You have the right to request to amend your Protected Health Information (PHI). RowanSOM may deny your request to amend your health information under certain circumstances. All requests for amendment must be in writing and provide a reason supporting your request for an amendment. If RowanSOM agrees to your request, we will write the amendment to your health information within thirty (30) days of our receipt of the request and provide a copy of your health information containing the amendment to you, or make the amendment to our records. However, such requests may be denied if the amendment is to be made to the records of a deceased patient, if the record contains health information not useable in the absence of any additional information provided by you. The physician practice must provide you with a copy of the denial, within thirty (30) days or sooner when necessary, within a thirty (30) day extension period, at the most.

Right to Request Acknowledgment
You have the right to have your Protected Health Information (PHI) be available to you at a readable paper format, within thirty (30) days or sooner when necessary, within a thirty (30) day extension period, at the most.

Right to Receive a Copy of This Notice
You have the right to receive a paper copy of this Notice, upon request. Physician practices and providers are required to post the revisions to this notice, in a prominent office location and have available copies of this notice for individuals, requesting a copy of this notice. In such request, we will provide you with a readable paper format. If an impermissible use or disclosure of your PHI has occurred and there is more than a low probability that the PHI has been compromised, this may be considered a "breach". If your PHI has been breached, we have the responsibility to notify you in writing, unless otherwise specified by you.

To exercise your right, please contact the address below.

Right to Receive Notification of a Breach
RowanSOM is required to notify you by first class mail or secure e-mail (if you have authorized) of any breaches of the Notice that is in effect at the time of the breach, or later breaches, and to provide you with the following information:

- Date of discovery of the breach
- Description of the PHI that was subject to the breach (which includes format(s) of the PHI involved) and the date of the breach
- The name and contact information of the entity involved in the breach
- The nature and extent of the PHI involved
- A description of the steps taken to contain the breach
- A description of the actions RowanSOM is taking to investigate the breach, to mitigate losses and prevent against further breaches and to assist impacted patients
- A description of the safeguards in place to protect your health information

The Breach Notification will include; the date of the discovery of the breach, the date of the breach and the date the breach was discovered, specific Unencrypted PHI involved in the breach, steps you should take to protect yourself from potential harm, description of actions RowanSOM is taking to notify you, steps to mitigate losses and prevent against further breaches and our contact information, so as you may obtain more information.

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To exercise your right, please contact the address below.

Right to Revoke Your Prior Authorization
You have the right to revoke your authorization (your permission) to use or disclose your health information. However, RowanSOM reserves the right to the extent that action has already been taken in reliance on your prior authorization. All requests except for disclosures authorized in writing, as opposed to verbalize your authorization, may be granted by RowanSOM, but participate in your care. Any providers or entities participating in these arrangements may rely on this Notice as providing you with notice of their privacy practice.

Effective Date
The effective date of the Notice is July 1, 2013.

Changes to This Notice
RowanSOM will abide by the terms of the Notice currently in effect. However, RowanSOM reserves the right to change the terms of this Notice and to make the new Notice applicable to all PHI that it maintains. RowanSOM will promptly post the revised Notice on the RowanSOM web site: https://www.rowan.edu/compliance

Reliance on this Notice by Other Healthcare Entities
Any other provider or entity participating in a healthcare arrangement with providers and entities that may not be employed by RowanSOM, but participate in your healthcare. Any providers or entities participating in these arrangements may rely on this Notice as providing you with notice of their privacy practice.

Effective Date
The effective date of the Notice is July 1, 2013.

Other Uses
Any other uses and disclosures of your health information will be made only with your written authorization.

Privacy Practices for Protected Health Information
Right to Access and to Obtain a Copy
You have the right to inspect and to obtain a copy of your health information. You have the right to request an electronic copy of your PHI, in a format that you and the provider agree upon. When the format is not agreed upon, the provider must provide you with a paper copy of your PHI. However, such requests may be denied if the use or disclosure is for purposes of the agency, not use your PHI, unless specified by Federal or state laws without your written authorization. Changes to this Notice will be required for disclosure of psychotherapy notes, disclosures for marketing purposes, health care operations, without your written consent. If you revoke the consent, we will no longer dispense any of your mental health information, but we will be unable to take back any information dispensed prior to your written revocation. RowanSOM wants to inform you that in limited circumstances, we will be required to release your mental health information, by alternative means or at the address at the end of this section. RowanSOM will abide by the terms of the Notice currently in effect. However, RowanSOM reserves the right to change the terms of this Notice and to make the new Notice applicable to all PHI that it maintains. RowanSOM will promptly post the revised Notice on the RowanSOM web site: https://www.rowan.edu/compliance

Privacy Officer
Rowan University School of Osteopathic Medicine (SOM) Corporate Compliance and Privacy Suite 1031 40 East Laurel Road University Education Center Bldg. Suite 1031 Rowan University, New Jersey 08084 (856) 566-6136 If you believe your privacy rights have been violated, you may file a compliant with RowanSOM or with the Secretary of the Department of Health and Human Services. To file a complaint, please contact: the HIPAA hotline: 1-855-431-9967. There will be no retaliation for filing a compliant.

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Effective Date
The effective date of the Notice is July 1, 2013.

Other Uses
Any other uses and disclosures of your health information will be made only with your written authorization.
Notice of RowanSOM Privacy Practices for Patient Health Information

This Notice describes how health information about you may be used and disclosed to carry out your treatment, payment, or health care operations. This Notice applies to all of the health care professionals who have a need for such information, including your nurses, technicians, medical students, and other close all or any portion of your health information to your treatment, items or services. For example, we may disclose your health information to a business associate to enter into an agreement to protect the confidentiality of your health information.

We at RowanSOM, understand that health information is personal and valuable to you. Because we respect your privacy, we provide this Notice to inform you of our legal duties and privacy practices with respect to your health information. This Notice applies to all of the health care operations, including quality assurance, credentialing activities of RowanSOM, certain medical research and education operations.

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