



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED OR DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SUMMARY

Partnership for Children of Essex, Inc. (PCE) has a legal duty to safeguard your Protected Health Information. In this Notice, “you” or “your” means the youth who is receiving services from PCE. For youths who are under 18 years of age, the youth’s rights under this Notice may be exercised by the youth’s parent(s) or legal guardian(s).

This "Notice of Privacy Practices" (Notice) describes how PCE may use and disclose your "protected health information", (including under the federal privacy law known as HIPAA.) “Protected health information” or “PHI” includes any information that relates to your past, present, or future physical or mental health, the provision of health care, or the payment for this health care, that may identify you personally, such as by name, social security number, address or other identifier.

PCE is required by law to follow the terms of this Notice and to provide a copy of this Notice to you. We will not share your PHI other than as described in this Notice unless you tell us we can in writing. We will let you know if a breach of your PHI occurs that may have compromised the privacy or security of your PHI.

USES

We reserve the right to change this Notice and our privacy practices at any time, and the changes will apply to all PHI we have about you. Whenever we make an important change to our privacy policies, we will change this Notice and post a new Notice in the public areas of our offices. A copy of the Notice is also available on our website, at <https://www.pcenj.org/>.

HOW WE MAY USE AND DISCLOSURE YOUR PROTECTED HEALTH INFORMATION

PCE is permitted or required by law to use or disclose your PHI **without your authorization** in the situations described below.

Other uses and disclosures of your PHI will require your written authorization unless stated in this Notice. You may later revoke your authorization in writing, so long as PCE has not already taken action in reliance on your authorization.

- Treatment – to provide, coordinate or manage your health care and related services. Example: Disclose PHI to a treatment facility or treatment provider relating to your care. When disclosing certain highly sensitive health information (e.g., HIV or AIDS diagnosis or records received from a federally funded substance use disorder treatment facility), we will obtain your written authorization when legally required.
- Payment - To determine coverage; billing; claim management; reviews for medical

necessity; and activities needed to obtain payment for your health services. Example: Obtaining approval for a hospital admission or residential placement may require disclosure of certain PHI to a health plan.

- Health Care Operations - Functions and activities required for PCE to operate its business as a health care provider. Examples: Evaluating health care performance and quality, utilization management, and reviewing health care provider competence. PCE also may disclose your PHI to PCE's attorneys, accountants and other professionals and vendors (known as "business associates") providing services to PCE as may be needed to conduct our business operations.
- Business Associates with whom PCE contracts to perform services for PCE.
- When a disclosure is required by law, for a legal proceeding, or for law enforcement. Examples: To report incidents of known or suspected abuse or neglect to appropriate governmental agencies, in a judicial or administrative proceedings pursuant to a subpoena or court order, or in order to report a crime to law enforcement officials.
- For public health activities. Example: To report information about a death or adverse incident, or information relating to a disease, disability or injury to a public health or other authority.
- For health oversight activities. Example: To assist a government or health oversight agency with audits, or civil or criminal investigations.
- To coroners, funeral directors or for organ donation. Examples: To assist a coroner, medical examiner, or funeral director in official duties, *or to assist organ procurement organizations in organ, eye, or tissue donation.* *
- *For research purposes. In some circumstances, PCE may provide PHI in order to conduct medical research.* *
- To avoid harm. Example: In order to avoid a serious threat to the health or safety of you, another person, or the public, we may report information to law enforcement personnel.
- For specific government functions. Example: For national security or intelligence activities.
- For workers' compensation purposes. Example: In order to process a workers' compensation claim or comply with workers' compensation laws.
- Appointment reminders and health related benefits or services. If you do not wish to receive these communications, please let us know.

*Italicized portion of this regulation may not be applicable to PCE.

USES AND DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

- PCE may provide your PHI to a family member, friend, or other person that you indicate

is involved in your care or the payment for your health care, or to others to assist in disaster or relief efforts, unless you tell us you object. If you are not able to tell us your preference (e.g., you are unconscious), we may share your PHI if we believe it is in your best interest.

USES AND DISCLOSURES WHERE YOUR WRITTEN AUTHORIZATION IS REQUIRED

We must obtain your written authorization before we disclose your PHI for the following purposes:

- *Marketing. However, we may disclose PHI in a face-to-face communication or to provide a promotional gift of nominal value, without obtaining your written authorization. **
- *Sale of your PHI, as defined under HIPAA. **
- *Most sharing of psychotherapy notes if we receive them. **
- Fundraising activities. We may contact you regarding fundraising activities, but you may opt out of such communications.

INCIDENTAL USES AND DISCLOSURES

- Incidental uses and disclosures of your PHI may occur. Example: Discussions of your PHI that non-authorized persons may overhear. We implement reasonable safeguards to avoid such incidental uses and disclosures.

YOUR HEALTH INFORMATION RIGHTS

The law provides you with these rights related to your PHI:

- Inspect and Copy PHI -You may request to review and/or receive a paper or electronic copy of your PHI maintained by PCE in your "designated record set." This includes medical records; billing records; enrollment, payment, claims adjudication, and appeal records; electronic health records; and any other information used to make decisions about your health care. We will provide a copy or summary of your PHI, usually within 30 days. We may charge a reasonable, cost-based fee.
- Correct or Update PHI- If you believe that PCE has PHI about you that is incomplete or incorrect, you may request that it be amended. If PCE disagrees with your request, you will be notified in writing of the reason for the denial., which can sometimes be appealed.
- Alternative Means of Communication- If you want to receive communications from PCE in a different manner or at a different location, you may notify PCE of this. We will accommodate reasonable requests.

**Italicized portion of this regulation may not be applicable to PCE.*

- Ask Us to Limit What We Share - You can ask us not to use or disclose certain of your PHI for treatment, payment, or our health care operations. We are not required to honor

your request, and we may say “no” if it would affect your care. The only exception to this is if you pay for any item or service in full out-of-pocket and ask us not to share your PHI with your insurance company, we will honor your request unless a law requires otherwise.

- List of Disclosures - You may ask us for a list (accounting) of PCE’s disclosures of PHI for the prior 6-year period that are not for treatment, payment, or health care operations or are not specifically authorized by you. We will provide one accounting per 12 month-period and may charge a reasonable, cost-based fee for additional accountings. We will respond to you within 60 days of receipt of your request.
- Choose Someone to Act for You - If someone has legal authority to act for you (e.g., parent of minor child, legal guardian, or health care power of attorney), that person may exercise your rights and make choices about your PHI.
- Copy of This Notice - A paper copy of this Notice will be provided to you upon registration with PCE. You may request a paper or electronic (including through email) copy from us at any time.

- Contact Information and Complaints - You may contact PCE if you have any questions about this Notice or complain if you believe PCE has violated your privacy rights by these methods: Mail: 300 Broadacres Drive, 3rd Floor, Bloomfield, NJ 07003, Attn: Compliance Manager; Phone: 973.323.3000; Email: Compliance_Manager@pcenj.org.

You may file a written complaint with the U.S. Department of Health and Human Services by these methods: Mail: 200 Independence Avenue, S.W., Room 509F, HHH Bldg., Washington, DC 20201; Phone: 877-696-6775; Online: www.hhs.gov/ocr/privacy/hipaa/complaints/.

PCE will not retaliate or penalize you for complaining or asserting your privacy rights in good faith.