

## NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

**PLEASE REVIEW THIS NOTICE CAREFULLY AND IF YOU HAVE ANY QUESTIONS ABOUT THE  
NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER at [compliance@bergenspromise.org](mailto:compliance@bergenspromise.org)**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your records held Bergen's Promise. Protected Health Information ("PHI") is information about youth receiving services, that may identify you and that relates to your physical or mental health condition and related health care services including payment for your health care.

We are required by law to maintain the privacy of your PHI and to provide you with this notice informing you of our legal duties and privacy practices with respect to your PHI. We are also required by law to notify affected individuals following a breach of security regarding their PHI. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. All new notices will be effective for all PHI that we maintain at the time of the update. We will provide you with any revised Notice of Privacy Practices at the time of your next appointment. We will also post the revised notice in our office and on our website.

**A. Confidentiality of Your PHI.** Your PHI is confidential. We are required to maintain the confidentiality of your PHI by the following federal and New Jersey laws.

- 1. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA").** The Department of Health and Human Services issued the following regulations: "Standards for Privacy of Individually Identifiable Health Information". We call these regulations the "HIPAA Privacy Regulations". We may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. HIPAA Privacy Regulations require us to comply with New Jersey laws that are more stringent and provide greater protection for your PHI.

**2. New Jersey Confidentiality Laws.** New Jersey laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. For example, we are not permitted to disclose or release PHI in response to a New Jersey subpoena. Also, any information acquired by a licensed psychologist in the course of your treatment that is in our PHI is privileged under New Jersey law and we may not release this information without your authorization or court order. We will comply with the New Jersey laws that are more stringent than the HIPAA Regulations and provide greater protection for your PHI.

**3. Confidentiality of Drug and Alcohol Abuse Records.** For individuals whose records include information relating to drug or alcohol abuse or dependency, New Jersey laws provide more protection for your PHI than the HIPAA Privacy Regulations. We will comply with the federal and New Jersey laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

**4. Confidentiality of HIV-Related Information.** New Jersey laws provide greater protection for PHI related to HIV. We will comply with New Jersey laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

## **B. Uses and Disclosures of Protected Health Information**

**1. We may use and disclose your PHI for treatment, payment and health care operations.** Your PHI may be used and disclosed by our employees, including our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our organization.

The following are examples of the types of uses and disclosures of your PHI that our office is permitted to make. These examples are not meant to describe every possible scenario, but to describe the types of uses and disclosures that may be made by our office.

If you have any further questions about this document, please contact your Care Manager or the Privacy Officer at Bergen's Promise 201-712-1170.

**(a) For Treatment.** It is necessary for us to use your PHI to ensure that you are receiving appropriate services. For example, we may disclose your PHI to a health care provider for your treatment.

**(b) For Payment.** We will use and disclose your PHI to obtain payment for our services. Before you receive services, we may disclose PHI to Medicaid to permit them to: make a determination of eligibility or coverage; review the medical necessity of your services; or review your coverage. We will also use your PHI for billing, claims management, collection activities, and data processing.

**(c) For Health Care Operations.** We may use and disclose your PHI in order to carry out health care operations. For example, your PHI is used for: business management and general administrative duties; quality assessment and improvement activities; medical, legal, and accounting reviews; business planning and development; licensing; training, and for state/federal oversight purposes.

We will disclose identifiable health information only to the extent reasonably necessary to perform the above-mentioned activities of our practice. In some instances, we may need to use or disclose all of the information, while other times, we may need to use or disclose only certain information.

### **C. Uses and Disclosures of PHI Requiring Written Authorization**

We may only use or disclose PHI for purposes outside of treatment, payment, and health care operations or as provided below in Section D when your appropriate written authorization is obtained.

You may revoke all such authorizations at any time provided each revocation is in writing. You may not revoke an authorization to the extent that we have relied on that authorization and disclosed the PHI.

If you have any further questions about this document, please contact your Care Manager or the Privacy Officer at Bergen's Promise 201-712-1170.

#### **D. Uses and Disclosures of PHI without Written Authorization**

1. **Required by Law.** We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law, we must make disclosures of your PHI to you upon your request.
2. **Disaster relief purposes.** We may use or disclose your PHI to a public or private agency authorized by law or charter to assist in disaster relief efforts such as the American Red Cross.
3. **Public Health.** If required by federal or New Jersey law, we will disclose your PHI for public health activities in order to: prevent disease, injury or disability; report births or deaths; report child abuse or neglect; report reactions to medications; notify a person who may be at risk for contacting or spreading a disease or condition.
4. **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, civil, administrative or criminal investigations, inspections and licensing activities.
5. **Child Abuse.** If we have reasonable cause, on the basis of our professional judgment, to suspect abuse of children with whom we come into contact in our professional capacity, we are required by law to report this to the State Central Registry for the New Jersey Department of Children and Families.
6. **Judicial or Administrative Proceedings.** If you are involved in a court proceeding and a request is made about the services we provided you or the records thereof, such information is privileged under state law, and we will not release the information without a written authorization, or a court order. The privilege does not apply when the evaluation is court ordered. You will be informed in advance if this is the case.
7. **Coroners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for identification purposes to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may

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also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties.

8. **Organ Donation.** PHI may be used and disclosed to organ procurement organizations for cadaveric organ, eye or tissue donation purposes.
9. **Research.** If we disclose your PHI for research, we will comply with federal and New Jersey law regarding such disclosures.
10. **HIPAA Compliance.** We are required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the Privacy Regulations.

#### **E. Your Rights Regarding Your PHI**

Any requests with respect to these rights must be made in writing and sent to our Privacy Officer.

1. **Right to Request Restrictions for Disclosures.** You have the right to request restrictions on certain uses and disclosures of protected health information about you such as not disclosing PHI to family members. However, we are not required to agree to a restriction you request.
2. **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, upon your request, we will send correspondence to an address other than your own. We will accommodate reasonable written requests in this regard.
3. **Right to Inspect and Copy your PHI.** You have the right to inspect or obtain a copy (or both) of PHI in our records (generated by us) used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. At your request, we will discuss with you the details of the request and denial process.

If the record is electronic, we will provide you access to your record in electronic format so long as it is readily

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producible in electronic format. If not, we will provide you with a paper copy. You may also request/authorize us to send a copy of your record to a third party designated by you when the request is in writing, signed by you, and you provide clear direction as to the person and their location who is to receive the record copy. We may charge you for copying, postage, etc.

All requests for PHI are reviewed by Bergen's Promise's Privacy Officer. *Except where the information requested is needed to make an urgent decision about care,* Responses to requests may take up to two (2) weeks.

4. **Right to Amend your PHI.** You have the right to request in writing an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. At your request, we will discuss with you the details of the amendment process.
5. **Right to an Accounting of Disclosures.** You generally have the right to receive an accounting of disclosures of PHI for purposes other than for treatment, payment or operations for which you have not provided an authorization.
6. **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.
7. **Marketing and Sale of your PHI.** We will not engage in any marketing activities, as that term is defined under HIPAA and we will not disclose your PHI to any third party for financial gain (directly or indirectly) without your authorization. We will not sell your PHI without your express written authorization.

## **F. Non-routine disclosure of information**

If the protected health information of a youth is shared for any reason other than conducting routine activities, the agency sharing the information must:

- Obtain an individual Release of Information Authorization (unless required by law or regulation).

If you have any further questions about this document, please contact your Care Manager or the Privacy Officer at Bergen's Promise 201-712-1170.

- Record the disclosure.
- Be prepared to provide an accounting of such disclosures, if asked.

Examples of non-routine disclosure include:

- Collecting data for marketing, fundraising, or research purposes.
- Releasing information to employers for employment-related decisions.
- Reporting suspected child or elder abuse or neglect.
- Responding to a subpoena or other legal request.

If a disclosure is required by law or regulation, a release is not needed but the disclosure must still be recorded.

## **G. Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made concerning access to your records, you may contact:

Privacy Officer  
Bergen's Promise, Inc.  
3 University Plaza, Suite 300  
Hackensack, NJ 07601  
Phone: (201) 712-1170  
Fax: (201) 712-0391  
Email: [compliance@bergenspromise.org](mailto:compliance@bergenspromise.org)

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

## **G. Effective Date, Restrictions and Changes to Privacy Policy**

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by your next visit after the revision has taken place. The most recent version of this policy is also accessible on our website at [www.bergenspromise.org](http://www.bergenspromise.org).

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