



Health Insurance Portability and Accountability Act (HIPAA) NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Revised March 6, 2014

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Legacy Treatment Services is committed to protecting your medical information. We are required by law to:

- Maintain the privacy of your medical information;
- Give you a notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice currently in effect.

What is this document?

This Notice of Privacy Practices describes how we may use and disclose your medical information. It also describes your rights to access and control your medical information.

What does this Notice cover?

This Notice of Privacy Practices applies to *all* of your medical information used to make decisions about your care that we *generate or maintain*, including sensitive information such as mental health, communicable disease and drug and alcohol abuse information. It applies to your medical information in written and *electronic* form. It applies to your medical information while you are living and for 50 years after your death. Different privacy practices may apply to your medical information that is created or kept by other people or entities.

Who does this Notice cover?

This Notice of Privacy Practices will be followed by all Legacy Treatment Services employees; any health care professional who provides treatment to you at Legacy Treatment Services; and any member of a volunteer group that provides services at Legacy Treatment Services

What will you do with my medical information?

The following categories describe the ways that we may use and disclose your medical information **with your consent**. Not every use or disclosure in a category will be listed. If you are concerned about a possible use or disclosure of any part of your medical information, you may request a restriction. Your right to request a restriction is described in the section below regarding consumer rights.

- **Treatment** - We will use your medical information to provide you with medical treatment and services. We maintain medical information about our consumers in an electronic medical record that allows us to share medical information for treatment purposes. This facilitates access to medical information by other health care providers who provide care to you.
 - Examples:*
 - (1) We may send medical information to doctors, nurses, technicians, students or other personnel who are involved in taking care of you. We may *disclose* your medical information for the treatment activities of any other health care providers.
 - (2) We may send a copy of your medical record to a physician who needs to provide follow-up care.
 - (3) We may send medication information to your pharmacy.

- **Payment** - We may use medical information about you for our payment activities. Common payment activities include, but are not limited to:
 - Determining eligibility or coverage under a plan; and
 - Billing and collection activities.

Examples:

 - (1) Your medical information may be released to an insurance company to obtain payment for services. We may disclose medical information about you to another health care provider or covered entity for its payment activities.
 - (2) We may send your health plan coverage information to an outside laboratory that needs the information to bill for tests that it provided to you.
- **Operations** - We may use your medical information for operational or administrative purposes. These uses are necessary to run our business and to make sure consumers receive quality care. Common operation activities include, but are not limited to:
 - Conducting quality assessment and improvement activities;
 - Reviewing the competence of health care professionals;
 - Arranging for legal or auditing services;
 - Business planning and development;
 - Business management and administrative activities; and
 - Communicating with consumers about our services.

Examples:

 - (1) We may use your medical information to conduct internal audits to verify that billing is being conducted properly.
 - (2) We may use your medical information to contact you for the purposes of conducting consumer satisfaction surveys or to follow-up on the services we provided.
 - (3) We may use your medical information to contact you to provide appointment reminders.
- **Health Information Exchange** - We may participate in a health information exchange (HIE) Generally, an HIE is an organization in which providers exchange consumer information in order to facilitate health care, avoid duplication of services (such as tests) and reduce the likelihood that medical error will occur. By participating in a HIE, we may share your health information with other providers that participate in the HIE or participants of other HIEs. If you do **not** want your medical information to be available through the HIE, you must request a restriction using the process outlined below.
- **Business Associates** – We may disclose your medical information to other entities that provide a service to us or on our behalf that requires the release of consumer medical information. However, we only will make these disclosures if we have received satisfactory assurance that the other entity will properly safeguard your medical information.

Example: We may contract with another entity to provide transcription or billing services.
- **Individuals Involved in Your Care or Payment for Your Care** – We may release:
 - Non-specific medical information about you to a friend, family member or legal guardian who is involved in your medical care if you do not object. We may tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
 - All medical information if you are in a PACT or Partial Care program.

The following categories describe the ways that we may use and disclose your medical information **with your consent**. Not every use or disclosure in a category will be listed.

- **Communicable Diseases** – New Jersey law only permits disclosure of communicable disease information (such as HIV, AIDS, Hepatitis, etc.) under the following circumstances with the consumer's written authorization;
 - if release is ordered by a court;
 - if release is required by the State Department of Health to protect the public;
 - if release is made to a person exposed to such diseases;
 - if release is required to health professionals, appropriate state agencies or a court to enforce New Jersey law;
 - if release is required for statistical purposes without consumer identity,
 - if release is required to health care providers and related parties for diagnosis and treatment purposes; or when the consumer is an inmate in the custody of the Department of Corrections or related party and such release is necessary to

- i. prevent serious and imminent threat to a person or the public, or
 - ii. permit law enforcement authorities to identify an individual suspected of having escaped from a correctional institution.
- **Research** – We may use and disclose medical information about you to researchers. In most circumstances, you must sign a separate form specifically authorizing us to use and/or disclose your medical information for research. However, there are certain exceptions. Your medical information may be disclosed without your authorization for research if the authorization requirement has been waived or altered by a special committee that is charged with ensuring that the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your medical information. Your medical information also may be disclosed to researchers to prepare for research as long as certain conditions are met. Medical information regarding people who have died can be released without authorization when certain circumstances are met. Limited medical information may be released to a researcher who has signed an agreement promising to protect the information released.
 - **Fundraising** – We may use medical information about you to contact you in the future to raise money for Legacy Treatment Services. We may disclose medical information to a foundation related to Legacy Treatment Services so that the foundation may contact you to raise money on our behalf. We only will release limited information, such as your name, address and phone number, the dates you received treatment or services at Legacy Treatment Services, the department in which you received services, your treating physician and your health insurance status for fundraising purposes. Each solicitation will include information on how to opt-out of receiving further fundraising communications from Legacy Treatment Services. You also may notify Legacy Treatment Services at any time at 1289 route 38 West, Hainesport, NJ 08036 or ombudsperson@legacytreatment.org to opt-out of receiving further fundraising communications.
 - **Treatment Alternatives** – We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
 - **Food and Drug Administration (FDA)** – We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or postmarketing surveillance information to enable product recalls, repairs or replacements.

Can you ever use and disclose my medical information without my authorization?

Yes. The following categories describe the ways that we may be required to use and disclose your medical information **without your authorization**. Not every use or disclosure in a category will be listed.

- **Change of Ownership** – In the event that our agency is sold or merged with another organization, your medical information will become the property of the new owner.
- **Required by Law** – We may disclose your medical information when required by federal, state or local law.
 - Examples:*
 - (1) We are required by law to report cases of suspected or reported abuse and neglect.
 - (2) When we are ordered by a judge to release information.
 - (3) When there is a legal duty to warn. If you make a threat to a specific individual, that individual must be notified.
 - (4) When a Coroner is investigating the consumer's death
- **Psychiatric Screening Center** – If you are evaluated by a psychiatric screening center we may disclose your medical information to facilitate the evaluation.
- **Deceased Information** – Your medical information may be released, after your death, to a personal representative as defined by state law. It may also be released to family members and others who are involved in your care to the extent permitted by state law, unless doing so is inconsistent with any of your prior expressed preferences that are known to us. We may also disclose a deceased consumer's medical information without authorization to a healthcare provider who is treating a surviving relative for a similar medical conditions such as an inherited disease.
- **Health Oversight Activities** – We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
 - Example:*
 - (1) We may disclose your medical records when the office of licensing or Medicaid conducts a review.
 - (2) We may share your medical information with an accreditation reviewer.

What if you want to use and/or disclose my medical information for a purpose not described in this Notice?

We must obtain a separate, specific authorization from you to use and/or disclose your medical information for any purpose not covered by this notice or the laws that apply to us. If you provide us with authorization to use or disclose your medical information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will not use or disclose your medical information for the reasons covered by your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization.

Your authorization is required for the following purposes:

- Psychotherapy notes** – We must obtain your authorization to use or disclose notes maintained by a mental health professional about a counseling session.
- Sale of Medical Information.** – We must obtain your authorization virtually any time we intend to sell your medical information, with minor exceptions.
- Marketing** – We must obtain your authorization to communicate with you about a particular product or service virtually any time we are paid to make the communication, with minor exceptions.

What are my rights regarding my medical information?

You have the rights described below in regard to the medical information that we maintain about you. You are required to submit a written request to exercise any of these rights. You may contact our medical record department or Privacy Official to obtain a form that you can use to exercise any of the rights listed below.

- **Right to Inspect and Copy** – You have the right to inspect and obtain a copy of medical information used to make decisions about your care. We will provide you with access to your medical information in the form or format requested if it is available in such format.
 - We may charge a fee for the costs associated with your request, including the cost of copies, postage or other supplies, consistent with state law. If you want a paper copy of your medical information, we may charge \$1.00 per page. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
 - We may deny your request to inspect and/or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.
- **Right to Amend** – If you feel that medical information that we created is incorrect or incomplete, you may submit a request for an amendment for as long as we maintain the information. *You must provide a reason that supports your amendment request.* We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that:
 - We did not create, unless the person or entity that created the information is not available to make the amendment;
 - Is not part of the medical information that we maintain;
 - Is not part of the information that you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures** – You have the right to request one free "accounting of disclosures" every 12 months. This is a list of *certain* disclosures we made of your medical information. There are several categories of disclosures that we are not required to list in the accounting. For example, we do not have to keep track of disclosures that are authorized. *Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.* If you request more than one accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical information we use or disclose about you unless our use and/or disclosure is required by law. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. You can request a restriction if you do not want us to disclose your medical information to an HIE. *We are not required to agree to your request **unless you are requesting a restriction on the disclosure of information to your health plan and you pay out of pocket for the medical treatment provided.*** If we agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment to you. In your request, you must indicate:
 - The type of restriction you want and the information you want restricted; and
 - To whom you want the limits to apply, for example, your spouse.
- **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. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to an Electronic and/or Paper Copy of This Notice** – You have the right to a paper copy of this notice. Copies of this notice will be available in our consumer record department or at any Drenk location. You can obtain an electronic copy of this notice on our website at www.legacytreatment.org.

Can you change this notice?

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Copies of the current notice will be posted at all Drenk Center locations and will be available for you to pick up on each visit to Legacy Treatment Services.

What happens if my medical information is used by or disclosed to a person or entity that should not have access to it?

We are required to notify you of any acquisition, access, use, or disclosure of your medical information that is inconsistent with the federal law governing the protection of medical information (known as HIPAA).

What if I have questions or need to report a problem?

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights of the Department of Health and Human Services. To file a complaint with us, or if you would like more information about our privacy practices, contact our Privacy Official at 609-267-5656 extension 3217 or by email at ombudsperson@legacytreatment.org. The Privacy Official's mailing address is: 1289 Route 38 West, Hainesport, NJ 08036. To file a complaint with the Office of Civil Rights of the Department of Health and Human Services, you must submit the complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. The complaint must be submitted in writing. Information on how to file a complaint can be located on the Office of Civil Rights website at: <http://www.hhs.gov/ocr/privacy/index.html> or our Privacy Official can provide you with current contact information. ***You will not be penalized for filing a complaint.***