

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL (Mental Health) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

JEWISH FAMILY SERVICE OF METROWEST HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION. All employees, volunteers, staff, nurses, health professionals and other personnel are legally required to, and must abide by the policies set forth in this notice, and to protect the privacy of your health information.

Your Protected Health Information includes any information that can be used to identify you. We collect or receive health information about your past, present or future health condition to provide health, mental health, or social work services to you, or to receive payment for provided services.

We must maintain the privacy of your protected health information. We are required by law to provide you with this notice about our privacy practices that explains how, when and why we use and disclose (release) your health information. With some exceptions, we may not use or release any more of your health information than is necessary to accomplish the need for the information.

We are required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to the health information already in existence. Before we make any change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice by contacting our Reception Desk listed at the end of this notice at anytime.

WE MAY USE AND RELEASE YOUR PROTECTED HEALTH INFORMATION for many different reasons. Below, we describe situations when we may use and release your health information. For more information on how we may use and disclose your information, please contact our Reception Desk.

- 1. For Treatment:** We may use or disclose your protected health information for treatment. Your health information may be shared among a team of health care workers and agencies to coordinate your health care. **For example,** we may disclose your protected health information to a Home Health Service to secure for you a home health aide.
- 2. To obtain payment for treatment:** We may use and release your health information in order to bill and collect payment for services provided to you. It is important that you provide us with correct and up to date information. **For example,** we may release portions of your information to our billing service and your health plan to get paid for the health services we provide to you.

- 3. To run our business, and provide our social work and care management services:** We may contact you to raise funds for our operations. We may release your health information in order to operate our Service in compliance with healthcare regulations. We may use your health information to review the quality of our services and to evaluate the performance of our staff in caring for you. **For example,** if we are called upon to do a home visit it may be necessary to state our name and affiliation before we can gain entry into your building.
- 4. When federal, state, or local law enforcement agencies request your information; or for judicial or administrative proceedings:** We release your health and social service information when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; reportable events; or when ordered in a judicial or administrative proceeding.
- 5. About Decedents:** We provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
- 6. To avoid harm:** In order to avoid a serious threat to the health or safety of a person or the public, we may provide your demographic health information to law enforcement personnel or persons able to prevent or lessen such harm.
- 7. For worker's compensation purposes:** We may release your health information in order to comply with worker's compensation laws. If you do not want worker's compensation notified, alternate insurance or payment information must be supplied.
- 8. For appointment reminders and health-related benefits and services:** We may use your demographic health information to contact you, or your personal representative, to remind you of an upcoming appointment. Or we may speak to you to recommend possible treatment options or other health-related benefits and services that may be useful to you.
- 9. Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- 10. For Health Oversight:** We may disclose your health information to health oversight agencies for oversight

activities authorized by law, including audits, investigations, and licensure or disciplinary actions.

WITH YOUR PERMISSION, WE MAY USE AND RELEASE YOUR PROTECTED HEALTH INFORMATION TO THE FOLLOWING:

Family, friends, clergy or others. We will provide you with the opportunity to agree, or object to, the release of your health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care. Your choice to object may be made at any time.

YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION NOT DESCRIBED ABOVE.

Other uses and disclosures not described above will be made only with your written authorization. We will ask for your written authorization before using or releasing any of your health information. If you choose to sign an authorization to release your health information, you may later cancel that authorization in writing. This will stop future release of your health information for those purposes.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

1. You Have the Right to Request Limits on How We Use and Release your Health Information. We are not required to agree to a requested restriction, but if we accept your request, we will abide by it except in emergency situations. You may not limit health information that we are legally required or allowed to release. To request a limitation, please contact our Reception Desk.

2. You Have the Right to Choose How We Communicate Health Information to and about You. All of our communications to and about you are considered confidential. You have the right to ask that we provide information to you using an alternative means. We will agree to your request so long as we can easily provide it in the format you requested. Any additional expenses will be passed onto you for payment. To make a confidential communications request, please submit it in writing to our Reception Desk.

3. You Have the Right to See and Get Copies of Portions of Your Health Information. You must make this request in writing to our Reception Desk. We will respond to you within 30 days after receiving your written request. You can request a copy of your medical records as long as you pay for the cost in advance. If your request to see the medical information is approved, we will arrange this in accordance with established policy. In certain situations, we may deny your request. If we do, we will tell you, in writing why we denied your request. You may have the right to have the denial reviewed. The person conducting the review will not be the person who denied your first request.

4. For Some Disclosures, You Have the Right to Get a List of Instances of When and to Whom We Have Disclosed Your Health Information. The list will include dates when your health information was released and why; to whom your health information was released (including their address if known), and a description of the information released. The first list you request within a 12month period will be free. You will be charged a reasonable fee for additional lists within that time frame. For a report of disclosures, please contact our Reception Desk.

5. You have the Right to Request a Correction or Update of Your Health Information. You must provide the request and your reason for the request in writing to our Reception Desk. You must also provide us with the names of anyone who has received this information. We will respond within 60 days of receiving your request. If we deny your request, our written denial will state our reasons and explain your right to file a written statement of disagreement. If we approve your request, we will make the change to your health information, tell you that we have done it, and tell others that need to know about the change or amendment to your health information.

6. You have the Right to Get This Privacy Notice. Even if you have received this notice electronically, you also have the right to request a paper copy of this notice. You can request a copy of this notice by contacting our Reception Desk at anytime.

TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES: If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may file a complaint with our Reception Desk. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, SW, Washington, D.C. 20201

You will not be penalized for filing a complaint.

FOR INFORMATION ABOUT THIS NOTICE, TO EXERCISE YOUR RIGHTS, TO FILE A COMPLAINT, OR TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES, PLEASE CONTACT:

Reception Desk
Jewish Family Service of MetroWest

256 Columbia Turnpike
Florham Park, NJ 07932

973-765-9050

EFFECTIVE DATE OF THIS NOTICE
This notice is in effect as of April 14, 2003.