



Notice of Privacy Practices

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

Federal and applicable state law requires West Bergen Mental Healthcare (“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 of Privacy Practices (“Notice”) is effective as of April 14, 2003 pursuant to federal law, including the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, effective March 26, 2013 (collectively “HIPAA”) and applicable state laws. In certain cases where New Jersey state laws are more restrictive than the federal laws, we will use and disclose your health information in accordance with these more restrictive state laws and we will obtain your specific authorization where necessary to comply with such laws.

The Notice 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/or future medical/mental health/substance abuse conditions and related health services. The privacy practices described in this Notice apply to any health care professional who treats you, as well as to all employees, medical staff trainees, students and/or volunteers of West Bergen. Any time we are permitted or required to share your PHI with any other party, we will provide only the minimum amount of information necessary to respond to the need or request.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI):

West Bergen may use your PHI for treatment, payment and health care operations purposes, as permitted by HIPAA and other applicable federal and state laws.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services within West Bergen and with another mental health agency and as otherwise provided by law. For example, your treatment team will record goals/treatment plans/medications in order to determine the best course of treatment for you. We may use and disclose your PHI to your personal physician, if the information will benefit you and use and disclose your medication information to your pharmacy, for treatment purposes. If you are psychiatrically evaluated by a psychiatric screening center, we may release your PHI to the screening center staff to facilitate your evaluation.

Payment: Your PHI will be used, as needed, to obtain payment for your mental health care services. We will generally require your authorization prior to releasing your PHI to third parties for such payment activities. For example, obtaining approval for continued sessions may require us to disclose your relevant PHI to your health plan to obtain approval for the sessions.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of West Bergen. These activities include, but are not limited to, quality assessment and improvement activities performed by staff to verify that we are meeting certain standards of care. For example, we may review your PHI to evaluate the quality and competence of the professionals who provide services to you and to find ways to improve treatment and services that we deliver at West Bergen. Unless otherwise permissible by law, we will generally seek your written authorization prior to disclosing any information to another health care provider or entity for health care operations activities.

We may also use your PHI in certain situations, as follows:

Business Associates: There may be instances where services are provided to West Bergen by third parties who create, receive, maintain or transmit PHI on behalf of the organization (“business associates”). West Bergen maintains written agreements with these business associates and they are subject to the same privacy standards that apply to us. Unless you object, we may disclose your PHI to one or more such business associate(s).

Communication with Family and Close Friends: We may disclose to a family member or friend, general (non-specific) information as to your current medical condition, if we: (a) obtain your agreement; (b) give you the opportunity to object to the disclosure and you do not object; or (c) would reasonably infer that you would not object to the disclosure. If you are not present or due to your incapacity or an emergency are unable to agree or object to a use or disclosure, we may use our best professional judgment in order to determine whether such a use or disclosure would be in your best interests. For mental health services, minors age 14 and older have the same rights as adults in certain circumstances as prescribed by applicable law.

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 PHI to contact you as a reminder that you have an appointment for treatment or services or an upcoming cancellation of services.

Food and Drug Administration (FDA): We may be required by law to disclose to the FDA PHI 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 your PHI to the extent required by law 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 PHI to public health or legal authorities charged with preventing or controlling communicable disease, injury or disability.

Fundraising: We may utilize your PHI to contact you for our own fundraising purposes. In such event, we will also provide you with the opportunity to opt-out of receiving such communications.

Coroners, Medical Examiners and Funeral Directors: We may be required to disclose your PHI to a coroner or medical examiner. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

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

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

Public Safety/Emergency: Consistent with applicable Federal and state laws, if you voice a threat against a specific individual or group, we will use and disclose your PHI to notify that individual or the person responsible for the group regarding such threat. We may also use and disclose PHI to notify the police if we are unable to contact the intended victim(s).

To reduce the risk of harm from firearms, we are required by law under the State of New Jersey to call the police in the municipality you reside to provide your contact information, if we believe there is an imminent risk of harm to you or another person.

Protective Services for the President, National Security and Intelligence Activities: We may disclose PHI about you to authorized Federal officials so that 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 PHI about you in response to a judge's order directing the release of the information.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure. For example, such activities may include disclosures of your PHI to state licensing bodies, Medicaid, entities engaged in accreditation and state and county medical examiners.

Abuse/Neglect: We may disclose PHI for purposes of reporting child or elder abuse and/or neglect, as well as suspected domestic violence.

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

Uses and Disclosures Requiring Authorization:

Your authorization is required for other uses and disclosures of your PHI, including the following:

- Psychotherapy Notes
- Marketing, unless permitted under applicable law
- Sale of PHI that results in remuneration to West Bergen
- Drug/substance abuse information, unless permitted or required by 42 C.F.R. Part 2 or other applicable law
- 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 your authorization.

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 you, or a person other than the health plan on your behalf, 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 health care 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 under 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 health care 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. Your request must state the specific restriction requested and to whom you want the restriction to apply. Note that the law does not require West Bergen to agree to the requested restriction if your health care professional believes it is in your best interests to permit use and disclosure of your PHI. You then have the right to use another health care professional.

You have the right to request that West Bergen amend your PHI. West Bergen may deny the request if you ask us to amend information that (a) is not created by West Bergen; (b) is not part of the PHI maintained by West Bergen; (c) is not part of the PHI you would be permitted to view; or (d) is accurate and complete. In the event that we deny your request, we will provide you with a written explanation of why made such denial and your rights with respect to the denial.

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

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 paper copy of this Notice upon request. This Notice is also posted in prominent locations throughout West Bergen and available on our website at www.westbergen.org.

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

You have the right to be notified by us in the event of any breaches of your unsecured PHI in accordance with the law.

Any requests to invoke your rights should be made in writing to our Privacy Officer.

Changes to this Notice: West Bergen reserves the right to change this Notice at any time. If we change this Notice, the terms of the new Notice may be effective for all PHI that we maintain, including any information that we created or received prior to amending the Notice. We will post a copy of any revised Notice in prominent areas of West Bergen and on our website at www.westbergen.org. You may also receive a copy of any new Notice by contacting West Bergen's Privacy Officer.

Questions and Complaints: If you have any questions about any part of this Notice, disagree with a decision that we made about access to your PHI or believe that we have violated your privacy rights, you may contact our Privacy Officer. You may also file a written complaint with our Privacy Officer and/or with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services ("HHS"). West Bergen will not retaliate or take action against you for filing a complaint with us or with the HHS.

Privacy Officer:

You may contact our Privacy Officer as follows:

Karen Acker
Compliance and Privacy Officer
West Bergen Mental Healthcare
120 Chestnut Street
Ridgewood, New Jersey 07450
Telephone Number: (201) 444-3550, extension 7167
E-mail: kacker@westbergen.org