

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are required by law to maintain the privacy of your health information; to provide you this Notice of our legal duties and privacy practices relating to your health information; and to abide by the terms of the Notice that are currently in effect.

### **USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

We may use or disclose your health information for purposes of treatment, payment and health care operations.

**For Treatment.** We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by doctors, nurses, home health aides, physical therapists, medical supply companies or other persons involved in your care.

**For Payment.** We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to an insurance or managed care company, Medicare, Medicaid or another third party payer.

**For Health Care Operations.** We may use and disclose your health information as necessary for health care operations, such as agency management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities.

### **SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

The following lists various ways in which we may use or disclose your health information without your consent or authorization.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

**Emergencies, As Required By Law, or Public Health Activities.**

**Business Associates.** We may disclose your protected health information to a contractor or business associate who needs the information to perform services for the Agency. Our business associates are committed to preserving the confidentiality of this information.

**Reporting Victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.

**Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

**To Avert a Serious Threat to the Health or Safety to you, to another person, or to the public** to help lessen or prevent the threatened harm.

**Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order, in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

**Law Enforcement, Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations, Disaster Relief Organizations.**

**Military, Veterans and other Specific Government Functions.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities, e.g., for national security purposes or to conduct certain special investigations.

**Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

**Inmates/Law Enforcement Custody.** If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

**Contact you regarding Fundraising Activities, Appointment Reminders and Treatment Alternatives and Health-Related Benefits and Services.**

#### **USES AND DISCLOSURES WITH YOUR AUTHORIZATION**

Except as described in this Notice, we will use and disclose your health information only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the authorized purposes, except where we have already relied on the Authorization.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a

written request on the appropriate form supplied by the Agency. You have the right to:

**Request Restrictions** on our use or disclosure of your health information for treatment, payment, or health care operations, restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction and, if we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

**Access to Personal Health Information.** You have the right to inspect and obtain a copy of your records or other written information that may be used to make decisions about your care, subject to some exceptions. Your request must be made in writing. We may charge a reasonable fee for our costs in copying and mailing your requested information.

**Request Amendment.** You have the right to request amendment of your health information maintained by the Agency for as long as the information is kept by or for the Agency. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information **(a)** was not created by the Agency, **(b)** is not part of the health information maintained by or for the Agency; **(c)** is not part of the information to which you have a right of access; or **(d)** is already accurate and complete, as determined by the Agency. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

**Request an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by the Agency or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosure made pursuant to your Authorization, and certain other exceptions. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after January 1, 2007 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

**Request a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. [In addition, you may obtain a copy of this Notice through our website, [www.chasfamilycare.com](http://www.chasfamilycare.com)]

**Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

#### **SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, except as provided below and as specifically permitted or required under state or federal law, health information may not be disclosed without your special

authorization.

Psychiatric information. If needed for your diagnosis or treatment in a mental health program, psychiatric information may be disclosed. Certain limited information may be disclosed for payment purposes.

HIV-related information may be disclosed for purposes of treatment or payment.

Substance abuse treatment. If you are treated in a specialized substance abuse program, your special authorization will be needed for most disclosures, not including emergencies.

**FOR FURTHER INFORMATION OR TO FILE A COMPLAINT:** If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the HIPAA Privacy Official of CHAS at (201) 339-3506. If you believe that your privacy rights have been violated, you may file a complaint in writing with the Agency or with the Office of Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

**CHANGES TO THIS NOTICE :** We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by the Agency as well as for all health information we receive in the future. We will provide a copy of the revised Notice upon request.