

Notice of Privacy Practices of Somerset County Department of Health

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Privacy Policy Contact at the Somerset County Department of Health: John Horensky, Health Officer, 908-231-7155.

Protecting Your Information

- A. We are required to protect the privacy of health information about you and also health information that can be identified with you. For this document, we call all of this information “PHI”, for “protected health information”. We are required to give you notice of what our duties and privacy practices are concerning PHI. Our duties include:
 - 1. Protecting PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care;
 - 2. Notifying you about how we protect your PHI;
 - 3. Explaining, in writing, how, when and why we use and/or disclose your PHI; and
 - 4. Using and disclosing your PHI as we have described in this Notice.
- B. We are required to follow the procedures in this Notice.
- C. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:
 - 1. Posting the revised notice in our offices; and
 - 2. Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice)

We May Use and Disclose PHI About You Without Your Authorization in the Following Circumstances

- A. We may use and disclose your PHI to provide health care treatment to you.
- B. We may use and disclose your PHI to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.
- C. We may use and disclose your PHI to obtain payment for services rendered, if applicable.
- D. Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s). (This allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services, and may lower the cost to you). We may also share portions of your medical information with the following:
 - 1. Insurance companies, health plans and their agents which provide you coverage;
 - 2. To determine eligibility for plans to pay for services rendered (e.g. Medicaid); and
 - 3. Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury.
- E. We may use and disclose your PHI for health care operations.
- F. We may use and disclose PHI in performing business activities, which we call “health care operations”. These “health care operations” allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose PHI about you for “health care operations” include the following:
- G. Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- H. Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, classes, or new procedures.
- I. Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.

- J. Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- K. Cooperating with outside organizations that assess the quality of the care others and we provide. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- L. Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- M. Assisting various people who review our activities. For example, doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws may see PHI.
- N. Planning for our organization's future operations.
- O. Conducting business management and general administrative activities related to our organization and the services it provides.
- P. Resolving grievances within our organization.
- Q. Complying with this Notice and with applicable laws.

We May Also Use and Disclose Your PHI Under Other Circumstances Without Your Authorization

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Remember well that any disclosures made under this section are generally limited to the minimum amount necessary to accomplish the purpose for which the PHI is released. Those circumstances include:

1. When federal, state or local law requires a disclosure;
2. When judicial or administrative proceedings requires a disclosure. For example, we may disclose PHI about you in response to an order of a court or administrative court;
3. When the disclosure relates to victims of abuse (adult or child), neglect or domestic violence;
4. When the use and/or disclosure is necessary for "public health activities". For example, we may disclose your PHI if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition;
5. When the use and/or disclosure is for health oversight activities. For example, we may disclose your PHI to a state or federal health oversight agency that is authorized by law to oversee our operations;
6. When the disclosure is for law enforcement purposes;
7. When the use and/or disclosure relates to decedents. For example, we may disclose your PHI to a coroner or medical examiner for the purposes of identifying you should you die;
8. When the use and/or disclosure relates to cadaveric organ, eye or tissue donation purposes;
9. When the use and/or disclosure relates to medical research. Under certain rare circumstances, we may disclose your PHI for medical research;
10. When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
11. When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State; and
12. When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

You Can Object To Certain Uses and Disclosures

Unless you object, we may use or disclose your PHI in the following circumstances:

1. We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death;
2. We may share with a public or private agency (for example, American Red Cross) your PHI for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances; or
3. If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call John Horensky 908-231-7155.

We May Contact You To Provide Appointment Reminders

We may use and/or disclose your PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

We May Contact You With Information About Treatment, Services, Products or Health Care Providers

We may use and/or disclose your PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. For example, we may tell you about prescription drug program that offers free or reduced cost prescription drugs.

You Have Other Rights: Any Other Use Or Disclosure Of Your PHI Requires Your Written Authorization

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose your PHI. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures that were being processed before we received your cancellation, unless the authorization was obtained as a condition of obtaining insurance coverage.

You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request that we restrict the use and disclosure of your PHI beyond the restrictions stated in this document. ***We are not required to agree to your requested restrictions.*** However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the State and uses and disclosures described in section III of this Notice. You may request a restriction by contacting, in writing, the privacy policy contact person for Board of Health/Department of Health, John Horensky, 908-231-7155. Any such granted restrictions may only be granted in writing, and only by the contact person.

You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about your PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be made in writing to the contact person for the Board of Health/Department of Health, John Horensky, 908-231-7155. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.

You have the right to see and copy your PHI.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be made in writing to the contact person for the Board of Health/Department of Health, John Horensky, 908-231-7155. We may charge you related fees for the copying of your PHI. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the your PHI, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

You have the right to request amendment of PHI about you.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have

the right to see and copy the record as described in the paragraph immediately above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received your PHI and who need the amendment. You may request an amendment of your PHI by contacting, in writing, the contact person for the Board of Health/Department of Health, John Horensky, 908-231-7155. Your request must set out in detail the amendment sought, and the reason you contend your PHI should be amended.

You have the right to a listing of disclosures we have made.

If you ask, in writing, the contact person Board of Health/Department of Health, John Horensky, 908-231-7155, you have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (but not including disclosures made prior to April 14, 2003). We are not required to include disclosures:

1. For your treatment;
2. For billing and collection of payment for your treatment;
3. For our health care operations;
4. Requested by you, that you authorized, or which are made to individuals involved in your care;
5. Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see section III, above);

6. As part of a limited set of information which does not contain certain information which would identify you; and
7. The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee for providing it.

You have the right to a copy of this Notice.

You have the right to request a copy of this Notice at any time by requesting the same from the contact person of the department that provided you with this notice. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as reasonably possible).

You may file a complaint about our privacy practices.

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you can contact: State of New Jersey, Division on Civil Rights, Trenton Regional Office, 140 East Front Street, 6th Floor, P.O. Box 090, Trenton, New Jersey 08625-0090. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.