

Christian Health Care Center
Notice of Privacy Practices for Protected Health Information (PHI)
301 Sicomac Avenue, Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Christian Health Care Center Mental Health Division
Ramapo Ridge Psychiatric Hospital
Ramapo Ridge Partial-hospitalization Program
Christian Health Care Counseling Center

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. Effective Date: May 14, 2018

I. Christian Health Care Center (CHCC) has a legal duty to safeguard your protected health information (PHI).

We are legally required to protect the privacy of your health information. We call this information “protected health information,” or PHI. It includes information that can be used to identify you; that we have created or received about your past, present, or future health or condition; the provision of health care to you; or the payment for this health care. We must provide you with this notice about our privacy practices that explain how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in public areas and treatment delivery sites, as well as on our website at www.ChristianHealthCare.org. You can also request a copy of this notice from our Privacy Officer (see Section V below) at any time.

II. How we may use and disclose your protected health information

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Certain uses (*internal* use of PHI) do not require your authorization. We may use your PHI for the following reasons, unless an applicable federal or state would prohibit us from doing so:

- 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



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the Rehabilitation Services department. We may use PHI to contact you to provide appointment reminders. We may send you a leave messages on your voicemail, or with family members or friends in accordance with your preferences.

2. **To obtain payment for treatment:** We may use your PHI to bill and collect payment for treatment and service provided to you. For example, we may provide portions of your PHI to our billing department and to 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, health-care 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 (*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 to our nursing home or third-party nursing homes.
2. **Treatment:** Generally, we will make an effort to obtain your consent prior to disclosing your PHI for treatment purposes. However, 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. We may also disclose your PHI to health-care providers who may be providing you with treatment in connection with our services.

If you are a consumer of Ramapo Ridge Partial-hospitalization Program or client of Christian Health Care Center Counseling Center, the following additional disclosures for treatment may apply to you: Upon the presentation of appropriate credentials, your PHI

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that is relevant to your current treatment may be disclosed to staff at another mental- or behavioral-health agency, as long as the disclosure is in compliance with HIPAA. Your PHI **may also be disclosed** to any licensed mental-health or medical health-care provider who has a contract with the NJ Division of Mental Health Services or the Department of Human Services, or **to your personal physician if it appears that the information is to be used for your benefit**. Your PHI may also be disclosed where it is relevant to your current treatment to professional staff of a screening service, short-term care facility (STCF), or psychiatric facility.

- 3. To family members or friends:** Generally, we will make an effort to obtain your consent prior to providing your PHI to family members or friends. Upon proper inquiry and after you have had the opportunity to object and do not express an objection, information as to your current medical condition may be disclosed to any relative or friend of yours involved in your treatment. If you are a minor, your parent or legal guardian may receive, and may authorize the disclosure of your PHI and records, except where state law would require your consent for us to disclose your PHI to your parent or legal guardian.
- 4. When a disclosure is required by federal, state, or local law, judicial, or administrative proceedings:** 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. We may also disclose PHI to carry out any of the provisions of Title 30 or Article 9 of Chapter 82 of Title 2A of the New Jersey statutes, or as required by other federal or state law.

Any incident that includes an allegation of child abuse and/or neglect **must** be immediately reported to the Division of Youth and Family Services (DYFS), in compliance with N.J.S.A. 9:6-8.10; and, abuse or exploitation in rooming/boarding/nursing homes shall be reported to the county Welfare Agency. In addition, the records of a minor **shall** be released upon request to the Department of Children and Families in connection with investigations of whether the minor has been abused or neglected.

- 5. 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.
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. **If you are a consumer of Ramapo Ridge Partial-hospitalization Program or client of Christian Health Care Center Counseling Center, the following additional disclosures for health oversight may apply to you:** Upon the presentation of appropriate credentials, we may disclose your PHI to clinical-record audit teams; monitoring and site review staff designated by the Department, the Office of Legislative Services, New Jersey Department of Health and Senior Services, and Center for Medicaid & Medicare Services; and a person participating in a Professional Standards Review Organization.

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6. **For purposes of organ donation:** We may notify organ-procurement organizations to assist them in organ, eye, or tissue donation and transplants. **If you are a consumer of Ramapo Ridge Partial-hospitalization Program or client of Christian Health Care Center Counseling Center,** we will not disclose your PHI for these purposes without your consent.
 7. **For research purposes:** In certain circumstances, we may provide PHI in order to conduct medical research. **If you are a consumer of Ramapo Ridge Partial-hospitalization Program or client of Christian Health Care Center Counseling Center,** we will not disclose your PHI for these purposes without your consent.
 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 to the extent permitted by applicable law. **In certain circumstances, if you voice a threat against an individual or group, we may have a legal duty to warn the individual or group, and may disclose your PHI as required by state law to fulfill this function.**
 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. **If you are a consumer of Ramapo Ridge Partial-hospitalization Program or client of Christian Health Care Center Counseling Center,** we will not disclose your PHI for these purposes without your consent.
 10. **For workers' compensation purposes:** We may provide PHI in order to comply with workers' compensation laws. **If you are a consumer of Ramapo Ridge Partial-hospitalization Program or client of Christian Health Care Center Counseling Center,** we will not disclose your PHI for these purposes without your consent.
 11. **To law enforcement:** We may provide PHI in limited circumstances to authorized law-enforcement officers, such as to locate a missing person or in the event there is a crime on the premises. Specifically, if you voice a threat against an individual or group and we are not able to directly notify the intended victim or group if required by law, the police might be notified in accordance with the law.
 12. **Judicial and administrative proceedings:** We may disclose your PHI pursuant to a court order (judge's order) directing the disclosure, upon its determination that disclosure is necessary for the conduct of its proceedings before it, and that failure to make such disclosure would be contrary to the public interest.
 13. **Decedents:** We may disclose your PHI to a funeral director or medical examiner as authorized by law. Upon the presentation of appropriate credentials, we may disclose your PHI to officials within the offices of the state medical examiner or a county medical examiner making investigations and conducting autopsies.
- 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). Unless you provide your written authorization:

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1. We will not sell or receive remuneration in exchange for your PHI (a “sale”) to another individual or entity. Any written authorization obtained from you must include a statement that we will receive remuneration in exchange for your PHI.
2. We will not use or disclose your PHI for marketing. We may, however, from time to time communicate with you about the services that we offer.
3. We will not use and disclose your PHI in a manner not described in this notice unless authorized by law.

D. Sensitive protected health information: Certain state or federal laws may place more stringent requirements on the disclosure of your PHI which is considered sensitive, including, but not limited to, HIV/AIDS, genetic, sexually transmitted disease (STD), and tuberculosis information. Except to the extent we are required by applicable law to obtain a separate written authorization from you prior to a disclosure, we may use and disclose your PHI which contains sensitive information as permitted and described by this notice. For example, we may use and disclose HIV/AIDS-related information to qualified personnel directly involved in your treatment or medical education, and we may use and disclose information related to an STD for your treatment, or for payment and health-care operations purposes.

III. What rights you have regarding your PHI

You have the following rights with respect to your PHI:

- A. You have the right to request restrictions on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI for treatment, payment, or health-care operations; disclosures to individuals such as family members or friends who are involved in your care; or to notify or assist in the notification of individuals regarding your location and general condition. 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. We must grant any restrictions that you request on disclosure of your PHI to your health-care insurance plan if:**
 - a) you have paid for a service out-of-pocket and have paid in full, and
 - b) the disclosure would be solely for payment or health-care operation purposes to a health-care insurance plan.
- C. You have the right to be notified in the event of a breach of your unsecured PHI.**
- D. You have the right to choose how to access or receive your PHI.** You have the right to ask that we send information to you at an alternative address (for example, sending information to your work address rather than your home address) or through other confidential communications.
- E. 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 whether you have the right to have the denial reviewed.

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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. 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.

You also have a right to receive copies of your PHI where we maintain it electronically in one or more designated record sets in a reasonable electronic form and format of your request. We will work with you to produce the information in the form and format of your choice, or in an alternate form and format that we agree upon with you. You may request that your PHI be sent electronically via email to you or a person designated by you. We will verify the identity of the person that you designate. Since emailing your PHI poses a security risk, you must sign CHCC's release of information form.

- F. 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 disclosures that were made pursuant to a valid authorization; are part of a limited-data set; are incidental to another permissible use or disclosure; or were made for treatment, payment, or health-care operations, directly to you, or to your family. The list also will not include disclosures made for national-security purposes, to corrections or law-enforcement personnel which occurred six (6) years from the date of your request, or any other disclosures which we are not required by law to account for.

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.

- G. 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.
- H. You have the right to get this notice in paper or by email.** Even if you have agreed to receive notice via email, you also have the right to request a paper copy of this notice by contacting the Privacy Officer in writing (see Section V below).

IV. How to complain about our privacy practices

If you (or anyone else) think that we may have violated your privacy or security rights, or if you disagree with a decision we made about access to your PHI, you may file a complaint with our Privacy Officer (see Section V below). Within 180 days of the alleged privacy or security violation, you may also send, fax or email a written complaint to:

Office of Civil Rights (OCR) Region 2

26 Federal Plaza, Suite 3312

New York, NY 10278

(212) 264-3313

(212) 264-3039 fax

You can obtain OCR's complaint form at:

www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.

The OCR may extend the 180-day deadline if you show good cause.

We will take no retaliatory action against you if you file a complaint about our privacy practices. You can notify the OCR if you believe retaliatory action has occurred.

V. 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 OCR, please contact:

Privacy Officer

Health Information Management Christian Health Care Center

301 Sicomac Ave., Wyckoff, NJ 07481

(201) 848-5200

Acknowledgement Statement

This Notice of Privacy Practices provides information about how Christian Health Care Center (CHCC) may use and disclose protected health information (PHI) about you. You have the right to review our notice before signing this Acknowledgement Statement and you acknowledge that you have been provided with the opportunity to do so. 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 and treatment delivery sites, including the CHCC website; and
- c. mailed or emailed, if the patient/legal representative contacts the Privacy Officer in writing.

By signing this form, you acknowledge your receipt of our Notice of Privacy Practices and agree to our use and disclosures of PHI about you as outlined in this notice, including uses and disclosures of sensitive information.

Patient name (print): _____

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

Relationship to patient, if applicable (print): _____

Signature: _____ Date: _____

Program (*Check one*):

- Christian Health Care Counseling Center
- Ramapo Ridge Psychiatric Hospital
- Ramapo Ridge Partial-hospitalization Program
- Other program:

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

Christian Health Care Center

301 Sicomac Ave.

Wyckoff, NJ 07481

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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: _____

(Please print.)