HIPAA JOINT PRIVACY NOTICE

THIS JOINT 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.

INTRODUCTION

This Joint Notice is being provided to you on behalf of Ocean Health Initiatives, Inc. (“OHI”) and the employees and practitioners who work at or are associated with OHI (collectively referred to herein as “We” or “Our”). We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of “protected health information”. “Protected health information” or “PHI” includes any individually identifiable health information that we obtain from you or others that relates to personal or past physical or mental health, the health care you have received, or payment for your health care. We will share protected health information with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered at OHI facilities.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We maintain the privacy of your PHI in accordance with this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a current copy of this notice from us at any time by writing to the address shown at the end of this notice.

PERMITTED USES AND DISCLOSURES

We use or disclose PHI for the purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example. However, not every particular use or disclosure in every category will be listed.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may use or disclose PHI for purposes other than treatment, payment and health care operations. For example, we may use or disclose PHI to you as part of our fundraising and marketing efforts as permitted by applicable law.

YOUR RIGHTS

We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices. This notice also discusses the uses and disclosures we will make of your PHI. We are required to abide by the terms of this notice for all PHI that we hold in any form, in any medium, or by any means.

USE OF YOUR HEALTH INFORMATION

• Health Oversight Activities. We may disclose PHI to federal or state agencies that oversee our activities (e.g., providing health care, seeking payment, and civil rights).
• Law Enforcement. We may release PHI if asked to do so by a law enforcement official authorized to order or request such disclosure
• Worker’s Compensation. We may release PHI about you for programs that provide benefits for workers injured on the job.
• In accordance with applicable law, we may disclose PHI to your employer if we are retained to determine whether the disclosure is to be made in the course of an ongoing employment-related plan in order to receive payment, the PHI pertains solely to your health care items or services for which you have paid the full bill in full, and the disclosure is not otherwise required by law. To request a restriction, you may make your request in writing to the Privacy Officer of OHI.
• You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations.
• You have the right to receive confidential communications of your PHI by alternate means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer of OHI.
• You have the right to inspect and copy the PHI contained in our records, except:
  (i) for PHI contained in records of research, study, or statistics of health care items or services for which you have paid in full, and the disclosure is not otherwise required by law.
  (ii) for PHI which has been limited by us as part of a research project, study, or statistics.
• You have the right to request an amendment to your PHI but we may deny your request for certain reasons.
• You have the right to request an accounting of disclosures of your PHI. We will provide an accounting of disclosures as required by law.
• You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, of the breach.
• You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:
  (ii) in the course of providing services to a loved one identified to you by name, except for those disclosures that are subject to an additional accounting or restriction.
• You have the right to receive a notification in the event that there is a breach of unsecured PHI, which requires notification under the Rule.

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact OHI’s Privacy Officer at (732) 718-1508. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

CONTACT PERSON

If you have any questions or would like further information about this notice, please contact OHI’s Privacy Officer at (732) 718-1508.

This notice is effective as of July 2013.

Ocean Health Initiatives, Inc.