

**ALL SURGEONS ARE  
BOARD CERTIFIED**

JOINT RECONSTRUCTION  
& REPLACEMENT

**JOHN M.  
TOZZI, MD**

HAND & UPPER  
EXTREMITIES

**CLINT C.  
FERENZ, MD**

SPINAL SURGERY

**JOEL M.  
GOLDSTEIN, MD**

**MICHAEL F.  
LOSPINUSO, MD**

**RAMIL S.  
BHATNAGAR, MD**

SPORTS MEDICINE  
& ARTHROSCOPY

**MICHAEL A.  
SCLAFANI, MD**

**ANTHONY V.  
PETROSINI, MD**

**TOBY B.  
HUSSERL, MD**

PHYSICAL MEDICINE  
& REHABILITATION

**LAURIE L.  
GLASSER, MD**

PAIN MANAGEMENT  
& ANESTHESIOLOGY

**NATHAN  
HOLTZBERG, MD**

FOOT & ANKLE SURGERY

**SHANE M.  
HOLLAWELL, DPM**

- *Work injuries*
- *Sports medicine*
- *Pain management*
- *Joint replacement & arthritis care*
- *Knee & shoulder injuries*
- *Wrist & hand injuries*
- *Foot & ankle injuries*
- *Spine injuries & back problems*
- *Trauma & fracture care*
- *Neurodiagnostic testing*

**CONVENIENCE &  
COMFORT**

- *Four locations*
- *Morning, lunchtime & evening appointments*
- *Same-day emergency*
- *Workers' Comp. appointments*
- *Major hospital & teaching affiliations*

*Setting the Standards for Quality Patient Care.*  
**orthopaedic** institute  
*of Central Jersey*

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

**OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/14/03 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we make the changes. Before we make a significant change in our privacy practices we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, contact us using the information listed at the end of this Notice.

**USES AND DISCLOSURES OF HEALTH INFORMATION.**

We may use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use or disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence of qualifications of healthcare professions, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization, to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocations will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reasons except to those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or location) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you

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2315 Route 34, Manasquan, NJ 08736 • 732-974-0404 • Fax: 732-449-4271  
365 Broad Street, Red Bank, NJ 07701 • 732-933-4300 • Fax: 732-933-1444  
226 Route 37 West, Toms River, NJ 08755 • 732-240-6060 • Fax: 732-240-5329

visit us at : [www.orthoinstitute.com](http://www.orthoinstitute.com)

are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health -Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voice mail, messages, postcards, or letters).

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### **PATIENT RIGHTS**

**Access:** You have the rights to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. (You must make a request in writing to obtain access to your health information.) You may obtain a form to request access by contacting one of our three offices. You will be charged a reasonable fee for expenses. You may also request access by sending us a letter. If you request copies, you will be charged \$10 for the first page and \$1 for each following page plus postage.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communications:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing) and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail) you are entitled to receive this Notice on our Web site or by electronic mail (e-mail) you are entitled to receive this Notice in written form.

### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact Brian Jacobson or Dr. Toby Husserl at the Toms River address on this Notice.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information above. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide HHS address on request. We support your right to the privacy of your health information. We will not retaliate in any way. If you choose to file a complaint with use or with the U.S. Department of Health and Human Services.