



PHYSICIAN ENTERPRISE

## **Notice of Privacy Practices**

This notice contains important information about RWJ Physician Enterprise, P.A. and its Providers privacy practices which were revised pursuant to the Health Insurance Portability and Accountability Act of 1996 and related regulations. This notice describes how your Private Health Information may be used and disclosed, and indicates how you can get access to this information.

*Please review it carefully.*

**September 2013**

3 Executive Drive, Suite 400 • Somerset, NJ 08873 • [www.rwjpe.com](http://www.rwjpe.com)  
RWJPE Privacy Office Contact • 732-369-5957 • [compliance@rwjpe.com](mailto:compliance@rwjpe.com)

## Your Information. Your Rights. Our Responsibilities.

### Your Rights

*You have the right to:*

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

■ **See page 2** for more information on these rights and how to exercise them

### Your Choices

*You have some choices in the way that we use and share information as we:*

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

■ **See page 3** for more information on these rights and how to exercise them

### Our Uses and Disclosures

*We may use and share your information as we:*

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

■ **See pages 4 and 5** for more information on these uses and disclosures

## Your Rights

*When it comes to your health information, you have certain rights.* This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using our contact information at the bottom of each page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## Your Choices

*For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.*

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

*How do we typically use or share your health information?*

We typically use or share your health information in the following ways.

### Treat you

- We can use your health information and share it with other professionals who are treating you.

**Example:** *A doctor treating you for an injury asks another doctor about your overall health condition.*

### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** *We use health information about you to manage your treatment and services.*

### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** *We give information about you to your health insurance plan so it will pay for your services.*

*continued on next page*

## *How else can we use or share your health information?*

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

## Help with public health and safety issues

*We can share health information about you for certain situations such as:*

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Do research

- We can use or share your information for health research.

## Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- New Jersey law requires us to report birth defects and cancer diagnosis to the state's Department of Health without your permission.
- New Jersey specifically requires us to obtain your written permission in order to share substance abuse treatment records, mental health treatment, genetic information, sexually-transmitted diseases, and HIV/AIDS status.

## Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

## Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

*We can use or share health information about you:*

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

September 2013

### This Notice of Privacy Practices applies to the following organizations:

RWJ Physician Enterprise, P.A.



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RWJPE also participates in an electronic health information exchange network called "Jersey Health Connect", and this HIPAA Notice describes how authorized health care providers, including with RWJPE may use and disclose your Protected Health Information electronically through Jersey Health Connect. Our receptionist will provide you with an informational brochure about Jersey Health Connect, and you can get additional information on the Jersey Health Connect by visiting <http://www.jerseyhealthconnect.org/>.

In addition, unless you "Opt-Out" any authorized health care provider who agrees to participate with Jersey Health Connect can also electronically access and use your Protected Health Information if needed to provide treatment to you. For instance, if you receive a blood test from one provider participating with Jersey Health Connect but then are treated by a different provider in the Jersey Health Connect network, both of your treating providers can share your test result electronically through the secure Jersey Health Connect network, as long as they are otherwise authorized to do so. On the other hand, if you Opt-Out of Jersey Health Connect, your Protected Health Information will continue to be used, accessed and released as needed to provide treatment to you, but will not be made electronically available for such purpose *through* Jersey Health Connect.

*Health Information Exchange (HIE)*—RWJPE and other health care providers participate with Jersey Health Connect that allows patient information to be shared electronically through a secure connected network. Jersey Health Connect gives your health care providers who participate in the Jersey Health Connect network immediate electronic access to your pertinent medical information necessary for treatment, payment and certain health care operations. If you do not Opt-Out of Jersey Health Connect, your information will be available through the Jersey Health Connect network to your authorized participating providers in accordance with this Notice of Privacy Practices and the law. If you *do* Opt-Out of Jersey Health Connect, your Protected Health Information will continue to be used in accordance with our HIPAA Notice and the law, but will not be made electronically available through Jersey Health Connect.

With regard to Jersey Health Connect only, if you do not wish to allow otherwise authorized doctors, nurses and other clinicians involved in your care to electronically share your Protected Health Information with one another through Jersey Health Connect as explained in this HIPAA Notice, you can complete, sign and submit the Jersey Health Connect Opt-Out form as instructed on that form, and any Opt-Out selection that you make will be honored. The Jersey Health Connect Opt-Out form can be obtained directly from any of your providers participating in Jersey Health Connect. If you Opt-Out of Jersey Health Connect, this will prevent your information from being shared electronically through the Jersey Health Connect network, however it will not impact how your information is otherwise *typically* accessed and released in accordance with our HIPAA Notice and the law.



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