

Age to Perfection
975 Bennetts Mills Rd
Jackson, NJ, 08527

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully and acknowledge receipt by your signature at the end of this notice.

This notice describes how Age to Perfection may use and disclose your protected health information. Age to Perfection will share patient health information as is necessary to provide quality health care. Age to Perfection is required by law to maintain the privacy of our patient's health information and to provide patients with this Notice so long as it remains in effect and we reserve the right to change the terms of this Notice of Privacy Practice as necessary.

Uses and Disclosures of Your Health Information

Age to Perfection is committed to maintain the confidentiality of your health information. However your health information may be used and disclosed as is customary and reasonable for purposes of treatment, payment, and health care operations and pursuant to a signed authorization form. You have the right to revoke that authorization in writing unless any action has been taken in reliance on the authorization.

Treatment, Payment, and Health Care Operations

(Except as otherwise provided, or with your signed consent), Age to Perfection will use and disclose your health information for purposes of treatment, payment, and as otherwise necessary and permitted by law, for our health care operations. This may include disclosure to other health care providers who, at the request of your physician, becomes involved in your treatment.

Business Associates

At times, it may be necessary for us to provide your health information to certain outside persons or organizations that assist us with our health care operations, such as auditing, accreditation, legal services, etc. These business associates are required to properly safeguard the privacy of your health information.

Family and Friends

With your approval and using our professional judgement, your health information may be disclosed to designated family, friends, and others who are directly involved in your care or payment of your care. If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

When your information is used or disclosed pursuant to this authorization, it may be subject to disclosure by the recipient and may no longer be protected by federal HIPPA Privacy Rule. You have the right to revoke this authorization in writing except when Age to Perfection has acted in reliance upon this authorization. Your written revocation must be submitted to our office, 975 Bennetts Mills Rd, Jackson, NJ, 08527.

Printed Name of Patient

Signature of Patient

Date