



Child and Family Counseling Center, LLC

Larry Fisch, MSW, LCSW
320 Raritan Ave., Suite 307A
Highland Park, NJ 08904

Notice of Privacy Practices

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.

I. What this Is

This Notice describes the privacy practices of the **Child and Family Counseling Center**.

II. Our Privacy Obligations

We are maintained by law to maintain the privacy of medical and health information about you (“**Protected Health Information or “PHI”**”) and to provide you with this Notice of our legal duties and privacy practices with respect to this PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which will be described in section IV below, we must obtain your written authorization in order to use and/or disclose you PHI. However, we do not need any type of authorization from you for the following disclosures:

A. Use and Disclosure for Treatment, payment, and Healthcare Operations.

We may use and disclose PHI (including, if any, of your HIV/AIDS related venereal disease, or tuberculosis information) in order to treat you, obtain services provided to you and conduct our “health care operation” (e.g., internal administration, quality improvement and customer service) as detailed below:

- ❖ **Treatment:** We use and disclose PHI to provide treatment and other services to you-- for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

- ❖ Payment: We may use and disclose PHI to obtain payment for services that we provide to you—for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges the cost of some or all of your health care (“Your Payor”), or to verify that Your Payor will pay for health care.
- ❖ Health Care Operations: We may use and disclose PHI for our health care operations, which include internal administration and planning various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses, and other health care workers. We may disclose PHI to our office manager in order to resolve any complaints that you may have and to ensure that you have a pleasant visit with us.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

B. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. If you object to such disclosure, please make the objections known in advance.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person’s involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

C. Public Health Activities. We may disclose your PHI for the following public health activities:

- to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;
- to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration;

- to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition

D. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agencies, authorized by law to receive reports of such abuse, neglect, or domestic violence.

E. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law.

I. Organ and Tissue Procurement. If you are or become an organ donor, we may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

J. Research. We may use or disclose your PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.

K. Health or Safety. We may use or disclose your PHI to prevent or lessen a threat of imminent, serious physical violence against you or another readily identifiable individual or if there is a threat to the general public.

L. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances required by law.

M. Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

N. As required by law. We may use and disclose your PHI when required to do so by any other law or regulation not already referred to above.

USES and DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

A. Use or Disclosure with Your Authorization: For any purpose other than the ones described above, we only may use or disclose your PHI when you grant us your written authorization on our authorization form (“Your Authorization”). For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

B. Marketing Communications: We must also obtain your written authorization prior to using PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter without obtaining authorization.) In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your authorization. We may use or disclose PHI and then contact you about the services and products.

C. HIV/AIDS Related Information: Your authorization must expressly refer to your HIV/AIDS related information in order to permit us to disclose your HIV/AIDS related information. In most cases, we will need to obtain your specific written authorization to release your HIV/AIDS related information. However, there are certain purposes for which we may disclose your HIV/AIDS information, without obtaining your authorization:

- your diagnosis and treatment;
- scientific research;
- management audits, financial audits or program evaluation;
- medical education;
- disease prevention and control when permitted by the New Jersey Department of Health and Senior Services;
- to comply with a certain type of court order; and
- when required by law, to the Department of Health and Senior Services or another entity.

You also should note that we may disclose your HIV/AIDS related information to third party payers (such as your insurance company or HMO) in order to receive payment for the services we provide to you. Finally, we may release general HIV/AIDS related information that has been “de-identified” with respect to you and other patients without specific authorization; however, the information will not be able to be used to identify you.

D. Genetic Information: Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements, or pursuant to a court order), we will obtain your special written consent prior to obtaining or retaining your genetic information or using or disclosing your genetic information for treatment, payment or health care operations purposes. We may use or disclose your genetic information for any other reason only when your authorization expressly refers to your

genetic information or when disclosure is permitted under New Jersey State law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order).

E. Sexually Transmitted Disease Information. Your authorization must expressly refer to your sexually transmitted disease information in order to permit us to disclose any information identifying you as having or being suspected of having a sexually transmitted disease. However, there are certain purposes for which we may disclose your sexually transmitted disease information, without obtaining your authorization including:

- to a prosecuting officer or the court if you are being prosecuted under New Jersey law,
- to the Department of Health and Senior Services, or
- to your physician or a health authority, such as the local board of health.

Your physician or a health authority may further disclose your sexually transmitted disease information if he/she/it deems it necessary in order to protect the health or welfare of you, your family or the public. Under New Jersey law, we may also grant access to your sexually transmitted disease information upon the request of a person (or his/her insurance carrier) against whom you have commenced a lawsuit for compensation or damages for your personal injuries.

E. Tuberculosis Information. Your authorization must expressly refer to your tuberculosis information in order to permit us to disclose any information identifying you as having tuberculosis or refusing/failing to submit to a tuberculosis test if you are suspected of having tuberculosis or are in close contact to a person with tuberculosis. However, there are certain purposes for which we may disclose your tuberculosis information, without obtaining your authorization, including for research purposes under certain conditions, pursuant to a valid court order, or when the Commissioner of the Department of Health and Senior Services (or his/her designee) determines that such disclosure is necessary to enforce public health laws or to protect the life or health of a named person.

F. Psychotherapy Notes: We will obtain your authorization to disclose any psychotherapy notes as defined by law about you except under certain circumstances as permitted by regulation.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

A. For Further Information or Complaints: If you desire further information about your privacy rights or disagree with a decision that we made about access to PHI, you may contact us directly. You may also file written complaints with the Deirector, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, we will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

B. Right to Request Additional Restrictions: You may request restrictions on our use and disclosure of your PHI:

- for treatment, payment and health care operations,
- to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or
- to notify or assist in the notification of such individuals regarding your location and general condition.

While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.

C. Right to Receive Confidential Communications: You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Inspect and Copy Your Health Information: You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please request a Record Request Form, and return the form completed. If you request copies, you will be charged \$1.00 for each page or \$100 for the entire record, whichever is less, as permitted by New Jersey law. You will also be charged for postal costs if you request that we mail the copies. We will comply with the law if the clinician says that review of any record would be harmful to your best interest. For example, we may withhold certain portions of a psychiatric record if the clinician believes that such review of the complete record would be harmful to your best interest.

You should take note, that if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to pregnancy, sexually transmitted diseases, substance use or abuse, and/or fertility awareness services).

E. Right to Revoke Your Authorization: You may revoke your authorization or your marketing authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement. A form of Written Revocation is available upon request.

F. Right to Amend Your Records: You have the right to request that we amend PHI maintained in your records, file or billing records. If you desire to amend your records, please obtain an amendment request form from the Health Information Management Department and submit the completed form to the Health Information Management Department. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply, or unless you are requesting us to amend PHI that we maintain, but that we have not authored (i.e., another provider's records "incorporated" into your record here. We will respond to your request to amend your records within thirty (30) days of receiving the request. We are not required to amend incorporated records, such as records received from another health care facility or provider.

F Right to Receive An Accounting of Disclosures: Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable amount for the accounting statement. We will respond to your request for an accounting within thirty (30) days of receiving the request.

G. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in a clear and prominent location where it is reasonable to expect individuals seeking service from us be able to read the notice.