



## 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.**

*THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION*  
**PLEASE REVIEW IT CAREFULLY.**

Federal and applicable state law requires Vantage Health System, Inc. (VHS) to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. This Notice of Privacy Practices ("Notice") is effective as of April 14, 2003 pursuant to federal law, including the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, effective March 26, 2013 (collectively "HIPAA") and applicable state laws. In certain cases, where New Jersey state laws are more restrictive than the federal laws, we will use and disclose your health information in accordance with these more restrictive state laws and we will obtain your specific authorization where necessary to comply with such laws.

The Notice describes how we may use and disclose your Protected Health Information ("PHI") to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present and/or future medical/mental health/substance abuse conditions and related health services. The privacy practices described in this Notice apply to any health care professional who treats you, as well as to all employees, medical staff trainees, students and/or volunteers of VHS. Any time we are permitted or required to share your PHI with any other party, we will provide only the minimum amount of information necessary to respond to the need or request. VHS is required by law to do the following: (1) keep your protected health information private; (2) present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information; (3) follow the terms of the Notice currently in effect; (4) post and make available to you any revised Notice; and (5) notify affected individuals following a breach of unsecured protected health information.

#### **USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI):**

VHS may use your PHI for treatment, payment and health care operations purposes, as permitted by HIPAA and other applicable federal and state laws. Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

**Treatment:** We will use and disclose your PHI to provide, coordinate or manage your health care and any related services within VHS and with another mental health agency and as otherwise provided by law. For example, your treatment team will record goals/treatment plans/medications in order to determine the best course of treatment for you. We may use and disclose your PHI to your personal physician, if the information will benefit you and use and disclose your medication information to your pharmacy, for treatment purposes. If you are psychiatrically evaluated by a psychiatric screening center, we may release your PHI to the screening center staff to facilitate your evaluation.

**Payment:** Your PHI will be used, as needed, to obtain payment for your mental health care services. We will generally require your authorization prior to releasing your PHI to third parties for such payment activities. For example, obtaining approval for continued sessions may require us to disclose your relevant PHI to your health plan to obtain approval for the sessions.

**Health Care Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of VHS. These activities include, but are not limited to, quality assessment, billing, collection, and improvement activities performed by staff to verify that we are meeting certain standards of care. For example, we may review your PHI to evaluate the quality and competence of the professionals who provide services to you and to find ways to improve treatment and services that we deliver at VHS. Unless otherwise permissible by law, we will generally seek your written authorization prior to disclosing any information to another health care provider or entity for health care operations activities.

**Appointment Reminders/Cancellations:** Unless you object, we may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or services or an upcoming cancellation of services.

**Business Associates:** There may be instances where services are provided to VHS by third parties who create, receive, maintain or transmit PHI on behalf of the organization ("business associates".) VHS maintains written agreements with



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these business associates and they are subject to the same privacy standards that apply to us

**Communication with Family and Close Friends:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. If you should become deceased, we may disclose your protected health information to a family member or other individual who was previously involved in your care, or in payment for your care, if the disclosure is relevant to that person's prior involvement, unless doing so is inconsistent with your prior expressed preference. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care. For mental health services, minors age 14 and older have the same rights as adults in certain circumstances as prescribed by applicable law.

**Research:** VHS does not routinely participate in research studies. However, in the event we participate in research we may disclose protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Food and Drug Administration (FDA):** We may be required by law to disclose to the FDA PHI relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Workers' Compensation:** We may disclose your PHI to the extent required by law and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling communicable disease, injury or disability.

**Fundraising:** We may utilize your PHI to contact you for our own fundraising purposes. In such event, we will also provide you with the opportunity to opt-out of receiving such communications.

**Coroners, Medical Examiners, Funeral Directors and Organ Donations:** We may be required to disclose your PHI to a coroner or medical examiner. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties. PHI may be used and disclosed for cadaver organ, eye or tissue donations.

**Correctional Institution:** As required by law, should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof PHI necessary for your own health and the health and safety of other individuals.

**Military and Veterans:** If you are a member of the armed forces, we may be required by law to disclose PHI about you as required by military command.

**Public Safety/Emergency:** Under applicable Federal and State laws, we may disclose your protected health information to law enforcement or another health care professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

To reduce the risk of harm from firearms, we are required by law under the State of New Jersey to call the police in the municipality you reside to provide your contact information, if we believe there is an imminent risk of harm to you or another person.

**Protective Services for the President, National Security and Intelligence Activities:** We may disclose PHI about you to authorized Federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations or intelligence, counterintelligence and other national security activities authorized by law.

**Legal Proceedings:** We may disclose PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure. For example, such activities may include disclosures of your PHI to state licensing bodies, Medicaid, entities engaged in accreditation and state and county medical examiners.



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**Abuse/Neglect:** We may disclose PHI for purposes of reporting child or elder abuse and/or neglect, as well as suspected domestic violence.

**As Required by Law:** We will disclose PHI about you when required to do so by Federal, state or local law.

**Law Enforcement:** We may disclose protected health information for law enforcement purposes, including information requests for identification and location; and circumstances pertaining to victims of a crime.

**Parental Access:** State laws concerning minors permit or require certain disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State (or, if you are treated by us in another state, the laws of that state) and will make disclosures following such laws

#### **Uses and Disclosures Requiring Authorization:**

Your authorization is required for other uses and disclosures of your PHI, including the following:

- Psychotherapy Notes
- Use of PHI for marketing purposes
- Sale of PHI that results in remuneration to VHS
- Drug/substance abuse information, unless permitted or required by 42 C.F.R. Part 2 or other applicable law
- HIV/AIDS information and other state-regulated sensitive information

All other uses and disclosures that are not described in this Notice will only be made with your authorization.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

You may exercise the following rights by submitting a written request to our Privacy Officer. Our Privacy Officer can guide you in pursuing these options. Please be aware that our Practice may deny your request; however, in most cases you may seek a review of the denial.

**Right to Inspect and Copy:** You may inspect and/or obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that our Practice uses for making decisions about you. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. You will be charged a fee for a copy of your record and we will advise you of the exact fee at the time you make your request. We may offer to provide a summary of your information and, if you agree to receive a summary, we will advise you of the fee at the time of your request.

**Right to Request Restrictions:** You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. Your request must be made in writing to our Privacy Officer. In your request, you must tell us: (1) what information you want restricted; (2) whether you want to restrict our use or disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date. If we believe that the restriction is not in the best interests of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may ask us not to disclose certain information to your health plan. We must agree with that request only if the disclosure is not for the purpose of carrying out treatment (only for carrying out payment or health care operations) and is not otherwise prohibited by law and pertains solely to a health care item or service for which we have been paid out of pocket in full by you or by another person on your behalf other than your health plan. You may revoke a previously agreed upon restriction, at any time, in writing.

**Right to Request Alternative Confidential Communications:** You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

**Right to Request Amendment:** If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment. If we do not agree to make the requested amendments, we will provide our written explanation within 60 days.

**Right to an Accounting of Disclosure:** You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than



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treatment, payment or health care operations as described in this Notice and excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures made no more than 6 years prior to the date of your request. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

**Rights Related to an Electronic Health Record:** If we maintain an electronic health record containing your protected health information, you have the right to obtain a copy of that information in an electronic format and you may choose to have us transmit such copy directly to a person or entity you designate, provided that your choice is clear, conspicuous, and specific. You may request that we provide you with an accounting of the disclosures we have made of your protected health information (including disclosures related to treatment, payment and health care operations) contained in an electronic health record for no more than 3 years prior to the date of your request (and depending on when we acquired an electronic health record).

**Right to Obtain a Copy of this Notice:** You may obtain a paper copy of this Notice from us, view or download it electronically at our Practice's website at [www.vantagej.org](http://www.vantagej.org), or, if you agree, by email.

**Right to 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.

**Changes to this Notice:** VHS reserves the right to change this Notice at any time. If we change this Notice, the terms of the new Notice **may be effective for all PHI that we maintain, including any information that we created** or received prior to amending the Notice. We will post a copy of any revised Notice in prominent areas of VHS and on our website at [www.vantagej.org](http://www.vantagej.org). You may also receive a copy of any new Notice by contacting VHS Privacy Officer.

**Questions and Complaints:** If you have any questions about any part of this Notice, disagree with a decision that we made about access to your PHI or believe that we have violated your privacy rights, you may contact our Privacy Officer. You may also file a written complaint with our Privacy Officer and/or with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services ("HHS"). VHS will not retaliate or take action against you for filing a complaint with us or with the HHS.

**Privacy Officer:**

You may contact our Privacy Officer as follows:  
Compliance and Privacy Officer Vantage Health System, Inc.  
2 Park Avenue  
Dumont, NJ 07628  
Telephone Number: (201) 567-0500

*By way of my signature, I acknowledge I have received this Notice and understand my rights contained in this Notice.*

Client's Name (Print) \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_