

NORTHWEST ESSEX COMMUNITY HEALTHCARE NETWORK
NOTICE OF PRIVACY PRACTICES
(effective 4/14/03)

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

If you have any questions about the content of this Notice of Privacy Practices, please contact our Privacy Officer Howard Schulman at (973) 450-3100.

This notice is to inform you about our privacy practices and legal duties related to the protection of the privacy of your protected health records that we create or receive. Generally, we are required by law to ensure that protected health information that identifies you is kept private. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services.

This notice will explain how we may use and disclose your protected health information, our obligations related to the use and disclosure of your protected health information and your rights related to any protected health information that we have about you. This notice applies to the protected health records that are generated in or by this facility.

You will be asked to sign a consent for the use or disclosure of your protected health information for treatment, payment or health care operations. We are required to obtain your authorization for the use or disclosure of your protected health information for other specific purposes or reasons. We have listed some of the types of uses or disclosures below. Not every possible use or disclosure is covered, but all of the ways we are allowed to use and disclose information will fall into one of the categories.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

Uses and Disclosures of Protected Health Information that Require your Consent:

With the signed consent form, we can use or disclose protected health information about you regarding your treatment, payment for services, or for facility operations. The consent form permits us to release information about you which may be protected by 42 CFR Part 2 (a federal law protecting the confidentiality of alcohol or drug abuse treatment records).

Treatment: We may use protected health information about you to provide, coordinate and manage your treatment. We may disclose protected health information about you to mental health professionals or other facility personnel, volunteers or interns who are involved in

providing services for you at the facility, or interpreters needed in order to make your treatment accessible to you. For example, your treatment team members will internally discuss your protected health information in order to develop and carry out a plan for your services. Different departments of the facility also may share protected health information about you in order to coordinate the different things you may need, such as nursing or laboratory services, drug samples, transfer to another level of care, etc.

Payment: We may use and disclose protected health information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to provide your insurance plan information about psychiatric treatment you received at this facility so your insurance plan, or any applicable Medicare or Medicaid funds will pay us for the services. We may also tell your insurance plan or other payor about a service that you are going to receive in order to obtain prior approval or to determine whether the service is covered. This may also include other utilization review activities undertaken by your insurer.

Health Care Operations: We may use or disclose protected health information about you as needed for facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our clients receive quality care. For example, we may use protected health information for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for you. We will share your protected health information with third party “business associates” that perform various activities (e.g. audits, maintenance of information management systems, etc.) for the agency. Whenever an arrangement between our agency and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. Additionally we may use or disclose protected health information to contact you as a reminder that you have an appointment for treatment or services at the facility.

Other Uses or Disclosures of Protected Health Information

Other uses or disclosures of your protected health information will not be made without your written authorization unless otherwise permitted or required by law, as described below. If you provide us written authorization to use or disclose information, you can change your mind and remove your authorization at any time, as long as it is in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

Uses and Disclosures of Protected Health Information that Do Not Require your Consent:

We can use or disclose protected health information about you without your consent or authorization when there is an emergency or when we are required by law to use or disclose certain information or when there are substantial communication barriers to obtaining consent from you.

As Required by Law: We will disclose protected health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you when necessary to prevent a serious threat to the health and safety of you, the public, or any other person. However, any such disclosure would only be to someone able to help prevent the threat and we will only make this disclosure when required or authorized by law. These activities generally include the following: to prevent or control suicide, homicide, injury or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence.

Disaster Relief: Should a disaster occur, we may disclose protected health information about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose protected health information about you only in response to a court or administrative order.

Law Enforcement: We may release protected health information if asked to do so by a law enforcement official; however, if the material is protected by 42 CFR Part 2 (a federal law protecting the confidentiality of alcohol or drug abuse treatment records), a court order is required. We may also release limited protected health information to law enforcement in the following situations: (1) about a client who may be a victim of a crime if, under certain limited circumstances, we are unable to obtain the client's agreement; (2) about a death we believe may be the result of criminal conduct; (3) about criminal conduct at the facility; (4) about a client where a client commits or threatens to commit a crime on the premises or against program staff (in which case we may release the client's name, address and last known whereabouts); and, (5) in emergency circumstances, to report a crime, the location of the crime or victims, and the identity, description and/or location of the person who committed the crime.

Coroners and Medical Examiners: We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Military Activities and National Security: When the appropriate conditions apply, we may use or disclose protected health information about individuals who are Armed Forces personnel as deemed necessary by appropriate military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority. We may also disclose protected health information about you to authorized

federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and/or copy your protected health information with the exception of psychotherapy notes and information compiled in anticipation of litigation. To inspect and/or copy your protected health information, you must submit your request in writing to this facility's Privacy Officer or designee. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and/or copy in certain very limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed. Another licensed health professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment: If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Requests for an amendment must be made in writing and submitted to the Privacy Officer or designee. You must provide a reason to support your request for an amendment. We may deny your request if it is not in writing or if it does not include a reason supporting the request or for certain other limited reasons. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" – a list of the disclosures made by the facility of your protected health information. To request an accounting of disclosures, you must submit your request in writing to this facility's Privacy Officer or designee. Your request must state a time period which may not go back more than six years and may not include dates before April 14, 2003. The first list you request within a twelve-month period will be free. For additional lists in a twelve-month period, we may charge you for the cost of providing the list. We will notify you what that cost will be and give you an opportunity to withdraw or modify your request before you are charged.

Right to Request Restriction: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or healthcare operations. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction on the use or disclosure of your protected health information for treatment, payment or healthcare operations, you must make your request in writing to the facility's Privacy Officer or designee. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the facility's Privacy Officer or designee. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

COMPLAINTS

If you believe your privacy rights have been violated,

- You may file a complaint with the facility by contacting Howard Schulman, Privacy Officer, Northwest Essex Community Healthcare Network, 570 Belleville Ave., Belleville, NJ 07109; 973-450-3100.
- You may file a complaint with the Secretary of the Department of Health and Human Services. You may call them at 877-696-6775 or write to them at 200 Independence Ave. SW, Washington, DC, 20201.
- You may file a grievance with the Office of Civil Rights by calling 866-OCR-PRIV (866-627-7748) or 886-788-4989 TTY.

All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

CHANGES TO THIS NOTICE

We are required by law to follow the terms of the notice that is currently in effect. We reserve the right to change this notice at any time. We may make the revised notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain the effective date on the first page. Upon your request we will provide you with any revised notice at the time of your next appointment. In addition, each time you re-apply for treatment or services, we will offer you a copy of the notice currently in effect.