

Notice of Privacy Practices

Federal law requires West Bergen to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. This notice is effective as of April 14, 2003 as required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and as under the Health Information Technology for Economic and Clinical Health (HITECH) Act effective March 26, 2013.

The Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) 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 of your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present and future medical/mental health/substance abuse conditions and related health services. The privacy practices described in this notice will be followed by any health care professional who treats you, as well as all employees, medical staff trainees, students and/or or volunteers of West Bergen Mental Healthcare.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI):

The following describes the purposes for which we are permitted or required by law to use or disclose your health information without your consent or authorization.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your treatment team will record goals/treatment plans/medications in order to determine the best course of treatment for you.

Payment: Your PHI will be used, as needed, to obtain payment for your mental health care services. For example, obtaining approval for continued sessions may require that your relevant PHI be disclosed to the health plan to obtain approval for the sessions.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of this agency. These activities include, but are not limited to, quality assessment and improvement activities performed by staff to verify that certain standards of care are being met.

We may also use your protected health information in the following situations without your authorization unless you ask for a restriction. Including:

Business Associates: There may be instances where services are provided to our organization through contracts with third party-Business Associates (BA) who create, receive or transmit PHI on the behalf of West Bergen. West Bergen maintains agreements with these entities and they are subject to the same privacy standards.

Communication with Family: Unless you object, we may, using our best judgment, disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. For Mental Health and Substance Abuse services, all communication with family members requires your written, specific authorization. For Mental Health services, minors age 14 and older have the same rights as an adult.

Research: West Bergen does not routinely participate in research studies. Any disclosure of information for research purposes shall be based on your written, informed consent, and assurances that the researchers shall

comply with ethical standards for ensuring the confidentiality of your information.

Appointment Reminders/Cancellations: Unless you object, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment or services or an upcoming cancellation of services.

Treatment Alternatives: Unless you object, we may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Fundraising: West Bergen does not routinely contact clients for fundraising. Unless you object, we may contact you as a part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials.

Food and Drug Administration (FDA): We may be required by law to disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling communicable disease, injury, or disability.

Coroners, Medical Examiners and Funeral Directors: We may be required to disclose health information to a Corner or Medical Examiner. We may also disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Correctional Institution: As required by law, should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information purposes as requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders (i.e. subpoenas); in emergency circumstances; or when required to do so by law.

Military and Veterans: If you are a member of the armed forces, we may be required by law to disclose health information about you as required by military command.

Public Safety/Emergency: Consistent with applicable Federal and State laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Protective Services for the President, National Security and Intelligence Activities: We may disclose health information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations or intelligence, counterintelligence, and other national security activities authorized by law.

Legal Proceedings: We may disclose health information about you in response to a subpoena, discovery request,

and other lawful orders from a court.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure.

Abuse/Neglect: May disclose health information for purposes of reporting child or elder abuse and/or neglect, as well as suspected domestic violence.

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

Uses and Disclosures Requiring Authorization:

Your authorization is required for uses and disclosures that include:

- Psychotherapy Notes
- Marketing if the marketing involves financial remuneration to West Bergen
- Sale of PHI that results in remuneration to West Bergen
- Drug/Substance Abuse information unless permitted or required by 42 CFR part 2
- HIV/AIDS information and other state regulated sensitive information
- All other uses and disclosures that are not described in this notice will only be made with authorization from an individual.

Your Rights:

You have a right to restrict disclosures of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and if the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual has paid for the service out of pocket in full.

You have the right to revoke this authorization/notice, at any time, except to the extent that your healthcare professional has taken an action in reliance on the use or disclosure in the authorization.

You have the right to inspect your PHI. Under federal law; however, you may not have or inspect the following records, psychotherapy/psychiatric notes, information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding and PHI that is subject to law that prohibits access. We may deny your request to inspect and copy in certain very limited circumstances.

You have the right to request restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practice. Your request must state the specific restriction requested and to whom you want the restriction to apply. However, the law does not require West Bergen to agree to the requested restriction if your health care professional believes it is in your best interest to permit use and disclosure of your PHI. You then have the right to use another healthcare professional.

You have the right to amend your individually identifiable health information. West Bergen may deny the request if you ask us to amend information that 1. Not created by West Bergen 2. Is not part of the health information maintained by West Bergen 3. Is not part of the information you would be permitted to view 4. Is accurate and complete.

You have the right to receive an “accounting” of disclosures, which identifies certain persons or organizations to which we have disclosed your PHI. Many routine disclosures we make will not be included in this accounting, but the accounting will identify many non-routine disclosures of your information.

You have the right to confidential communications. You may request communications in a certain way or at a certain location. For example you may prefer that we use your cell phone number rather than leave a message on your home phone.

You have the right to obtain a copy of this notice upon request, which is also posted in prominent locations throughout the agency, as well as available on our website at www.westbergen.org.

You have a right to receive PHI in an electronic format but the agency has the right to impose a fee.

You have the right to be notified in the event of a breach of your PHI.

Any requests to invoke your rights should be made in writing to the agency’s Compliance Officer.

Changes to this Notice: West Bergen reserves the right to amend this Notice at any given time. We will post a copy of the revised notice in prominent areas of the agency as well as on our website.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201 or contact the agency’s appointed Compliance Officer at (201) 444-3550. No one will retaliate or take action against you for filing a complaint.

Questions: If you have any questions about any part of this notice or if you want more information about your privacy rights, please contact West Bergen’s appointed Compliance Officer at (201) 444-3550.

By way of my signature, I acknowledge I have received this Notice of Privacy Practices and understand my rights contained in this notice.

Client’s Name: _____

Client’s Signature: _____

Date: _____