The Children's Home
A Private Nonprofit Organization
Since 1864
243 Pine Street • Mount Holly, NJ 08060 • (609) 267-1550 • Fax (609) 261-5672
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Executive Director

HIPAA Notice of Privacy Practices for Personal Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY**!

This is your Health Information Privacy Notice from The Children's Home (TCH). Please read it carefully. You have received this notice because of the admission of _____ to our program. We strongly believe in protecting the confidentiality and security of information we collect about our clients. This notice refers to TCH by using the terms "us," "we," or "our."

This notice describes how TCH protects the Personal Health Information (PHI) we have about our clients, and how we may use and disclose this information. Personal Health Information includes individually identifiable information, which relates to past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the Personal Health Information and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act (HIPAA). For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please review the privacy notices contained in our website. You may submit questions to us there or you may write to us directly at TCH HIPAA Privacy Office, 243 Pine Street, Mt. Holly, NJ 08060.

The HIPAA law requires us to:

- maintain the privacy of your Personal Health Information;
- take steps to limit the amount of protected health information to the minimum necessary to meet the purposes of the use or disclosure;
- provide you this notice of our legal duties and privacy practices with respect to your Personal Health Information; and
- follow the terms of this notice.

We protect your Personal Health Information from inappropriate use or disclosure. Our employees, and those of companies that help us service your care, are required to comply with our requirements that protect the

confidentiality of Personal Health Information. They may look at your Personal Health Information only when there is an appropriate reason to do so, such as to administer our services.

We will not disclose your Personal Health Information to any other company for any unauthorized use. The main reasons for which we may use and may disclose your Personal Health Information are to evaluate and process any requests for coverage and claims for benefits you may make or in connection with other health-related benefits or services that may be of interest to you. The following describe these and other uses and disclosures, together with some examples.

- **For Payment:** We may use and disclose Personal Health Information to pay for benefits and to reimburse providers for services rendered. We may also disclose Personal Health Information to other insurance carriers to coordinate benefits with respect to a particular claim.
- **For Health Care Operations:** We may also use and disclose Personal Health Information for our billing operations. We may also disclose Personal Health Information to Affiliates, and to business associates outside of TCH, if they need to receive Personal Health Information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of Personal Health Information. Examples of business associates are: billing companies, data processing companies, or companies that provide general administrative services.
- **Where Required by Law or for Public Health Activities:** We disclose Personal Health Information when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing Personal Health Information to a governmental agency or regulator with health care oversight responsibilities.
- **To Avert a Serious Threat to Health or Safety:** We may disclose Personal Health Information to avert a serious threat to someone's health or safety. We may also disclose Personal Health Information to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- **For Health-Related Benefits or Services:** We may use Personal Health Information to provide you with information about benefits available to you under your current admission.
- **For Law Enforcement or Specific Government Functions:** We may disclose Personal Health Information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose Personal Health Information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate is involved in a lawsuit or a dispute, we may disclose Personal Health Information about you in response to a court or administrative order. We may also disclose Personal Health Information about you in response to the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the Personal Health Information requested. We may disclose Personal Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- **Other Uses of Personal Health Information:** Other uses and disclosures of Personal Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose Personal Health Information about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization. You should understand that we would not be able to take back any disclosures we have already made with authorization.

Your Rights Regarding Personal Health Information TCH Maintains:

The following are your various rights as a consumer under HIPAA concerning your Personal Health Information. Should you have questions about a specific right, please write to us at the location listed in our discussion of that right.

- **Right to Inspect and Copy Your Personal Health Information:** In most cases, you have the right to inspect and obtain a copy of the Personal Health Information that we maintain about you. To inspect and copy Personal Health Information, you must submit your request in writing to TCH HIPAA Privacy Office, 243 Pine Street, Mt. Holly, NJ 08060. To receive a copy of your Personal Health Information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of Personal Health Information will not be made available for inspection and copying. This includes Personal Health Information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your Personal Health Information. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

- **Right to Amend Your Personal Health Information:** If you believe that your Personal Health Information is incorrect or that an important part of it is missing, you have the right to ask us to amend your Personal Health Information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to TCH HIPAA Privacy Office, 243 Pine Street, Mt. Holly, NJ 08060. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend Personal Health Information that:

  - is accurate and complete;
  - was not created by us, unless the person or entity that created the Personal Health Information is no longer available to make the amendment;
  - is not part of the Personal Health Information kept by or for us; or
  - is not part of the Personal Health Information, which you would be permitted to inspect and copy.

- **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of Personal Health Information about you. This list will not include disclosures made for treatment, payment, and health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list you must submit your request in writing to TCH HIPAA Privacy Office, 243 Pine Street, Mt. Holly, NJ 08060. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. 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 Personal Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree

to it, we will comply with your request. To request a restriction, you must make your request in writing to TCH HIPAA Privacy Office, 243 Pine Street, Mt. Holly, NJ 08060. In your request, you must tell us:

(1) what information you want to limit;
(2) whether you want to limit our use, disclosure or both; and
(3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on Personal Health Information uses or disclosures that are legally required, or which are necessary to administer our business.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about Personal Health Information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to TCH HIPAA Privacy Office, 243 Pine Street, Mt. Holly, NJ 08060, and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact TCH HIPAA Privacy Office, 243 Pine Street, Mt. Holly, NJ 08060. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint please contact us at (609) 267-1550.

ADDITIONAL INFORMATION

Changes to This Notice: We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Personal Health Information we already have about you as well as any Personal Health Information we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page, on the bottom right hand comer of the notice. You will receive a copy of any revised notice by mail or by e-mail, but only if e-mail delivery is offered by TCH and you agree to such delivery.

Further Information: You may have additional rights under other applicable laws. For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please contact us at (609) 267-1550.

3/20/03