

# NOTICE OF PRIVACY PRACTICES

## Preferred Behavioral Health Group

PO Box 2036, 700 Airport Road, Lakewood, NJ 08701

**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.**

**If you have any questions about this Privacy Notice, please contact our Privacy Officer at 732-458-1700, extension 3112.**

### **I. Introduction**

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. This Notice further states the obligations we have to protect your health information. It is our duty to maintain the privacy of PHI, to abide by the terms of the privacy notice currently in effect and to provide individuals with notice of its legal duties and privacy practices relative to PHI.

“Protected health information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, genetic information, the provision of your health care, and payment for your health care services.

### **II. How We Will Use and Disclose Your Health Information**

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

#### **A. Uses and Disclosures That May Be Made With Your Written Consent**

1. **For Treatment.** Upon signing our Consent to Use and Disclose Health Information, we will use and disclose your health information within PBH to provide your health care and any related services. For example, we may also use and disclose your health information among our staff to coordinate recommended services.
2. **For Payment.** We may use or disclose your health information so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer. For example, we may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include:
  - ◆ making a determination of eligibility or coverage for health insurance;
  - ◆ reviewing your services to determine if they were medically necessary;
  - ◆ reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
  - ◆ reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.
3. **For Health Care Operations.** We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include, by way of example, quality

assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, and development, and general administrative activities.

We will share your protected health information with third party "Business Associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a Business Associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may combine health information of many of our consumers to decide what additional services we should offer, what services are no longer needed, and whether certain new treatments are effective. We may also combine our health information with health information from other providers to compare how we are doing and see where we can make improvements in our services. When we combine our health information with information of other providers, we will remove identifying information so others may use it to study health care or health care delivery without identifying specific clients.

We may also use and disclose your health information to contact you to remind you of your appointment.

**B. Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object.**

1. **Emergencies.** We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance.
2. **Communication Barriers.** We may use and disclose your health information if one of our clinicians attempts to obtain Consent from you, but is unable to do so due to substantial communication barriers. However, we will only use or disclose your health information if the clinician determines in his/her professional judgment that, absent the communication barriers, you likely would have consented to use or disclose information under the circumstances.
3. **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
4. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.
5. **Abuse and Neglect Authorities.** We will report child abuse or neglect and elder abuse as required by law to report such abuse, neglect or domestic violence.
6. **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.
7. **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
8. **Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when:
  - we report criminal conduct occurring on the premises of our facility; or
  - we determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
  - the disclosure is otherwise required by law.
9. **Medical Examiners.** We may provide health information to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances.
10. **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.
11. **Workers' Compensation.** We may disclose health information about you to comply with the state's Workers' Compensation Law.

**III. Uses and Disclosures of Your Health Information with Your Permission.**

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

**A. Authorization Required: Marketing**

We must obtain an authorization for any use or disclosure of your PHI for marketing purposes for any entity outside of our contracted Business Associates, except if the communication is in the form of face-to-face communication between you and a staff member of this agency or a promotional gift of nominal value.

- If the marketing involves financial compensation from a third party, the authorization will state that such compensation is involved.

**B. Authorization Required: Sale of Protected Health Information**

We must obtain an authorization for any disclosure of your PHI which is a sale of PHI to any entity outside of our contracted Business Associates.

- The authorization will distinctly state that the disclosure will result in financial compensation to this agency.

**IV. Your Rights Regarding Your Health Information.****A. Right to Inspect and Copy.**

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. You must submit your request in writing with a brief explanation for purpose to your treating counselor or physician. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

**B. 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 – whether they are decisions about your treatment or payment of your care. To request an amendment, you must submit a written document to our Privacy Officer and tell us why you believe the information is incorrect or inaccurate.

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 and denial) to all future disclosures of the health information that is the subject of your request.

**C. Right to an Accounting of Disclosures.**

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. But this list will not include certain disclosures of your health information, by way of example, those we have made for purposes of treatment, payment, and health care operations. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer.

**D. Right to Request Restrictions.**

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. You may also ask that any part (or all) of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in Section II(B)(2) of this Notice of Privacy Practices. When paying for services with cash, rather than through your health insurance, you have the right to request a restriction on your PHI being sent to your health insurance agency.

To request a restriction, you must either include it (with our approval) in the Consent for Use or Disclosure Form or request the restriction in writing addressed to the Privacy Officer.

**E. Right to Request Confidential Communications.**

There may be circumstances warranting communication with you, for example, rescheduling of an appointment or providing an appointment reminder. You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by telephone.

To request such a confidential communication, you must make your request in writing to your counselor or doctor treating you. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

**F. Right to Opt Out**

We may use or disclose PHI such as your demographic information, treating provider, outcome information, or health insurance status, as necessary, in order to contact you for fundraising activities supported by our office. To the extent this agency engages in fundraising, you have the right to opt out of these communications.

**G. Right to a Paper Copy of this Notice.**

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

**V. Confidentiality of Substance Abuse Records**

For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations. As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- you authorize the disclosure in writing; or
- the disclosure is permitted by a court order; or
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.

A violation by us of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities.

Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

**VI. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer. There will be no retaliation against the individual if a complaint is made.

**VII. Changes to this Notice**

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 each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by accessing our website at [www.preferredbehavioral.org](http://www.preferredbehavioral.org) or by asking for one any time you are at our offices.

**VIII. Who will follow this Notice**

All locations comprising PBHG will follow this notice. In addition, these entities site or locations may share health information with each other for treatment, payment or health care operation purposes.