

## New Jersey Camp Jaycee

### NOTICE OF PRIVACY PRACTICES

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

*New Jersey Camp Jaycee* is committed to protecting the privacy of the personal and health information we collect or create as part of providing services to our consumers. This Notice, which is required by law, describes *New Jersey Camp Jaycee's* duties with respect to the privacy of 'Protected Health Information' (PHI), *New Jersey Camp Jaycee's* use and disclosure of PHI, patient rights, and contact information for comments, questions and complaints.

The effective date of this Notice is January 31, 2011. *New Jersey Camp Jaycee* is required to abide by the terms of the Notice of Privacy Practices currently in effect. *New Jersey Camp Jaycee* reserves the right to amend this Notice of Privacy Practices at any time, to reflect changes in our privacy practices, and to apply these changes retroactively. Any such changes will be applicable to and effective for all files that we maintain including PHI we created or received prior to the effective date of the notice revision. Any revised Notice of Privacy Practice will be mailed to you or provided upon request.

#### NEW JERSEY CAMP JAYCEE PRIVACY PRACTICES

*New Jersey Camp Jaycee* obtains most of its PHI directly from you, such as through applications, assessments and direct questions. We may collect additional personal information depending upon the nature of your needs and consent to make additional referrals or inquiries. We may also obtain PHI from a community health care agency, other governmental agencies or other health care providers as we set up your service arrangements. PHI typically includes your name, address, date of birth, billing arrangements, care plan, etc. PHI does not include information that is de-identified or cannot be linked to you.

*New Jersey Camp Jaycee* has adopted policies and procedures to require its employees to obtain, maintain, use and disclose PHI in a manner that protects your privacy and complies with all state and federal laws.

Almost all PHI is secured in an individual's file with access restricted to those who provide your services. *New Jersey Camp Jaycee* takes other precautions to protect PHI from unauthorized access that is stored in other written records, in computer systems, or by other means. We maintain your records for as long as required by law or for seven years after permanently discharge you from services.

Employees are trained to understand the importance of protecting the confidentiality of PHI. *New Jersey Camp Jaycee* employees are required to use and disclose only the minimum amount of PHI needed for service delivery, payment for services, or other legitimate uses for our operations. If we

disclose PHI to other persons not in *New Jersey Camp Jaycee*'s workforce or to other organizations that are needed to help us perform our services (to so-called "Business Associates"), we do so under contractual obligations of privacy and PHI safeguards.

In some cases, *New Jersey Camp Jaycee* will be acting as a Business Associate of another agency or community provider, and will follow the privacy practices required in our contract with that organization. You would receive a separate copy of those providers Notices of Privacy Practices.

## **CERTAIN USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION**

*The law permits us to use and disclose your PHI for the following reasons without your authorization:*

**For Your Health Treatment:** *New Jersey Camp Jaycee* may use or disclose your PHI to physicians, nurses and other authorized professionals who need your PHI in order to treat you.

**To Obtain Payment:** We may use or disclose your PHI to insurance companies, government agencies, or health plans to assist us in getting paid for our services.

**For Our Operations:** We may use or disclose your PHI in the course of activities necessary to support our operations, such as performing quality checks on our employee services.

**As Permitted or Required by Law:** In some cases we are required by law to disclose PHI, such as by statute, regulation, court order, government agency, government investigations, or Medicare or other program requirements to various government officials of agencies. We may disclose PHI if we reasonably believe an individual to be a victim of abuse, neglect, or domestic violence; for judicial and administrative proceedings; or for law enforcement purposes.

**For Public Health Activities:** We may disclose your PHI for public health purposes, such as reporting on communicable diseases results to public health departments as required by law, or when required for law enforcement purposes.

**For Health Care Oversight:** We may disclose your PHI in connection with governmental oversight, such as for licensure, auditing, and for administration of government benefits. The NJ Division of Developmental Disabilities is an example of an agency that may process accounts for *New Jersey Camp Jaycee*.

**To Avert a Serious Threat to Health or Safety:** We may disclose if, we believe in good faith, that doing so will prevent or lessen a serious or imminent threat to the health and safety of you, another person, or to the general public.

**Incidental Uses and Disclosures:** Incidental uses and disclosures of PHI are those that cannot be reasonably prevented, are limited in nature, and that occur as a by-product of a permitted use or disclosure. Such incidental uses and disclosures are permitted as long as we use reasonable safeguards and use or disclose only the minimum PHI necessary. For example, parts of the

disclosures we make in your home might be overheard by someone that you have not indicated is involved in your care.

### **USES AND DISCLOSURES WITH OPPORTUNITY TO AGREE OR TO OBJECT**

To Personal Representatives: This may be a person designated by you to act on your behalf, in accordance with state law, in making decisions about your care. We will act according to your written instructions in your case management file and our ability to verify the identity of anyone claiming to be your personal representative

To Family, Friends, or Others. This may be to persons that you indicate are involved in your care or the payment of your care, when you are present, as long as you agree, do not express an objection, or we can infer that you do not object.

### **ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION.**

You may give us written authorization permitting us to use or disclose your PHI for other purposes not listed here. This form is available from the *New Jersey Camp Jaycee* office at the address and phone number where your files are maintained. You have the right to revoke your authorization at any time.

### **YOUR RIGHTS CONCERNING PRIVACY**

Access to Certain Records: You have the right to inspect and copy your PHI in a designated record set, except where State law may prohibit patient access. A designated record set contains medical and billing and case management information. If we do not have your PHI but know who does, we will tell you how to get it. If our PHI is a copy of information maintained by your doctor or health care provider, we may direct you to request the PHI from them. If *New Jersey Camp Jaycee* produces copies for you, we may charge you for each page up to a maximum fee of \$50.00.

Amendments to Certain Records: You have the right to request amendments to your PHI, if, for example, you believe a mistake has been made or a vital piece of information is missing. The *New Jersey Camp Jaycee* is not required to make the requested amendments and we will inform you in writing of our response to your request.

Accounting of Disclosures: You have the right to receive an accounting of disclosures of your PHI that were made by *New Jersey Camp Jaycee* for a period of up to six years prior to the date of your written request, but not including any disclosures made prior to January 31, 2011, when the HIPAA privacy regulations went into effect. This accounting does not include disclosures made for purposes of treatment, payment, health care operations, or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health reporting or in response to a subpoena or court order.

Restrictions: You have the right to request that we agree to restrictions on certain uses and disclosures of your PHI, but we are not required to agree to your request. *You cannot place limits on uses and disclosures that we are legally required or allowed to make.*

Revoke Authorizations: You have a right to revoke any authorizations you have provided, except to the extent that *New Jersey Camp Jaycee* has already relied upon the prior authorization.

Delivery to Alternate Address: You have the right to request that we send your PHI to an alternate address.

Complaints: If you believe your privacy rights have been violated, you have a right to file a complaint by contacting us at the address and/or phone number indicated below.

Copy of Notice: You have a right to request a copy of our Notice of Privacy Practice at any time. If *New Jersey Camp Jaycee* is under contract with another provider or agency in support of your case, *New Jersey Camp Jaycee* will direct you to request a copy of the Notice of Privacy Practice from that other provider.

## **HOW TO EXERCISE YOUR RIGHTS**

Write to us with your specific written request and be sure to include sufficient information for us to identify your records. *New Jersey Camp Jaycee* will consider your request and provide you a response within a reasonable timeframe.

Should we deny your request, you have the right to ask for the denial to be reviewed by another healthcare professional designated by *New Jersey Camp Jaycee*. *New Jersey Camp Jaycee* will not retaliate against you because you decided to exercise your rights as described in this Notice.

How to Contact Us:

If you want additional copies of "*New Jersey Camp Jaycee* Notice of Privacy Practices" or want to inquire about any changes to our Notice of Privacy Practices, have questions or concerns regarding the privacy or confidentiality of your PHI, or you wish to register a complaint, please contact us at:

*New Jersey Camp Jaycee*  
985 Livingston Ave.  
North Brunswick, NJ 08902  
732-525-1343  
info@campjaycee.org

Attn: Privacy Officer

You also have the right to register a complaint with the Secretary of the U.S. Department of Health and Human Services.