



# NOTICE OF PRIVACY PRACTICES

## Effective Date: September 23, 2013

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE QUESTIONS, CONTACT THE ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY (“RWJUHR”) PRIVACY OFFICER AT 732-499-6036 OR 865 STONE STREET, RAHWAY, NJ 07065.**

### OUR COMMITMENT TO YOUR PRIVACY

RWJUHR understands that your medical information is personal and we are committed to protecting the privacy of this information. This Notice of Privacy Practices (this “Notice”) applies to all of the records of your care generated or maintained by RWJUHR, whether made by RWJUHR personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the use and disclosure of your medical information created in the doctor’s office or clinic. This Notice describes RWJUHR’s practices and that of all employees and others who work at RWJUHR, all volunteers who help with your care while you are at RWJUHR, and all members of the RWJUHR medical staff.

### HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe how we use and disclose medical information. All of the ways we are permitted to use and disclose medical information will fall within one of these categories.

**For Treatment.** We may use and disclose your medical information to provide you with medical treatment. We may use and disclose your medical information to doctors, nurses, technicians, medical students, and hospital personnel involved in your care. For example, different departments of the hospital may share your medical information in order to coordinate the different things that you need, such as prescriptions, lab work and x-rays. We also may disclose your medical information to people outside the hospital who may be involved in your care after you leave RWJUHR, such as family members, clergy or health care providers.

**For Payment.** We may use and disclose your medical information in order to bill or collect payment for treatment provided. For example, we may tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. You have the right to restrict disclosures of your medical information to health plans if you have paid for services out of pocket in full.

**For Health Care Operations.** We may use and disclose your medical information for health care operations. These uses and disclosures are necessary to run RWJUHR and make sure that all of our patients receive quality care. For example, we may use your medical information to review our treatment and services and to evaluate the performance of our staff that cares for you.

**Appointment Reminders.** We may contact you to remind that you have an appointment for treatment.

**Benefits, Services and Treatment Alternatives.** We may contact you about health related benefits, services, treatment options or alternatives that may be of interest to you.

**Fundraising Activities.** We, or a member of the RWJUHR Foundation, may contact you in an effort to raise money for the hospital and its operations. We would only use contact information, such as your name, address and phone number, and the dates you received treatment or services at RWJUHR. You have the right to opt-out of receiving fundraising communication by notifying the Privacy Officer in writing.

**Hospital Directory.** We may include certain limited information about you in RWJUHR’s internal directory while you are a patient. This information may include your name, location in the hospital, phone number, religious affiliation, and your general condition (e.g., good, fair, etc.). The directory information, except your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you do not wish to be listed in the hospital directory, please inform the Privacy Officer or any member of our staff who is involved in your care.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose your medical information to friends or family members involved in your medical care or to inform them you are in the hospital. We may also give information to someone who helps pay for your care.

**Research.** Under certain circumstances, we may use and disclose your medical information for research purposes. For example, a research project may involve comparing the health and recovery of patients who receive one medication over another. All research projects are subject to a special approval process and usually require your authorization. Before we use or disclose your medical information for research, the project will have been approved through this research approval process. We also may disclose your medical information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information does not leave the hospital.

**As Required By Law.** We will disclose your medical information when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person. Any disclosure would only be to someone able to prevent the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may disclose your medical information to organizations that handle organ, eye or tissue transplantation or to an organ donation bank.

**Military and Veterans.** If you are a member of the armed forces, we may disclose your medical information as required by military command authorities.

**Workers’ Compensation.** We may disclose your medical information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your medical information for public health purposes. These purposes may include, for example, to report births and deaths, abuse or neglect, or reactions to medications or problems with products.

**Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law to monitor the health care system, government programs, and compliance with civil rights laws. These oversight activities include, for example, audits, investigations, inspections, and licensure activities.

**Lawsuits and Disputes.** If you are involved in a lawsuit, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement.** We may disclose your medical information if asked to do so by a law enforcement official, for example, (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) about a death that may be the result of a criminal conduct; or (d) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors so they may carry out their duties.

**National Security and Intelligence Activities.** We may disclose your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities.

**Protective Services for the President and Others.** We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information (a) for the institution to provide you with health care; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.

**To Your Employer.** We may disclose your medical information to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or RWJUHR.

**Health Information Exchange/Health Information Organization.** RWJUHR participates in a health information organization called “Jersey Health Connect.” Jersey Health Connect is a group of healthcare facilities established to help patients and their authorized healthcare providers, treating the same patient, share – or exchange – relevant healthcare information. Only patients and caregivers who are authorized – including physicians, hospitals, labs, etc. – have secure, immediate, electronic access to your vital medical information. This helps your caregiver have access to needed medical information to provide you with the best care possible. You may find additional information regarding Jersey Health Connect at [www.jerseyhealthconnect.org](http://www.jerseyhealthconnect.org). We may disclose your medical information for treatment, payment and health care operations purposes as part of this health information organization. You may opt out of Jersey Health Connect as set forth below under “Your Rights Regarding Your Medical Information.” If you do not opt out of Jersey Health Connect, your medical information will be available through the Jersey Health Connect network to authorized participating providers in accordance with this Notice and applicable law. If you do opt out, your medical information will continue to be used in accordance with this Notice and applicable law, but will not be made electronically available through Jersey Health Connect.

### YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy your medical information including medical and billing records, but not including psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to the Privacy Officer. If you wish to make copies of your medical information, we may charge a fee for the cost of copying.

**Right to Amend.** If you feel your medical information is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as the information is maintained by RWJUHR. Your request must be submitted in writing and to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that (a) was not created by us; (b) is not part of the medical information kept by RWJUHR; (c) is not part of the information you would be permitted to inspect and copy; or (d) is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures of your medical information we made. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing that list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you may request that we not use or disclose information to family or friends about a surgery you had. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

**Right to Opt Out of 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 access and share your medical information with one another through Jersey Health Connect, you must complete, sign and submit the Jersey Health Connect Opt-Out form to us, or mail it in as instructed on that form. Any opt out selection that you make will be honored. The Jersey Health Connect opt out form can be obtained from RWJUHR directly or you can download the form at <http://www.jerseyhealthconnect.org/opt-out-form>. If you opt out of Jersey Health Connect, this will prevent your medical 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 this Notice and applicable law.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by email. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this Notice at our web site, [www.rwjuhr.com](http://www.rwjuhr.com). To obtain a paper copy of this notice, please contact the Privacy Officer.

**Right to File a Complaint.** If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, you may file a complaint with the Privacy Officer. You may also file a written complaint with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

**Right to be Notified of a Breach.** RWJUHR will promptly notify you if a breach occurs that may have compromised the privacy or security of your medical information.

### CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the hospital. In addition, each time you register or are admitted to RWJUHR for health care services, we will offer you a copy of the current Notice in effect.

### OTHER USES OF MEDICAL INFORMATION

In the following instances, RWJUHR will not share your medical information unless you provide us with your written authorization: marketing purposes, the sale of your information, and most sharing of psychotherapy notes. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose your medical information, you may revoke that permission at anytime. This revocation must be in writing. If you revoke your permission, we will no longer use or disclose your medical information for the reasons you specify. You understand that we are unable to take back any disclosures we have already made with your permission.