

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](http://www.chccnj.org)

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**CHRISTIAN HEALTH CARE CENTER MENTAL HEALTH DIVISION**

**RAMAPO RIDGE PSYCHIATRIC HOSPITAL**

**RAMAPO RIDGE PARTIAL PROGRAM**

**CHRISTIAN HEALTH CARE COUNSELING CENTER**

**PATHWAYS**

- I. 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: March 26, 2013**
- II. 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.chccnj.org](http://www.chccnj.org). You can also request a copy of this notice from our Privacy Officer (see Section VI below) at any time.

**III. 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.



Christian  
Health Care  
Center

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[www.christianhealthcare.org](http://www.christianhealthcare.org)

## 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

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- 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.
  - 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.

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- 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). With your authorization:
1. 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. 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. We may sell or receive remuneration in exchange for disclosing your PHI to another individual or entity.
  4. We may disclose your psychotherapy notes
  5. We may use and disclose your PHI in situations 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 request restrictions 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 security breach of your PHI.**
- D. **You have the right to opt-out of receiving from CHCC fund-raising communications by contacting the Privacy Officer (see Section VI below).**
- E. **You have the right to choose how to access 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). You also have a right to have your PHI

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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. We must agree to your request as long as we can easily provide it in the format you requested. We can charge a reasonable cost based fee to send or email you your PHI. See F below.

- F. 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.

- G. 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.

- H. 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

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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.

- I. **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 (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 VI 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](http://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.

### 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 OCR, please contact:

Privacy Officer, HIM Department,  
Christian Health Care Center,  
301 Sicomac Ave., Wyckoff, NJ 07481,  
(201) 848-5200.

# 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) 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 and treatment delivery sites, including the CHCC website; and
- c. mailed or emailed, if the patient/legal representative contacts the Privacy Officer in writing.

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"/> Christian Health Care Counseling Center | <input type="checkbox"/> Pathways       |
| <input type="checkbox"/> Ramapo Ridge Psychiatric Hospital       | <input type="checkbox"/> Other program: |
| <input type="checkbox"/> Ramapo Ridge Partial 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 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: \_\_\_\_\_