

**Atlantic Surgical Group**  
**255 Monmouth Road**  
**Oakhurst, NJ 07712**  
**732-531-5445**

**Your Rights regarding your health information:**

**Communications:** You may request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.

**Requesting restrictions in disclosure:** You may request that we have restriction in our use or disclosure of your medical information for treatment payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your medical information to only certain individuals involved in your care or the payment of your care, such as family members or friends. We are not required to agree to your requests; however, if we do agree, we are bound by our agreement, except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

**Obtaining copies of medical information:** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about your care, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request to Atlantic Surgical Group - Compliance Officer, at our address above.

**Amending your records:** You may ask us to amend your health information if you believe it is incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. You must submit your request in writing to Atlantic Surgical Group - Compliance Officer at the above address.

**Right to a copy of this notice:** You are entitled to a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy, contact our front desk receptionist.

**Right to file a complaint:** If you believe that your privacy rights have been violated, you may file a complaint with our practice, or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Atlantic Surgical Group - Compliance Officer at the above address. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Right to provide an authorization for other uses and disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice.

If you have any questions regarding this notice or our medical information privacy policies, please contact Atlantic Surgical Group - Compliance Officer at 732-531-5445.

I hereby acknowledge that I have been presented with a copy of the Atlantic Surgical Group Notice of Privacy Practices. I understand that this document is a condensed version of the full policy, and I understand that I may request an unedited copy of the full text of the Notice of Privacy Policy at any time.

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please only disclose personal medical information to the following person(s):** \_\_\_\_\_