



**Affiliates
In
Internal
Medicine**

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*Dear
Patient*

This letter serves as a brief summary of the attached 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.

I. Who We Are and Who This Notice Applies To

Affiliates in Internal Medicine is an internal medicine office which consists of all employed doctors, nurses, employees and other healthcare professionals. This Notice applies to these individuals as well as all services that are provided to you at our facility/any of our facilities.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. How We May Use Your PHI Without Your Written Authorization

The Practice may use and disclose your PHI for permitted purposes as described in the attached Notice. These include uses and disclosures for/to: Treatment, Payment and Health Care Operations; a Directory of Individuals in; Relatives, Close Friends and Other Caregivers involved in your care; Fundraising Communications; Public Health Activities; Victims of Abuse or Neglect Reporting; Health Oversight Activities; Judicial and Administrative Proceedings; Law Enforcement Purposes; Funeral Directors or Medical Examiners; Organ and Tissue Procurement; Research; Emergencies; Specialized Government Functions; Compliance with Workers' Compensation Programs; and as Required by Law.

IV. When Your Written Authorization Is Required

The Notice describes when we must obtain your written authorization to disclose your PHI.

V. Your Rights

Your rights with regard to your PHI include: Right to Request Restrictions on how your PHI is used/disclosed; Request Confidential Communications; Revoke Your Authorization; Request access to and/or a copy of your PHI; Request an Amendment to your PHI; Request an Accounting Of Disclosures; Be Notified Following a Breach of your Unsecured PHI; Receive a Paper Copy of this Notice; and to file a privacy complaint.

VI. Effective Date of this Notice is September 19, 2013.

VII. Contact Information:

Privacy Office
Affiliates In Internal Medicine
49 US Highway 202, Far Hills, 07931
908-470-9377

For copies of Medical Record, telephone 908-470-9377

**Thank you,
Privacy Officer
Samatha Smith**

**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.**