

Notice of Privacy Practices

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, this notice describes how mental health/counseling & health information about you may be used and disclosed and how you can get access to this information.

HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your protected health information (PHI) for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a notice of privacy practices for use and disclosure of PHI for treatment, payment and health care operations. It also requires that we obtain your signature acknowledging that we have provided you with this information.

We value the trust you have placed in the Wellness Center for Counseling and Health at Centenary University. Just as you have placed your trust in us to provide quality care, we give you our commitment to treat all of the information you give us responsibly.

Please note that the Wellness Center for Counseling and Health at Centenary University is one department that provides both Health and Mental Health Services. As such, limited PHI is shared between Counseling and Health staff to facilitate and coordinate patient treatment as needed. This information includes appointments, providers, diagnoses, medications, and other treatment information deemed necessary to ensure responsible continuity and coordination of care. Access to your PHI will be limited to those who are authorized to view it. Patient records, including all PHI, are maintained on a secure electronic medical records system that is fully compliant with the requirements of HIPAA.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your PHI, for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
 - “Treatment, Payment and Health Care Operations”
 1. Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician.
 2. Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 3. Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within our clinic, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our clinic such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. For example, if you want your lab work sent to your private physician. Certain parts of your health record require a higher level of authorization. Examples are HIV/AIDS status, sexual assault/victimization and drug and alcohol treatment. We will also need to obtain authorization before releasing your psychotherapy notes, if you are participating in counseling. “Psychotherapy notes” are notes we have made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Emergencies:** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your written consent. If this happens, we will try to obtain your written consent as soon as we reasonably can after we treat you.
- **Public Health Risks:** We may disclose your health information to authorized public health or government officials as required by law for public health activities. These activities may include the following:
 - o To the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service.
 - o To prevent or control disease, injury or disability.
 - o To report disease or injury.
 - o To report births and deaths.
 - o To report reactions to medications and food or problems with products.
 - o To notify people of recalls or replacement of products they may be using.
 - o To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Child Abuse:** If we have reasonable cause to believe that a child has been subject to abuse, we must report this immediately to the New Jersey Division of Youth and Family Services.
- **Adult and Domestic Abuse:** If we reasonably believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, we may report the information to the county adult protective services provider.
- **Health Oversight:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include for example, audits, investigations, inspections, and licensure. These activities are necessary to monitor the health care system, government programs, and compliance with civil rights laws.
- **Serious Threat to Health or Safety:** If you present to our office with an imminent threat to your physical health, we must take steps to protect your health. If you communicate to us a threat of imminent serious physical violence against a readily identifiable victim or yourself

or the public and we believe you intend to carry out that threat, we must take steps to warn and protect. We also must take such steps if we believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps we take to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other health care facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the intended victim is under 18, and warning your parents if you are under 18.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. We must inform you in advance if this is the case.
- **Law Enforcement:** We may disclose health information if asked to do so by a law enforcement official:
 - o In response to a court order, subpoena, warrant, summons or similar process.
 - o To identify or locate a missing person.
 - o About the victim of a crime if, under certain circumstances, the person is unable to give consent.
 - o About a death we believe may be the result of criminal conduct.
 - o About criminal conduct related to Centenary University operations.
 - o In emergency circumstances to report a crime; the locations of the crime or victims; or, to the extent permitted by law, the identity, description or location of the person who committed the crime.
 - o To authorized federal officials so they may provide protection for the President and other authorized persons or, to the extent permitted by law, to conduct special investigations.
- **Worker's Compensation:** If you file a worker's compensation claim, we may be required to release relevant information from your records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.
- **Military and Veterans:** If you are a member of the armed forces of the United States or another country, we may release health information about you as required by the military command authorities.
- **National Security and Intelligence Activities:** We may use and disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Coroners, Medical Examiners and Funeral Directors:** We may use and disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors so they can carry out their duties.
- **Organ and Tissue Donation:** In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

- Incidental Disclosures: While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of your health information.

IV. Patient's Rights

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want others to know that you are seeing us. Upon your request, we will send any necessary communications to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health records, health records, and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process. Please be aware that we require this request to be made in writing.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

V. Other Obligations of the Wellness Center for Counseling and Health at Centenary University

In addition to the other obligations set forth in this Notice, Wellness Center for Counseling and Health at Centenary University's required to:

- maintain the privacy and security of your health information in a manner consistent with HIPAA and the Privacy and Security Rules.
- provide you with this Notice of our legal duties and privacy practices with respect to your health information, abide by the terms of this Notice, and
- notify you if there is a breach of your secured health information.

VI. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Theresa Lord-Stout, Director of Health Services at (908) 852-1400 ext 2206.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Theresa Lord-Stout, Director of Health Services, Wellness Center for Counseling and Health at Centenary University, 605 Grand Avenue, Hackettstown, NJ 07840.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on May 4, 2017

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information about you that we already have, as well as any information we receive in the future. The current Notice in effect at any time will be posted on our web site at [Centenary University Health & Wellness](#) and will also be available at our Counseling, Health & Wellness Center office.