

Notice of Privacy Practices for Protected Health Information (PHI) – con't.

A. Certain Uses (The *internal* use of PHI) Do Not Require Your Authorization. We may use your PHI for the following reasons:

1. **For treatment** We may use your PHI when physicians, nurses, medical students, and other health-care personnel provide you with health-care services or are involved in your care. For example, we may use your PHI in order to coordinate your care with the physical rehabilitation department.
2. **To obtain payment for treatment** We may use your PHI in order to bill and collect payment for the treatment and service provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health-care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health-care claims.
3. **For health-care operations** We may use your PHI in order to operate this organization. For example, we may use your PHI in order to evaluate the quality of health-care services that you received or to evaluate the performance of the health-care professionals who provided services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us, and to assist us with operations and treatment.
4. **Communications (i.e. face-to-face encounters)** We may use your PHI for the following:
 - Communications that describe CHCC's health-related services (or payment for such services)
 - Communications necessary to provide your treatment, such as recommending a medication, or prescription refills
 - Case management or care coordination or directions and/or recommendations for alternative treatments, therapies, healthcare providers, or settings of care to the patient
 - Promotion of health in general (i.e. Health/wellness classes, support groups, health fairs, etc.)
 - Communications about a promotional gift of nominal value
 - Communications to provide contracted clinical services, such as laboratory or radiology services

B. Certain Disclosures (the *external* release of PHI) Do Not Require Your Authorization. We may disclose your PHI for the following reasons:

1. **For transfer to another health-care institution** We are required to disclose your PHI when you are transferred. For example, your PHI may be disclosed to emergency rooms, acute-care hospitals, psychiatric hospitals, rehabilitation hospitals, and other nursing homes.

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2. **Emergency treatment** We may disclose your PHI to others if you need emergency treatment, and we think you would consent if you were able to do so.
 3. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement** We make disclosures of PHI when a law requires that we report information to government agencies and law enforcement personnel, such as reporting suspected abuse, neglect, or domestic violence; or when ordered in a judicial or administrative proceeding.
 4. **For public-health activities** We report information about deaths and certain diseases to government officials who must collect that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
 5. **For health oversight activities** We will provide PHI as required to assist the government when it conducts an investigation or inspection of our facilities and services.
 6. **For purposes of organ donation** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
 7. **For research purposes** In certain circumstances, we may provide PHI in order to conduct medical research.
 8. **To avoid harm** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
 9. **For specific government functions** We may disclose PHI of military personnel and veterans in certain situations. We may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
 10. **For workers' compensation purposes** We may provide PHI in order to comply with workers' compensation laws.
- C. **Certain Uses and Disclosures Require Your Prior Written Authorization.** We will ask for your written authorization before using or disclosing certain PHI as outlined below. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).
1. **Appointment reminders** With your authorization, we may use PHI to contact you to provide appointment reminders. We may leave messages on answering machines or with family members or friends.
 2. **To family, friends, or others** With your authorization, we may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care.

3. **Any other situation not described above**

IV. What rights you have regarding your PHI

You have the following rights with respect to your PHI:

- A. **You have the right to request limits on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. Upon acceptance of your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **You have the right to choose how we send PHI to you.** You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address) or by alternative means (for example, e-mail instead of regular mail). We must agree to your request, so long as we can easily provide it in the format you requested.
- C. **You have the right to inspect and get copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI, but you must make the request in writing. If we do not have your PHI, but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, we will charge you no more than \$1 for each page or \$100 per record for the first 100 pages. For records that contain more than 100 pages, a copying fee of no more than 25 cents per page may be charged for pages in excess of the first 100 pages, up to a maximum of \$200 for the entire record. In addition to per page costs, we may charge you a search fee of no more than \$10 per patient per request and a postage charge of actual costs for mailing. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

- D. **You have the right to get a list of the disclosures we have made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that were made pursuant to a valid authorization, are part of a limited data set, are incidental to another permissible use or disclosure, were made for treatment, payment, or health care operations, directly to you, or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years, unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including the address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$20 for each additional request.

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- E. **You have the right to correct or update your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done so, and tell others that need to know about the change to your PHI.
- F. **You have the right to get this notice in paper or by e-mail.** Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice by contacting the Privacy Officer in writing (see Section VI below).

V. How to complain about our privacy practices

If you think that we may have violated your privacy right, or you disagree with a decision we made about access to your PHI, you may file a complaint with our Privacy Officer (see Section VI below). You also may send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Ave. S.W., Washington, DC 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. Contact our Privacy Officer for information about this notice or to complain about our privacy practices.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Privacy Officer, HIM Department, Christian Health Care Center, 301 Sicomac Ave., Wyckoff, NJ 07481, (201) 848-5200.

Christian Health Care Center
Advent Christian Health Associates, PC
Notice of Privacy Practices for Protected Health Information (PHI)
Acknowledgement Statement

This Notice of Privacy Practices provides information about how Christian Health Care Center (CHCC) and/or Advent Christian Health Associates, PC, may use and disclose protected health information (PHI) about you. You have the right to review our notice before signing this Acknowledgement Statement. As provided in our notice, the terms of our notice may change. If we change our notice, the revised notice will be:

- a. distributed during the admission process;
- b. posted in public areas, including the CHCC website; and
- c. mailed, if the patient/legal representative contacts the Privacy Officer in writing to request a copy.

You have the right to request that we limit/restrict how PHI about you is used or disclosed for treatment, payment, or health-care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

You have the right to revoke any limitations/restrictions, in writing, except where we have already made disclosures in reliance on your prior acknowledgement.

By signing this form, you acknowledge your receipt of our Notice of Privacy Practices relative to our use and disclosure of PHI about you as outlined in this Notice.

Patient name (print): _____

Name of legal representative, if applicable (print): _____

Relationship to patient, if applicable (print): _____

Signature: _____ Date: _____

Program (*Check one*):

- | | |
|--|--|
| <input type="checkbox"/> Ramapo Ridge Psychiatric Hospital | <input type="checkbox"/> Advent Counseling Center - New Providence |
| <input type="checkbox"/> Partial-hospitalization Program | <input type="checkbox"/> Pathways |
| <input type="checkbox"/> Christian Health Care Counseling Center | <input type="checkbox"/> Other program: _____ |
| <input type="checkbox"/> Advent Counseling Center – Somerset | (please print) |

Completed Acknowledgement Statement to be filed in medical record.

If you have any questions about the Notice of Privacy Practices, please contact:

Privacy Officer
Health Information Management Department
Christian Health Care Center
301 Sicomac Ave.
Wyckoff, NJ 07481

FOR STAFF USE ONLY

The patient/legal representative did not sign this Acknowledgement Statement for the following reason(s):

Comments (i.e. objections): _____

Name and title of employee: _____

Signature of employee: _____ Date: _____