Updated February 2026

NOTICE OF PRIVACY PRACTICES



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical, dental and behavioral health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You may be asked to submit a written request to the practice when the request cannot be immediately fulfilled. • Your request to review and obtain a copy of your health information may be denied in limited circumstances. If you are denied access to any of your health information, you may request that the denial be reviewed. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 30 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.

Your Rights *continued*

Ask us to limit what we use or share	• You can ask us **not** to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. • We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can file a complaint if you feel we have violated your rights by contacting us using the information on page 1. • You can file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights** by sending a letter to **200 Independence Avenue, S.W., Washington, D.C. 20201**, calling **1-877-696-6775,** or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.** • If your complaint concerns records protected by 42 C.F.R. Part 2 (Substance Use Disorder treatment records), you may also file a complaint with the Secretary of HHS under Part 2. • We will not retaliate against you for filing a complaint.

Revocation of Authorization	• If you provide the practice a signed, written authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, THE PRACTICE will no longer use or disclose your health information unless the use or disclosure falls under one of the exceptions described in this Notice of Privacy Practices or as otherwise permitted by law. Please understand that your revocation is not retroactive, and your revocation will not have any effect on any action taken by THE PRACTICE in reliance on your authorization before it received your written notice of revocation. THE PRACTICE is also unable to take back any uses or disclosures THE PRACTICE has already made based on your signed, written authorization.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory • Contact you for fundraising efforts *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases, we *never* share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again. • If we intend to use or disclose records protected by 42 C.F.R. Part 2 for fundraising, we will first provide you with a clear and conspicuous opportunity to opt out of receiving any fundraising communications, and we will honor your choice.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

Special Protections for Substance Use Disorder (SUD) Records (42 C.F.R. Part 2)

Some of your health information may be subject to additional federal confidentiality protections, including Substance Use Disorder (SUD) patient records protected by 42 C.F.R. Part 2 ("Part 2 records"). If we create, receive, or maintain Part 2 records, the following rules apply in addition to HIPAA.

- Part 2 records generally may not be used or disclosed for treatment, payment, or health care operations unless you give written consent, except where Part 2 expressly permits use or disclosure without consent.
- With your written consent, we may use and disclose Part 2 records for treatment, payment, and health care operations. HIPAA covered entities and business associates that receive Part 2 records under such consent may redisclose the records in accordance with the HIPAA Rules, consistent with the scope of your consent.
- Part 2 treatment records received from programs subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 C.F.R. Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - **Preventing disease**
  - **Helping with product recalls**
  - **Reporting adverse reactions to medications**
  - **Eligibility and Enrollment for Federal Benefits.** THE PRACTICE may use or disclose your health information without your authorization to other programs within THE PRACTICE or to State or Federal agencies, including the Internal Revenue Service or Social Security Administration, to determine your eligibility for benefits.
  - **Abuse or Neglect.** THE PRACTICE may use or disclose your health information without your authorization to report suspected child abuse, including child pornography; elder abuse or neglect; or domestic violence to appropriate Federal, State, local, or tribal authorities. This reporting is for the health and safety of a suspected victim and the disclosure will be made consistent with the requirements of applicable federal and state laws.
  - **Serious and Imminent Threat to Health and Safety.** THE PRACTICE may use or disclose your health information without your authorization when necessary to prevent or lessen a serious and imminent threat to the health and safety of the public, yourself, or another person. Any disclosure would only be to someone able to help prevent or lessen the harm, such as a law enforcement agency or the person threatened.
  - **Public Health Activities.** THE PRACTICE may use or disclose your health information without your authorization to public health and regulatory authorities, including the Food and Drug Administration (FDA) and Centers for Disease Control (CDC), for public health activities.
  - **Judicial or Administrative Proceedings.** THE PRACTICE may disclose your health information without your authorization for judicial or administrative proceedings, such as when THE PRACTICE receives an order of a court, such as a subpoena signed by a judge, or administrative tribunal, requiring the disclosure.
  - **Health Care Oversight.** THE PRACTICE may use or disclose your health information without your authorization to a governmental health care oversight agency for activities authorized by law, such as audits, investigations, and inspections.
  - **Coroner or Funeral Services.** THE PRACTICE may use or disclose your health information without your authorization to a funeral director for burial purposes, as authorized by law upon your death. THE PRACTICE may also disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.
  - **Academic Affiliates.** THE PRACTICE may use or disclose your health information without your authorization to support THE PRACTICE's education and training program for students and residents to enhance the quality of care provided to you.

	• **State Prescription Drug Monitoring Program (SPDMP).** THE PRACTICE may use or disclose your health information without your authorization to a SPDMP in an effort to promote the sharing of prescription information to ensure safe medical care.
	• **Verbal Disclosures to Others When You Are Not Present.** When you are not present, or are unavailable, THE PRACTICE medical, dental, and mental health providers may discuss your health care or payment for your health care with your next-of-kin, family, or others.
	• **General Information Disclosures.** THE PRACTICE may disclose general information about you without your authorization to your family and friends. These disclosures will be made only as necessary and on a need-to-know basis consistent with good medical and ethical practices, unless otherwise directed by you, your medical/mental health care power of attorney, or your personal representative. General information is limited to:
	  • Verification of identity.
	  • Your condition described in general terms (e.g., critical, stable, good, or prognosis poor).
	  • Your location in a THE PRACTICE health care facility.
	  • Verbal Disclosures to Others While You Are Present. When you are present, or otherwise available, THE PRACTICE may disclose your health information to your next-of-kin, family, or to other individuals that you identify, such as your medical, dental, or mental health provider.
	  • Deceased Patient's Health Information. Upon your death, THE PRACTICE may, pursuant to A.R.S. § 12-2294(D), use or disclose your health information, including payment records to your personal representative or administrator of your estate, or if a personal representative or administrator has not been appointed, to the following persons in the following order of priority, unless during your lifetime, you or a person in a higher order of priority has notified THE PRACTICE in writing that you opposed the release of the medical records or payment records:
	  • Your spouse unless you and your spouse were legally separated at the time of your death.
	  • The acting trustee of a trust created by you either alone or with your spouse if the trust was a revocable inter vivos trust during your lifetime and you were a beneficiary of the trust during your lifetime.
	  • Your adult children.
	  • Your parents.

Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to see that we're complying with federal privacy law. • Communicable disease related information, including HIV-related information, is kept strictly confidential and released only in conformance with the requirements of state law pursuant to A.R.S. §§ 36-664 and 36-665. A general authorization for the release of medical or other communicable disease related information is usually not sufficient to release HIV health information. A written authorization must specifically indicate that it is for the release of confidential HIV health information.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you:
	  • For workers' compensation claims
	  • For law enforcement purposes or with a law enforcement official
	  • With health oversight agencies for activities authorized by law
	  • For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Substance Use Disorder Health Information	• We may use or disclose your substance use disorder health information if you provide a specific signed, written authorization to us. The confidentiality and privacy of substance use patients' records related to the diagnosis, treatment, referral for treatment, or prevention is protected pursuant to federal law at 42 U.S.C. §§ 290dd-2 and 290dd-3 and the regulations at 42 CFR Part 2. Generally, a substance use disorder program may not disclose to anyone outside the program that a client has been or is receiving treatment from THE PRACTICE unless: • You specifically authorize such disclosure in writing. A general authorization for the release of health information is usually not sufficient. A written authorization must specifically indicate that it is for the release of confidential substance use disorder health information. • The disclosure is allowed by a court order. • The disclosure is made to medical personnel in a medical emergency. • The disclosure is made to qualified personnel for research or to oversight agencies, payers, and other authorized auditors for audit or program evaluation. • The disclosure is made to report suspected child abuse or neglect or there is a danger to self or others.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will not sell your health information. Receipt by THE PRACTICE of a fee expressly permitted by law, such as Privacy Act copying fees or other copying fees is not a "sale of health information."

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**

Changes to the Terms of This Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site:

This Notice is in effect as of February 12, 2026

To obtain more information about your privacy rights, or if you have questions, you want answered about your privacy rights (as provided by Privacy Rule Section 164.520(b)(2)(vii)), you may contact THE PRACTICE's HIPAA Compliance Officer as follows: **Cheryl Martinetti, COO, CMCO**

Mail: New Jersey Podiatric Physicians & Surgeons Group, LLC
4633 RT 9
Howell, NJ 07731

Phone: 732-994-5333
Fax: 732-994-5336

You may receive a paper copy of this Privacy Notice of Privacy Practices from our Practice (as provided by Privacy Rule Section 164.520(b)(1)(iv)(F)) upon request to the practice's Privacy Officer, or from this Practice's web site: