interest held in a healthcare service.

Accordingly, take notice that Dr Taonei Mushayandebvu has a financial interest in the following healthcare service to which patients are referred:

Hasbrouck Heights Surgery Center, LLC
214 Terrace Ave.
Hasbrouck Heights, New Jersey 07604

You may of course, seek treatment at a healthcare service provider of your own choice. A listing of alternative healthcare providers can be found in the classified section of your telephone directory under the appropriate heading.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT ACKNOWLEDGEMENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (‘”PHI”) about you. You have the right to review our Notice and ask questions about our policy practices. As provided in out Notice, the terms of our Notice may change. If we change our Notice, you may obtain a copy by the methods described within the Notice.

You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form you acknowledge that you have received our Notice of Privacy Practices.

_____
Name of Patient

_____
Signature of Patient

_____
Date