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NOTICE OF PRIVACY PRACTICES AND PATIENTS' PRIVACY RIGHTS

This notice is provided to you pursuant to the **Health Insurance Portability and Accessibility Act of 1996** (HIPAA). It describes how your Personal Health Information (PHI) may be used, disclosed and accessed by you. Please read this document carefully.

1. We may disclose your PHI for purposes of treatment, payment or healthcare operations (with or without consent). Examples:
 - a. The healthcare professionals in our office may access you information for the purpose of providing care.
 - b. Your PHI may be disclosed to your insurance company to allow them to provide payment for services rendered.

2. We may use or disclose your PHI under the following circumstances without obtaining authorization:
 - a. For treatment, payment or healthcare operations.
 - b. Unless you tell us that you object, we may use or disclose you PHI, location or general condition to your family or personal representative. If you are unable to agree or disagree, our health professionals will use their best judgment in any communications with your family and others.
 - c. We may use or disclose PHI to provide information to state or federal public health authorities to prevent and control disease, injury or disability, child abuse or neglect, domestic violence and infection exposure. We may report to the Food and Drug Administration problems with products and reactions to medications.

- d. We may use or disclose your PHI to health agencies during the course of audits, investigations, licensure, and other proceedings.
 - e. We may use or disclose your PHI in the course of any administrative or judicial proceedings.
 - f. We may use or disclose your PHI to law enforcement officials to comply with a court order to identify or locate a suspect, fugitive, material witness or missing person. We may use or disclose your PHI to correctional institutions or law enforcement officials if you are an inmate.
 - g. We may use or disclose your PHI for purposes of communicating to organizations involved in procuring, banking, or transplanting organs and tissue.
 - h. We may use or disclose your PHI in order to conduct research that has been approved by our Institutional Review Board (IRB).
 - i. We may use or disclose your PHI in order to prevent or lessen a serious and imminent threat to the health safety of a particular person or the general public.
 - j. We may use or disclose your PHI for military or security purposes.
 - k. We may use or disclose your PHI to comply with workers' compensation laws.
3. For all other circumstances, we may only use or disclose your PHI after you have signed an authorization.
4. We may use or disclose your PHI for the following purposes:
- a. Appointment reminders
 - b. Change of ownership: In the event that Bayshore Ophthalmology, LLC is sold or merged with another organization, your PHI will become the responsibility of the new owner.
5. Your Rights:
- a. You have the right to request restrictions on the uses and disclosures of your PHI. We are not required to comply with your request.
 - b. You have the right to inspect and receive a copy of your PHI.
 - c. You have the right to request that we amend your PHI if incorrect or incomplete.
 - d. You have the right to a paper copy of this Notice of Privacy Practices.
6. Our Duties:
- a. We are required by law to maintain the privacy of your PHI and to provide you with a copy of this notice.
 - b. We are required to abide by this notice.

- c. We reserve the right to amend this notice any time in the future and to make the new notice applicable to you PHI. If such amendment is made, we will immediately display the revision in our office. We can provide you with a copy at any time.

7. Complaints to the Government:

- a. You may make complaints to the Secretary of the Department of Health and Senior Services if you believe your rights have been violated.
- b. We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

8. Contact Information:

You may contact us about our privacy practices by calling the Privacy Officer at (732) 264-6464. You may contact the Department of Health and Senior Services at (877) 696-6775.



Disclosure of Protected Health Information

I request that payment of authorized insurance benefits be made to me or on my behalf to BAYSHORE OPHTHALMOLOGY, LLC for any services furnished to me by Bayshore Ophthalmology. I authorize any holder of my medical information to release to my insurance company and its agents any related information. I hereby authorize my insurance company to furnish to Bayshore Ophthalmology information regarding my medical claims.

Disclosure of Ownership of Bayshore Ophthalmology, LLC

Public Law of the State of New Jersey and the Board of Medical Examiners mandates that we inform patients of any significant financial interest held in a health care service. Accordingly, we would like to inform you that Dr. Surekha Collur owns Bayshore Ophthalmology, LLC. You may purchase your eyeglasses at a facility of your choice. A listing of alternate providers can be found in the classified section of the telephone directory under the appropriate heading.

Notice of Privacy Practices

The complete document that states Bayshore Ophthalmology's Privacy Practices is posted for you to read in full. Please read it carefully. It explains our commitment to maintaining the privacy of your private health care information. If you would like a copy we will provide it to you.

Please list persons to whom we can release your medical information:

Patient Signature _____

Parent/Guardian (if minor) _____