



## Health Insurance Portability and Accountability Act (HIPAA) HITECH & PART 2 NOTICE OF PRIVACY PRACTICES

Original Effective Date: September 4, 2020

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I. WHO WE ARE**

This Notice describes the privacy practices of Community Treatment Solutions (We or Us), and our employed physicians, psychologists, nurses, clinicians, other health care professionals, employees and personnel. This Notice applies to all services that are provided to you at any of our programs.

Community Treatment Solutions is committed to protecting your medical information. We are required by law to:

- Maintain the privacy of your medical information;
- Give you a notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice currently in effect.

### **II. WHY YOU NEED THIS NOTICE**

This Notice of Privacy Practices describes how we may use and disclose your medical information. It also describes your rights to access and control your medical information. We are committed to maintaining the privacy of your **protected health information** (PHI). Your PHI includes medical information about you such as your medical record and the care and services that you have received from us. We need this information to provide you with the appropriate level of care and also to comply with certain legal obligations we may have. We are required by law to provide you with this Notice of our legal duties and privacy practices with respect to your PHI that we maintain.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act, the federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations at 42 C.F.R. Part 2 ("Part 2"), and applicable State laws place certain obligations upon us with regard to your PHI and require that we keep private and confidential any PHI that identifies you. Under these laws, we may not disclose any information to anyone outside our facility that would, directly or indirectly, identify you as an alcohol or drug treatment patient, or as having received mental health services. Nor may we disclose any other PHI except as permitted by law. We take this obligation and your privacy seriously and when we need to use or disclose your PHI, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your PHI with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request unless otherwise permitted by law.

#### ***What does this Notice cover?***

This Notice of Privacy Practices applies to *all* of your PHI used to make decisions about your care that we *generate or maintain*, including sensitive information such as mental health, communicable disease and drug and alcohol abuse information. It applies to your PHI in *written* and *electronic* form. It applies to your PHI while you are living and for 50 years after your death. Different privacy practices may apply to your PHI that is created or kept by other people or entities.

### III. USES AND DISCLOSURES OF YOUR PHI THAT DO NOT REQUIRE YOUR AUTHORIZATION

The HIPAA Privacy Rule permits, but does not require us to obtain consumer consent for uses and disclosures of protected health information for treatment, payment, and health care operations. We are permitted by law to use and disclose your PHI without your written or other form of authorization under certain circumstances as described below; this means that we do not have to ask you before we use or disclose your PHI for purposes listed below in Section III of this Notice. Not every use or disclosure in a category will be listed. If you are concerned about a possible use or disclosure of any part of your PHI, you may request a restriction. Your right to request a restriction is described below in the Section V of this Notice regarding consumer rights.

- **Treatment** - We will use and disclose your PHI to provide you with medical treatment and services. We will record your PHI in an electronic medical record to determine the best course of treatment for you. This facilitates access to PHI by other staff within Community Treatment Solutions as well as other health care providers who provide care to you. We will generally seek your authorization prior to disclosures to outside healthcare providers, except in an emergency and as otherwise authorized by law.
  - *Examples:*
    - (1) We may send PHI to doctors, nurses, technicians, students or other personnel who are involved in taking care of you. We may disclose your PHI for the treatment activities of any other health care providers.
    - (2) We may send a copy of your medical record to a physician who needs to provide follow-up care.
    - (3) We may send medication information to your pharmacy.
  
- **Payment** – We may use and disclose PHI about you for our payment activities as permitted by law (*exceptions may require specific consents for substance abuse treatment covered under 42 CFR Part 2*). Common payment activities include, but are not limited to: Determining eligibility under a plan, as well as Billing and Collection activities.
  - *Examples:*
    - (1) Your PHI may be released to an insurance company to obtain payment for services.
    - (2) We may disclose PHI about you to another health care provider or covered entity (i.e. pharmacy) for its payment activities.
    - (3) We may send your health plan coverage information to an outside laboratory that needs the information to bill for tests that it provided to you.
  
- **Health Care Operations** - We may use and disclose your PHI for our operational or administrative purposes. This includes our internal administration and planning and activities to improve the quality and cost effectiveness of the care that we deliver to you. Common operations activities include, but are not limited to: Conducting quality assessment and improvement activities; Reviewing the competence of health care professionals; Arranging for legal or auditing services; Business planning and development; Business management and administrative activities; and Communicating with consumers about our services.
  - *Examples:*
    - (1) We may use your PHI to conduct internal audits to verify that billing is being conducted properly;
    - (2) We may use your PHI to contact you for the purposes of conducting consumer satisfaction surveys or to follow-up on the services we provided.
    - (3) We may use your PHI to contact you to provide appointment reminders.
    - (4) We may use your PHI where we have entered into an agreement with a qualified service organization/business associate to perform certain services on our behalf if we have received satisfactory assurance that the other entity will properly safeguard your PHI. *Example:* We may contract with another entity to provide transcription or billing services.
  
- **Health Information Exchange** - We may participate in a health information exchange (HIE) Generally, an HIE is an organization in which providers exchange consumer information in order to facilitate health care, avoid duplication of services (such as tests) and reduce the likelihood that medical error will occur. By participating in a HIE, we may share your health information with other providers that participate in the HIE or participants of other HIEs. You have the right to “opt-out” or decline participation in the HIE. If you do **not** want your PHI to be available through the HIE, you must request a restriction using the process outlined below.
  
- **Individuals Involved in Your Care or Payment for Your Care** – We may release:
  - Non-specific PHI about you to a friend, family member or legal guardian who is involved in your medical care if you do not object. We may tell your family or friends your condition and that you are in the hospital. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **Research** – We may use and disclose PHI about you to researchers. In most circumstances, you must sign a separate form specifically authorizing us to use and/or disclose your PHI for research. However, there are certain exceptions. Your PHI may be disclosed without your authorization for research if the authorization requirement has been waived or altered by a special committee that is charged with ensuring that the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your PHI. Your PHI also may be disclosed to researchers to prepare for research as long as certain conditions are met. PHI regarding people who have died can be released without authorization when certain circumstances are met. Limited PHI may be released to a researcher who has signed an agreement promising to protect the information released.
- **Fundraising** – We may use PHI about you to contact you in the future to raise money for Community Treatment Solutions. We may disclose PHI to a foundation related to Community Treatment Solutions so that the foundation may contact you to raise money on our behalf. We only will release limited information, such as your name, address and phone number, the dates you received treatment or services at Community Treatment Solutions, the department in which you received services, your treating physician and your health insurance status for fundraising purposes. Each solicitation will include information on how to opt-out of receiving further fundraising communications from Community Treatment Solutions. You also may notify Community Treatment Solutions at any time at 1289 Route 38 West, Suite 100, Hainesport, NJ 08036 or [ombudsperson@ctsnj.org](mailto:ombudsperson@ctsnj.org) to opt-out of receiving further fundraising communications.
- **Treatment Alternatives** – We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Food and Drug Administration (FDA)** – We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or postmarketing surveillance information to enable product recalls, repairs or replacements.
- **Change of Ownership** – In the event that our agency is sold or merged with another organization, your PHI will become the property of the new owner.
- **Required by Law** – We may disclose your PHI when required by federal, state or local law or regulation.
  - *Examples include but are not limited to:*
    - (1) **Public Health Activities:** We may disclose your PHI for certain public health activities *only to the extent required by law*, including reporting communicable diseases as well as known and/or suspected child abuse or neglect to public health authorities or other government authorities authorized by law to receive such reports.
    - (2) **Victims of Abuse, Neglect:** In most circumstances, we may release PHI upon request to the New Jersey Division of Child Protection and Permanency or other appropriate public health authority in connection with investigations and reports of child abuse or neglect;
    - (3) **Court Order:** When we are ordered by a judge to release PHI in response to a court order.
    - (4) **Duty to Warn and Protect:** When there is a legal duty to warn/protect; if you make threats to an individual, notification may be made to that individual, parent/guardian and/or authorities based on State law.
    - (5) **Decedents:** We may disclose your health information to coroners or officials within the offices of the State Medical Examiner or a County Medical Examiner making investigations and conducting autopsies, pursuant to State law.
    - (6) **Law Enforcement Officials:** Certain PHI may be released where directly relevant to crimes or threats of crime committed on Community Treatment Solutions property or against Community Treatment Solutions personnel. We may also release PHI to law enforcement officials under other circumstances to the extent permitted by law.
- **Psychiatric Emergency Screening Center** – If you are evaluated by a psychiatric screening center we may disclose your PHI to facilitate the emergency evaluation.
- **Deceased Information** – Your PHI may be released, after your death, to a personal representative as defined by state law. It may also be released to family members and others who are involved in your care to the extent permitted by state law, unless doing so is inconsistent with any of your prior expressed preferences that are known to us. We may also disclose a deceased consumer's PHI without authorization to a healthcare provider who is treating a surviving relative for similar medical conditions such as an inherited disease.

- **Health Oversight Activities** – We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
  - *Example:*
    - (1) We may disclose your medical records with the office of licensing or with a third party payer or to a health oversight agency that monitors the health care system and ensures compliance with the rules of government health programs, such as Medicare or Medicaid
    - (2) We may share your PHI with a professional standards review organization or with an accreditation reviewer.

#### IV. USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

##### ***What if you want to use and/or disclose my PHI for a purpose not described in this Notice?***

In general, we will need your **specific written authorization** on our HIPAA Authorization Form to use or disclose your PHI for any purpose other than those listed above in Section III. For example, we would need your written authorization to disclose psychotherapy notes or information identifying you as an alcohol or drug treatment consumer, or need you to indicate on the HIPAA Authorization Form that we may send you marketing materials.

An “**authorization**” is required for uses and disclosures of protected health information not otherwise allowed by the law. It is a detailed document that gives Community Treatment Solutions permission to use protected health information for specified purposes, which are generally other than treatment, payment, or health care operations, or to disclose protected health information to a third party specified by the individual.

We will seek your **specific written authorization** for *at least* the following information unless the use or disclosure would be otherwise permitted or required by law as described above. If you provide us with authorization to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will not use or disclose your PHI for the reasons covered by your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization. I understand that any revocation must include my name, address, telephone number, date of this authorization, my signature, and that I should send it to my service provider of record. You may also contact the agency’s Privacy Officer at: [ombudsperson@ctsnj.org](mailto:ombudsperson@ctsnj.org).

Your authorization is required for the following purposes:

- **HIV/AIDS information.** In most cases, we will **NOT** release any of your HIV/AIDS related information unless your authorization expressly states that we may do so. There are certain purposes, however, for which we may be permitted to release your HIV/AIDS information without obtaining your express authorization. For example, to comply with a court order or, when otherwise required by law, to the Department of Health or other governmental entity.
- **Sexually transmitted disease information.** In most cases, we must obtain your specific authorization prior to disclosing any information that would identify you as having or being suspected of having a sexually transmitted disease. We may use and disclose information related to sexually transmitted diseases without obtaining your authorization only where permitted by law, including to the Department of Health and only under limited circumstances.
- **Tuberculosis Information.** We must obtain your specific written authorization prior to disclosing any information that would identify you as having or being suspected of having tuberculosis (TB). We may use and disclose TB information where authorized by law, to the Department of Health, or otherwise authorized by court order.
- **Psychotherapy notes.** We must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. Where the psychotherapy notes involve family therapy and the records for all participants have been integrated, no single family member shall have access to those records unless all adult participants and the guardians of any minor participants agree through a signed authorization form.
- **Mental health information.** We must obtain your specific written authorization prior to disclosing certain mental health information unless otherwise permitted by law.
- **Drug and alcohol information.** We must obtain your specific written authorization prior to disclosing information related to drug and alcohol treatment or rehabilitation under certain circumstances such as where you received drug or alcohol treatment at a federally funded treatment facility or program.

- Genetic information. We must obtain your specific written authorization prior to obtaining or retaining your genetic information, or using or disclosing it for treatment, payment or health care operations purposes. We may use or disclose your genetic information without your written authorization only where it would be permitted by law, such as for paternity tests for court proceedings, newborn screening requirements, identifying a body or otherwise authorized by a court order.
- Information related to emancipated treatment of a Minor. If you are a minor who has sought emancipated treatment from us, i.e. treatment related to your pregnancy or treatment of your child, or a sexually transmitted disease (STD), we must obtain your specific written authorization prior to disclosing any of this information to another person, including your parent or guardian, unless otherwise permitted or required by law.
- Marketing activities. **We must obtain your specific written authorization in order to use any of your PHI to mail or email you marketing materials.** However, we may provide you with marketing materials face-to-face without obtaining authorization, in addition to communicating with you about services or products that relate to your treatment, case management, or care coordination, alternative treatments, therapies, providers or care settings. If you do provide us with your written authorization to send you marketing materials, you have a right to revoke your authorization and may do so at any time for future marketing communications. To revoke an authorization, please contact the service provider of record. Any revocation must include consumer's name, address, telephone number, date of the authorization, signature, and should be directed to the service provider of record. You may also contact the Privacy Officer at: [ombudsperson@ctsnj.org](mailto:ombudsperson@ctsnj.org).
- Activities where we receive money for exchanging PHI. For certain activities in which we would receive money (remuneration) directly or indirectly from a third party in exchange for your PHI, we must obtain your specific written authorization prior to doing so. However, we would not require your authorization for activities such as for treatment purposes. You have a right to revoke your authorization at any time. To revoke an authorization, please contact the service provider of record. Any revocation must include consumer's name, address, telephone number, date of the authorization, signature, and should be directed to the service provider of record. You may also contact the Privacy Officer at: [ombudsperson@ctsnj.org](mailto:ombudsperson@ctsnj.org).

## V. YOUR RIGHTS REGARDING YOUR PHI

You have the rights described below in regard to the PHI that we maintain about you. You are required to submit a written request to exercise any of these rights. You may contact your treatment provider and/or a Privacy Official to obtain a form that you can use to exercise any of the rights listed below.

- **Right to Inspect and Copy** – You have the right to inspect and obtain a copy of PHI that we maintain. We will provide you with access to your PHI in the form or format requested if it is available in such format.
  - We may charge a fee for the costs associated with your request, including the cost of copies, postage or other supplies, consistent with state law. If you want a paper copy of your PHI, we may charge \$1.00 per page. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
  - We may deny your request to inspect and/or copy or to a portion of your PHI in certain circumstances. For example, where your medical record contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.
- **Right to Request Amendment** – If you feel that PHI that we created is incorrect or incomplete, you may submit a request for an amendment for as long as we maintain the information. *You must provide a reason that supports your amendment request.* We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that:
  - We did not create, unless the person or entity that created the information is not available to make the amendment;
  - Is not part of the PHI that we maintain;
  - Is not part of the information that you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures** – You may request an accounting of certain disclosures we have made of your PHI from a designated record set within the period of **three (3) years** from the date of your request for the accounting. This does not include disclosures for treatment, payment, or health care operations and disclosures authorized by the individual. The first accounting you request within a period of twelve (12)

months is free. Any subsequent requested accountings may result in a reasonable charge for the accounting statement. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Access Report** - You may request an access report of all accesses to your PHI maintained in an electronic designated record set within the period of **three (3) years** from the date of your request for the access report. The first access report you request within a period of twelve (12) months is free. Any subsequent requested accountings may result in a reasonable charge for the access report. We will generally respond to your request in writing within thirty (30) days from receipt of the request.
- **Right to Notice of Breach** - We are required by law to protect the privacy and security of your PHI through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured PHI and inform you of what steps you may need to take to protect yourself.
- **Right to Request Additional Restrictions** – You have the right to request a restriction or limitation on the PHI we use or disclose about you unless our use and/or disclosure is required by law. Although we will carefully consider all requests for additional restrictions on how we will use or disclose your PHI, *We are not required to grant your request unless your request relates solely to disclosure of your PHI to a health plan or other payor for the sole purpose of payment or health care operations for a health care item or service that you or your representative have paid us for in full and out-of-pocket.* If we agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment to you. In your request, you must indicate:
  - The type of restriction you want and the information you want restricted; and
  - To whom you want the limits to apply, for example, your spouse.
- **Right to Request Confidential Communications** – You have the right to make a reasonable written request to receive your PHI by alternative and reasonable means of communication or at alternative reasonable locations. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to an Electronic and/or Paper Copy of This Notice** – You have the right to a paper copy of this notice. Copies of this notice will be available at each program. You can obtain an electronic copy of this notice on our website at [www.ctsnj.org](http://www.ctsnj.org).

## VI. INFORMATION REGARDING THE LENGTH AND DURATION OF THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. Changes to this Notice will apply to all PHI we maintain. However, if we do change this Notice, we will only make changes to the extent permitted by law. Copies of the current notice will be posted at all agency locations and will be available for you to pick up on each visit to Community Treatment Solutions.

## VII. COMPLAINTS / ADDITIONAL INFORMATION

### ***What happens if my PHI is used by or disclosed to a person or entity that should not have access to it?***

We are required to notify you of any acquisition, access, use, or disclosure of your PHI that is inconsistent with the HIPAA, the federal law governing the protection of PHI.

### ***What if I have questions or need to report a problem?***

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights of the Department of Health and Human Services. To file a complaint with us, or if you would like more information about our privacy practices, contact our Privacy Official at 609-267-5656 extension 3230 or by email at [ombudsperson@ctsnj.org](mailto:ombudsperson@ctsnj.org). The Privacy Official's mailing address is: 1289 Route 38 West, Suite 100, Hainesport, NJ 08036. To file a complaint with the Office of Civil Rights of the Department of Health and Human Services, you must submit the complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. The complaint must be submitted in writing. Information on how to file a complaint can be located on the Office of Civil Rights website at: <http://www.hhs.gov/ocr/privacy/index.html> or our Privacy Official can provide you with current contact information. ***You will not be penalized for filing a complaint.***

Violation of the Confidentiality Law is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.