

Effective Date: September 23, 2013



NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this Privacy Notice, please contact our Privacy Liaison at 671 Hoes Lane West, P.O. Box 1392, Piscataway, New Jersey 08855, (732) 235-4278.

Introduction

We, at University Behavioral Health Care, understand that health information about you and the care you receive is personal. We are committed to and are required by law to maintain the privacy of your health information. This Notice applies to all of the records of your care maintained by us and we will abide by the terms of this Notice for as long as it is in effect.

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. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights.

How We Will Use and Disclose Your Health Information

We will use and disclose your health information as described in each category listed below. We will provide a general explanation of each category; however this is not meant to describe all specific uses or disclosures of health information.

A. Uses and Disclosures That May Be Made Without Your Authorization or Opportunity To Object

1. Treatment

We may use health information about you to provide you with medical treatment or services. We may disclose information about you to physicians, nurses, technicians, health care trainees, or other personnel who are involved in taking care of you. For example, our doctors may need to know if you have high blood pressure before prescribing certain medications for you. Different areas of the organization may also share medical information about you in order to coordinate your care, such as prescriptions, lab work, and test results. In addition, our staff may discuss your care at treatment team meetings.

2. Payment

We may use and disclose health information about you so that treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party involved in the payment of your medical bill. For example, we may disclose protected health information to your insurer or the party responsible for payment of your care for the following activities: making a determination of eligibility or coverage for health insurance; reviewing your services to determine if they were medically necessary, which may include copies or excerpts of your clinical records; reviewing your services to determine if they were appropriately authorized or certified in advance of your care; reviewing your services for purposes of utilization review (to ensure the appropriateness of your care).

3. Health Care Operations

We may use and disclose health information about you for healthcare operations. Your health information may be used and disclosed for activities including quality assurance, utilization review, medical review, internal auditing, accreditation, social services certification, licensing or credentialing activities, medical research, and education purposes. These disclosures are necessary to run the organization and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of the staff caring for you. We may also disclose information to physicians, nurses, technicians, medical students, and other personnel for review and learning purposes.

4. Appointment Reminders

We may use and disclose limited health information (such as your name, address, and telephone number) to contact you as a reminder that you have an appointment for treatment or medical care.

5. Treatment Alternatives

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.

6. Health Related Benefits and Services

We may use or disclose health information to tell you about health-related benefits or services that may be of interest to you.

7. Fundraising Activities

We may use and disclose certain health information to contact you in an effort to raise money for our programs, services, and operations. We may disclose certain health information to a foundation related to University Behavioral Health Care so that the foundation may contact you in an effort to conduct fundraising activities for University Behavioral Health Care. The information released would only be contact information, such as your name, address, phone number, and dates of service. If you wish to opt-out of and do not want University Behavioral Health Care to contact you for fundraising efforts, you must notify, in writing, the Privacy Liaison at University Behavioral Health Care, 671 Hoes Lane West, P.O. Box 1392, Piscataway, NJ 08855-1392.

8. To Another Healthcare Provider

We may use or disclose health information about you to another healthcare provider that may treat you and/or receive payment for services provided to you. For example, we may share your health information with a hospital where you will be receiving treatment.

9. Business Associates

We may use and disclose health information to business associates. A business associate is an individual or entity under contract with us to create, receive, maintain or transmit protected health information on behalf of University Behavioral Health Care in a function or activity which requires the use or disclosure of health information. Examples of business associates, include, but are not limited to, consultants, accountants, and lawyers. We require the business associate to enter into an agreement to protect the confidentiality of your health information.

10. De-Identified Data/Limited Data Sets

We may use or disclose health information about you if we remove all information that could be used to identify you (what is known as “de-identified” information). We are required to remove over eighteen (18) different pieces of information that could be used to possibly identify you. We may also use or disclose a limited amount of health information about you (that is, a “limited data set”) for the purposes of research, public health, or health care operations if we enter into a data use agreement with the recipient of the data.

11. Emergencies

We may use and disclose your health information in an emergency treatment situation. For example, we may provide your health information to a paramedic who is transporting you in an ambulance.

12. Research

While most uses and disclosures related to research require your authorization, in some limited situations we may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has waived the individual authorization requirement in accordance with the regulations covering this area.

13. As Required By Law

We will disclose health information about you when required to do so by federal or state law. For example, we may disclose certain health information to those persons who have a risk exposure related to a communicable disease, as required by New Jersey law.

14. To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person.

15. Organ and Tissue Donation

If you are an organ donor, we may use or disclose your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.

16. Public Health Risk

We may disclose your health information for public health activities involved in preventing or controlling disease, injury, or disability. For example, we are required by state law to report the existence of a communicable disease, such as acquired immune deficiency syndrome (“AIDS”), to the New Jersey State Department of Health and Senior Services to protect the health and well being of the general public. Other activities generally disclosed include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse and neglect;
- to report reactions to medication or problems with products;
- to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition;

- to notify the appropriate governmental authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

17. Health Oversight Activities

We may use and disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

18. Law Enforcement

We may use and disclose your health information for law enforcement purposes to a law enforcement official if required by law, or where permitted by law, or in response to a valid subpoena accompanied by a signed authorization and/or court order. Also, we may disclose health information if it is necessary for law enforcement authorities to identify or locate an individual.

19. Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out duties.

20. Disclosures in Legal Proceedings

We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We may also use and disclose information about you in legal proceedings, such as in a response to a discovery request, subpoena, court order, etc. Also, University Behavioral Health Care may use or disclose your health information in preparation for any dispute or litigation between you and University Behavioral Health Care.

21. Military and Veterans

If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

22. National Security and Intelligence Activities

We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President or other authorized persons.

23. Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official. This release would be necessary:

- (1)** for the institution to provide you with health care;
- (2)** to protect your health and safety and that of others;
- (3)** for the safety and security of the correctional institution.

24. Workers' Compensation

We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

25. Employers

We may disclose your health information to your employer if your healthcare is part of an evaluation relating to medical surveillance of the workplace, or to evaluate whether you have a work-related illness or injury.

26. Secretary of the Department of Health and Human Services

We may use and disclose your health information when required by the Secretary of Health and the Department of Health and Human Services for purposes of investigating or determining compliance with the privacy law.

27. Psychotherapy Notes

We will, in accordance to Federal law, obtain your written authorization to release your psychotherapy notes, if any, that are contained in your health records. However, the entity may use or disclose your psychotherapy notes for the following: (i) to carry out the following treatment, payment, or health care operations: (A) use by the originator of the psychotherapy notes for treatment; (B) use or disclosure by the entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (C) use or disclosure by the entity to defend itself in a legal action or other proceeding brought by you; and (ii) a use or disclosure that is required by or permitted by Federal law.

28. Other Uses

Any other uses and disclosures of your health information not covered by this Notice will be made only with your written authorization.

B. Uses and Disclosures That May Be Made Without Your Authorization, But For Which You Will Have An Opportunity To Object.

1. Facility Directory

It is the policy of University Behavioral Health Care not to provide confirmation of names of patients being treated by our facilities except to persons involved in your care (see below).

2. Persons Involved In Your Care

Unless you object, we may release health information about you to someone, including a family member, legal guardian, or caregiver, who is involved in your medical care or payment of your medical care.

3. Disaster Relief

Unless you object, we may disclose health information about you to a public or private entity authorized by law or by charter assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

C. Special Notice for Licensed Psychologists and Licensed Marriage and Family Therapists

If you are receiving care from a licensed psychologist or licensed marriage and family therapist, to protect your confidentiality and the confidentiality of your mental health records, in most circumstances we will not disclose information about you and your treatment here without first obtaining your consent. If you provide us with permission to disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer disclose health information about you, although we will be unable to take back the disclosures we made with your permission.

It is important for you to know that in limited situations we must release the information without your prior consent. These situations are as follows:

- to secure emergency treatment for you;
- to prevent serious and imminent threat to your health and safety or the health and safety of another person or to the public;
- as required by Federal or New Jersey Law, such as responding to requests from Medicare, Medicaid, the Attorney General's office, and the coroner's office, and reporting communicable diseases and child abuse and neglect; or
- as directed by a court order signed by a judge.

D. Sale of Your Health Information

The disclosure or sale of your health information without authorization is prohibited. Under Federal law, this would exclude disclosures for treatment & payment, for public health purposes, for the sale of this institution, to any Business Associate for services rendered on our behalf, to the client upon request, and as required by law. In addition, the disclosure of your health information for research purposes or for any other disclosure permitted by law will not be considered a prohibited disclosure if the only reimbursement received is a "reasonable, cost-based fee" to cover the cost to prepare and transmit your health information. If an authorization is obtained to disclose health information, the authorization must state that the disclosure will result in remuneration (meaning that University Behavioral Health Care will receive payment for disclosure of your health information).

E. Marketing

We will, in accordance to Federal law, obtain your written authorization to use or disclose your health information for marketing purposes including all treatment and health care operations communications where we receive financial remuneration (meaning that University Behavioral Health Care receives direct payment from a third party whose product or service is being marketed.)

Face to face marketing communications and promotional gifts of nominal value regardless of whether they are subsidized are permitted and do not require authorization.

"Refill reminders, so as long as the remuneration for making such communications are "reasonably related to our costs" for making such communications, also are not subject to the authorization requirement.

F. Your Rights Regarding Your Health Information

1. Right to Inspect and Copy

You have the right to request an opportunity to inspect or obtain a copy of health information in our possession. Usually, this will include clinical and billing records, but not psychotherapy notes. You must submit your request in writing on a form specified by us addressed to Department of Clinical Records, University Behavioral Health Care, 671 Hoes Lane West, P.O. Box 1392,

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Piscataway, NJ 08855-1392. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and supplies associated with complying with your request

We may deny your request to inspect or obtain a copy of your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by another health care professional chosen by us and who was not directly involved in the original decision to deny access. If you are denied access, we will inform you in writing if the denial of your request may be reviewed. If it is reviewable and you request a review in writing, when the review is completed, we will comply with the outcome of the review.

2. Right to Amend

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care or payment for your care. To request an amendment, your request must be in writing on a form specified by us addressed to the Privacy Liaison at University Behavioral Health Care, 671 Hoes Lane West, P.O. Box 1392, Piscataway, NJ 08855-1392, and must explain why you believe the information is incorrect or inaccurate.

We may deny your request under certain circumstances. If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request) to all future disclosures of the health information that is the subject of your request.

3. Right to an Accounting of Disclosures

You have the right to request that we provide you with an accounting or list of disclosures we have made of your health information. This list will not include disclosures of your health information made for treatment, payment, or health care operations, made to you, or made as a result of an authorization signed by you.

To request an accounting of disclosures, you must submit your request in writing on a form specified by us to the Privacy Liaison at University Behavioral Health Care, 671 Hoes Lane West, P.O. Box 1392, Piscataway, NJ 08855-1392. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six (6) years and not include dates before April 14, 2003.

The first accounting you request within a twelve (12) month period will be free. For additional requests during the same twelve (12) month period, we will charge you for costs of the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

4. Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are **not** required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to

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restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must inform us at time of registration or in writing on a form specified by us addressed to the Privacy Liaison at University Behavioral Health Care, 671 Hoes Lane West, P.O. Box 1392, Piscataway, NJ 08855-1392.

5. Out-of-Pocket Payments

If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

6. 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, or at a specified telephone number. To request confidential communications, you must notify us at the time of registration or in writing on a form specified by us addressed to the Privacy Liaison at University Behavioral Health Care, 671 Hoes Lane West, P.O. Box 1392, Piscataway, NJ 08855-1392. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

7. Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice by contacting the Privacy Liaison at University Behavioral Health Care, 671 Hoes Lane West, P.O. Box 1392, Piscataway, NJ 08855-1392.

8. Right to Revoke your Prior Authorization

You have the right to revoke your authorization (your permission) to use or disclose your health information except to the extent that action has already been taken in reliance on your prior authorization. To exercise your right, please contact the Privacy Liaison in writing at University Behavioral Health Care, 671 Hoes Lane West, P.O. Box 1392, Piscataway, NJ 08855-1392.

9. Right to Receive Notification of a Breach

University Behavioral Health Care is required to notify you following discovery of a breach of your unsecured health information.

G. For More Information or to make a Complaint

If you have questions and would like additional information, you may contact our Privacy Liaison at 671 Hoes Lane West, P.O. Box 1392, Piscataway, New Jersey 08855, (732) 235-4278.

If you believe your privacy rights have been violated, you may file a complaint with University Behavioral Health Care or with the Secretary of the Department of Health and Human Services. To file a complaint, please call the Compliance & Violation Hotline: 1-800-215-9664. There will be no retaliation for filing a complaint.

H. Changes to this Notice

University Behavioral Health Care will abide by the terms of the Notice of Privacy Practices currently in effect. However, we reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at all of our locations where we provide care. You may also obtain a copy of our current Notice of Privacy Practices by accessing our website at www.ubhc.rutgers.edu, by writing us at Privacy Liaison, University Behavioral Health Care, 671 Hoes Lane West, P.O. Box 1392, Piscataway, NJ 08855-1392 and requesting that a copy be sent to you in the mail, or by asking for one any time you are at our offices.

I. Who Will Follow This Notice

This Notice of Privacy Practices will be followed by us at all of our locations. Please note that any of University Behavioral Health Care's entities, sites, or locations may share health information with each other for treatment, payment, or health care operations.