Rutgers University-Newark Health Services

Notice of Privacy Practices

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

Please review carefully.

WHO WILL FOLLOW THIS NOTICE
Rutgers University Health Services-Newark (hereafter referred to as RUHS-N) may only use your health information for treatment, payment, health care operations, and other RUHS-N personnel, who may be involved in your health care (e.g., a specialist or surgeon).

We make sure that health information that identifies you is kept private.

We give you this notice of our legal duties and privacy practices with respect to your health information.

We follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU
The following categories describe the different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and give you examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

For Treatment:
We use health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, counselors, technicians, closely supervised PA/Medical students participating in clinical preceptorships, or other RUHS-N personnel, who are involved in providing care for you. For example:

We use health information to evaluate the performance of our staff in caring for you.

We combine health information about you with information from other sources, such as prescriptions, lab work and x-rays.

We disclose health information about you to Outiders outside RUHS-N who may be involved in your health care (e.g., a specialist or surgeon).

For Payment:
We may use and disclose health information about you so that we may bill for treatment services provided as part of RUHS-N and can collect payment from you, an insurance company or another party. For example:

We may also use and disclose health information in response to a court or administrative order. We will only bill your bursar account if you ask us; you will be required to obtain prior approval or to determine whether your plan will cover the treatment.

We may disclose information about you to other healthcare facilities for purposes of the coordination of care or payment.

We will only bill your insurance account if you ask us; you will be required to sign the bursar form requesting this process.

For Health Care Organization and Operations:
We may use and disclose health information about you for organization and operations activities. These uses and disclosures are necessary to run RUHS-N and make sure all of our patients receive quality care. For example:

We may use health information to evaluate the performance of our staff in caring for you.

We combine health information about you with information from other sources, such as prescriptions, lab work and x-rays.

We use and share your health information for our healthcare organization and operations activities, including quality assurance, utilization review, internal auditing, accreditation, social services certification, licensing or credentialing activities of Rutgers University-Newark Health Services.

Appointment Reminders:
We may use and disclose health information as a reminder that you have an appointment.

Service Alternatives:
We may use and disclose your health information in order to make you aware of recommended service or program alternatives, which might be of interest to you.

Individuals Involved in Your Support or Payment for Your Care:
We may use or disclose health information to a friend or family member who helps pay for your care or who you choose to be involved in your care if you have identified that person or persons as your representative by a lawfully authorized document or, to the extent permitted by law, in reliance on a credible belief.

Make sure that health information that identifies you is kept private.

Give you this notice of our legal duties and privacy practices with respect to your health information.

Follow the terms of the notice that is currently in effect.

As Required by Law:
We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety:
RUHS-N may, consistent with applicable law and ethical principles, use or disclose protected health information if RUHS-N, in good faith, believes such 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 and the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. RUHS-N must limit information that is used or disclosed and may only release the information relating to the serious threat and the PHI related to the threat.

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.

Workers’ Compensation:
We may disclose health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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, for example:

To the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service.

To prevent or control disease, injury or disability.

To report disease or injury.

To report births and deaths.

To report child abuse or neglect.

To report reactions to medications or food or products with products.

To notify people of recalls or replacements of products they may be using.

To notify a person who may have been exposed to a disease or may be at risk for contracting a disease or condition.

To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities:
We may disclose health information about you 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.

Lawsuits and Disputes:
If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a subpoena, documentation request, or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement:
We may disclose health information if asked to do so by a law enforcement official:

In response to a court order, subpoena, warrant, summons or similar process.

To identify or locate a missing person.

About the victim of a crime if, under certain circumstances, the person is unable to give consent.

About a death we believe may be the result of criminal conduct.

About criminal conduct related to RUHS-N operations.

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.

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.

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.

About a death in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

We may disclose health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, counselors, technicians, closely supervised PA/Medical students participating in clinical preceptorships, or other RUHS-N personnel, who are involved in providing care for you. For example:

We use health information to evaluate the performance of our staff in caring for you.

We combine health information about you with information from other sources, such as prescriptions, lab work and x-rays.

We disclose health information about you to Outiders outside RUHS-N who may be involved in your health care (e.g., a specialist or surgeon).

We may use and disclose health information about you so that we may bill for treatment services provided as part of RUHS-N and can collect payment from you, an insurance company or another party. For example:

We may also use and disclose health information in response to a court or administrative order. We will only bill your bursar account if you ask us; you will be required to obtain prior approval or to determine whether your plan will cover the treatment.

We may disclose information about you to other healthcare facilities for purposes of the coordination of care or payment.

We will only bill your insurance account if you ask us; you will be required to sign the bursar form requesting this process.

For Health Care Organization and Operations:
We may use and disclose health information about you for organization and operations activities. These uses and disclosures are necessary to run RUHS-N and make sure all of our patients receive quality care. For example:

We may use health information to evaluate the performance of our staff in caring for you.

We combine health information about many patients to decide what additional services RUHS-N should offer, what services are not needed, and effectiveness of certain treatments.

We may disclose information to doctors, nurses, counselors, pharmacists, technicians, closely supervised PA/Medical/Nursing/Psychology students participating in clinical preceptorships, and other RUHS-N personnel for educational purposes.

We may use and share your health information for our healthcare organization and operations activities, including quality assurance, utilization review, internal auditing, accreditation, social services certification, licensing or credentialing activities of Rutgers University-Newark Health Services.

Appointment Reminders:
We may use and disclose health information as a reminder that you have an appointment.

Service Alternatives:
We may use and disclose your health information in order to make you aware of recommended service or program alternatives, which might be of interest to you.
Use and Disclosure of Protected Health Information, unless the disclosure is
required by law.

In Legal Custody: If you are an inmate of a correctional institution or under custody of a law
enforcement official, we may disclose health information about you to the
correctional institution or law enforcement official.

Other Uses of Health Information: Other uses and disclosures of health information not covered by this Notice
or the laws that apply to us will only be made with your written
authorization. You can revoke such an authorization by writing to the
Privacy Officer, and such revocation will be effective to the extent that we
have not already released the information pursuant to the authorization
or otherwise taken action based on the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU
You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and obtain copies of health information that
may be used to make decisions about your care. Usually, this includes medical
and billing records. This right does not include: psychotherapy notes; information compiled for use in a legal proceeding; certain
information related to substance use, abuse or dependence; or certain
information subject to the Clinical Laboratory Improvement Amendments of 1988.

In order to inspect and obtain copies of your health information, you must
submit your request in writing to Clinical Records within the Division where
care was provided. If you request a copy of the information, you will be
charged a fee of $0.50/page for the cost of copying, mailing, or other
supplies associated with your request.

You may deny your request to inspect and copy your records in certain
limited circumstances. If you are denied access to health information, you
may request in writing, to the Privacy Officer at RUHS-N, that the denial be
reviewed. A licensed healthcare professional will review your request and
the denial. The reviewer will not be the person who denied your request.
We will comply with the outcome of the review.

Right to Amend: If you think your health information is incorrectly recorded or incomplete, you may ask us to amend the information. The right to amend does not
mean the right to obliterate or totally remove documentation from the
record. Rather it is an opportunity to “append” a statement of correction or
clarification to the record and to know that when the original statement is
used or disclosed, the new “corrective” or “clarified” statement will
accompany any released copies. You have the right to request an
amendment for as long as the information is maintained by RUHS-N.

To request an amendment, your request must be made in writing and
submitted to the Privacy Officer at RUHS-N. In addition, you must give 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 us to amend
information that:

- Was not created by us, unless the person or entity that created the
  information is no longer available to make the amendment;
- Is not part of the health information kept by or for RUHS-N;
- Is not part of the information that you would be permitted to inspect and
copy;
- Is accurate and complete.

We will provide you with written notice of the action we take in response to
your request for an amendment.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures”. This is a list of
certain disclosures that we made of your health information.

The accounting will include:

- The date of the disclosure;
- The name of the entity or person who received the health information, and if
  known, the address of such entity or person;
- A brief description of the health information disclosed; or
- A brief statement of the purpose of the disclosure or a copy of the
  authorization.

We are not required to account for any disclosures made to you or for
disclosures related to treatment, payment, healthcare operations, or made
pursuant to an authorization signed by you.

To request an accounting of disclosures of your health care information,
you must submit your request in writing to RUHS-N Administrative staff or
to the Privacy Officer, as appropriate. Your request must state a time
period, which may not be longer than six years and may not include dates
before July 12, 2012. Your request should indicate in what form you want
the list (for example, on paper or electronically). We will charge you
$0.50/page for the cost of providing the list. We will notify you of the costs
involved and you may choose to withdraw or modify your request at that
time, before any costs are incurred.

Right to Request Restrictions: You may have the right to request a restriction or limitation on the health
information we use or disclose about you for treatment, payment or health
care operations. You also have the right to request a limit on the health
information we disclose about you to someone who is involved in your care
or the payment for your care, such as a family member or friend. To
request restrictions, you should make a request in writing to the Privacy
Officer of RUHS-N. In your request you must provide the following:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want limits to apply; for example, disclosures to your
  parents.

However, RUHS-N is not required to agree to any request to restrict the
Use and Disclosure of Protected Health Information, unless the disclosure is
to a health plan for purposes of payment or health care operations and the
PHI pertains to a health care item or service for which the provider has
been paid out-of-pocket in full. If we agree to your request, we will comply
with your request unless the information is needed to provide you
emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health
matters in a certain way or at a certain location. For example, you can ask
that we only contact you by work, by mail or via e-mail. To request
confidential communication, you must make your request in writing to the
RUHS-N Administrative staff. Your request must specify how or where you
wish to be contacted. We will not ask you the reason for your request. We
will attempt to accommodate reasonable requests.

Right to a Paper Copy of Notice: The Notice of Privacy Practices will be posted in various areas throughout
the RUHS facility as well as the RUHS-N website:
http://health.newark.rutgers.edu/admin/privacy_practices.html. We also
have a right to a paper copy of this Notice. You may ask us to give you a
copy of this notice at any time. To obtain a paper copy of this notice you
can contact the RUHS-N Administrative staff.

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 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 is available at the RUHS-N.

COMPLAINTS
If you believe your privacy rights have been violated, you may file
complaint with:
- Privacy Officer, RUHS-Newark
- Privacy Officer, Rutgers University
  83 Somerset St., Suite 101, New Brunswick, NJ 08901
  (848) 932-8576
- Secretary of the US Department of Health and Human Resources

To file a complaint with RUHS-N, call or write to the Privacy Officer at the
address listed at the end of this Notice. You will not be penalized for filing a
complaint. You may also choose to file a complaint anonymously.

QUESTIONS
If you have any questions about this Privacy Notice contact:
Privacy Officer /Quality Assurance Officer /Medical Director
Rutgers University Health Services-Newark
249 University Avenue, Room 104, Newark, NJ 07102
(973) 275-5331
Effective Date: November 12, 2018