



**Philip R. Lesorgen, M.D., F.A.C.O.G.**  
*Reproductive Endocrinology and Infertility • In Vitro Fertilization*

Women's Fertility Center of New Jersey  
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## **Privacy Practices**

Philip Lesorgen, M.D. has instituted this policy as part of its Compliance Program to reflect its commitment to comply with applicable federal laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), state and local laws and sound ethical business practices. It is **Philip Lesorgen, M.D.**'s policy to provide individuals with a Notice of Privacy Practices prior to an individual's first date of service and to make a good faith effort to obtain written acknowledgment that the Notice was received by the individual.

### **Procedures:**

1. **Process.** Staff must provide all individuals with a Notice of Privacy Practices and make a good faith effort to obtain written acknowledgement that the Notice was received (See Attachment A). All individuals must receive the Notice after April 14, 2003, the effective date of the Final Privacy Rule.
2. **Individuals Who Receive the Notice.** All individuals who request treatment from the practice must receive the Notice as well as those individuals who request a copy of the Notice from the practice.
  - a. New patients must receive the Notice prior to their first date of service. The practice may provide the Notice to the individual in the office prior to his/her visit and is not required to send the Notice via mail or facsimile prior to the visit.
  - b. Existing patients must receive the Notice upon their first office visit after the April 14, 2003 compliance deadline.
  - c. The Privacy Officer will be responsible for ensuring that an updated version of the Notice is always present on the practice website.
3. **Written Acknowledgment.** Staff will take the following steps to obtain written acknowledgement of receipt of the Notice (See cover page of Attachment A):
  - a. Ask the patient to initial the cover page of the Notice and return it to the practice (Attachment A); Or
  - b. Ask the patient to initial a separate acknowledgement list (See Attachment B).
  - c. Staff is not required to obtain written acknowledgement of the Notice in emergency situations.
4. **Acknowledgment Not Obtained.** Staff is not required to obtain a signature from an individual. Patient treatment will not be affected in any manner if an individual fails to provide written acknowledgement of receipt of the Notice. An individual may refuse or fail to provide their signature documenting they received the Notice. If a signature indicating receipt of the Notice cannot be obtained, staff must:
  - a. Document that a good faith effort to obtain such acknowledgement was made;
  - b. The efforts taken to obtain the written acknowledgement of receipt of the Notice; and
  - c. The reason for the failure.
  - d. Documentation must be placed in the individual's medical file.
5. **Review of Notice.** The Privacy Committee will meet on a quarterly basis to discuss practice adherence to the Notice and to identify any necessary updates or changes to the Notice.

6. **Changes to the Notice.** The practice is required to abide by the terms of the Notice, which is currently in effect. The practice reserves the right to change the terms of the notice and to make the new Notice provisions effective for all personal health information the practice already has about an individual and may obtain in the future.
  - a. The practice must post any changes to the Notice thirty (30) days prior to making the change effective.
  - b. All revised notices will be promptly posted and made available to individuals in the practice waiting room. The Notice will be posted in the practice waiting room and will also be available on the practice website <https://www.njfertility.com>.
  - c. Changes to the Notice will only be effective on the date that is reflected at the bottom of the last page on the revised Notice.
  - d. Business Associates who handle PHI for or on behalf of the practice must be provided with an updated Notice within seven business days of the effective date of the updated Notice.
7. **Notice Requests.** Individuals may request a current Notice when he/she visits the office. A current Notice must be kept at the reception desk and provided to individuals upon request.
8. **Practice Contact.** If an individual would like more information about the Notice, the Privacy Officer for this medical practice will receive and process all requests at 201-569-6979.
9. **Compliance.** Employees have a duty to comply with the policies and procedures set forth by the practice. Any employees found to violate the practices policies and procedures are subject to disciplinary action or corrective measures, including but not limited to, education and awareness training, reassignment, additional supervision, disciplinary actions such as warnings, suspension or termination of employment.

**ATTACHMENT A**

**Philip Lesorgen, M.D.  
106 Grand Ave, Englewood, N.J. 07631  
201-569-6979**

**Notice of Privacy Practices**

I, \_\_\_\_\_, acknowledge that I have received the Notice of Privacy Practices.

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Signature

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Date

Philip Lesorgen, M.D.R  
106 Grand Ave, Englewood, N.J. 07631  
201-569-6979

## Notice of Privacy Practices Summarized

Our practice is required by law to follow the practices described in this summary. This is a summary of our Privacy Practices, but does not replace the full version, which you have also received. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice applies to personal health information that we have about you, and which are kept in or by our medical practice. Neither this summary nor the full Notice of Privacy Practices covers every possible use or disclosure. If you have any questions, please contact the Privacy Officer for this medical practice.

### **Who has access to your personal information?**

#### We may use your personal health information to:

- Plan your treatment and services.
- Submit bills to your insurance, Medicaid, Medicare, or third party payer.
- Obtain approval in advance from your insurance company to determine whether payment for the treatment is covered by your plan or to facilitate payment of a referring physician.
- Perform healthcare operations such as sharing your information with business associates who need to use or disclose your information to provide a service for our medical practice (such as our billing company).
- Exchange information with other State agencies as required by law.
- Treat you in an emergency.
- Treat you when there is something that prevents us from communicating with you.
- Send you appointment reminders.
- For certain types of research.
- When there is a serious public health or safety threat to you or others.
- To agencies involved in a disaster situation.
- As required by State, Federal, or local law. This includes investigations, audits, inspections, and licensure.
- To law enforcement if you are a victim of a crime, involved in a crime at our facility, or you have threatened to commit a crime.
- To coroners, medical examiners, and funeral homes when necessary for them to do their jobs.
- When ordered to do so by a court.
- To Federal officials involved in security activities authorized by law.
- To the correctional facility if you are an inmate.

### **Patient Rights.**

#### As a patient in our practice you have the right:

- To ask that we communicate with you about medical matters in a certain way or at a certain location. This must be made in writing.
- To inspect and get a copy of your record (with some exceptions).
- To appeal if we decide not to let you see all or some parts of your record.
- To ask for the record to be changed if you believe you see a mistake or something that is not complete. You must make this request in writing.

We may deny your request if:

- We did not create the entry that is wrong; or
- the information is not part of the file we keep; or
- the information is not part of the file that we would let you see; or we believe the record is accurate and complete.

To limit how we use or disclose information about you. For example, not to release information to your spouse or a particular provider agency. This must be made in writing and we are not required to agree to the request.

To know to whom we have sent information about you for up to the last six years. The first request in a 12 month period is free. We may charge you for additional requests.

To have a paper copy of the Notice of Privacy Practices.

To file a complaint if you believe any of your rights have been violated. All complaints must be in writing. You will not be penalized if you file a complaint.

To tell us (authorize) other releases of your personal information not described above. You may change your mind and remove the authorization at any time (in writing).

If you wish to exercise any of these rights, or to file a complaint, you should contact the Privacy Officer of this medical practice by calling (201) 569-6979.