



## 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.  
PLEASE REVIEW IT CAREFULLY.**

### **I. Who We Are:**

We are a member of Primary Care Partners, LLC. This Notice describes the privacy practices of Primary Care Partners (its care centers, medical facilities and companies) and the physicians, nurses, technicians and other individuals who work at or in conjunction with Primary Care Partners (“PCP”, “we” or “us”).

### **II. Our Commitment to Your Privacy:**

We are dedicated to maintaining the privacy of your medical information. In conducting our services, we will create records regarding you and the treatment and services we provide to you (including records relating to psychiatric treatment, drug and alcohol treatment or abuse or HIV status, if any). These records are our property; however, we are required by law to maintain the privacy of medical and health information about you (“Protected Health Information” or “PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

### **III. Uses and Disclosures With Your Authorization:**

A. Use or Disclosure with Your Authorization. We may use or disclose PHI only when (1) you give us your written authorization on a form (“Your Authorization”) that complies with the Health Insurance Portability and Accountability Act (“HIPAA”), including for certain marketing activities, sale of health information, and (with some exceptions) the disclosure of psychotherapy notes about you, or (2) there is an exception described in Section IV. Further, except to the extent that we have taken action in reliance upon it, you may revoke Your Authorization by delivering a written revocation statement to the Privacy Officer identified in Section VII.

B. Genetic Information. Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements or pursuant to a court order), we will obtain Your Authorization prior to obtaining or retaining your genetic information (for example, your DNA sample). We may use or disclose your genetic information for any reason only when Your Authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey State law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order).

C. Information about AIDS or HIV and Certain Venereal Diseases. If PHI contains AIDS or HIV related information, that information is confidential and generally will not be disclosed without Your Authorization expressly releasing AIDS or HIV related information except. However, such information may be released without Your Authorization to medical personnel directly involved in your medical treatment. If you are deemed to lack decision-making capacity, we may release such information (only if necessary and unless you request otherwise) to the person responsible for making health care decisions on your behalf (spouse, primary caretaking partner, an appropriate family member, etc.). Under certain circumstances, such information may also be released without Your Authorization for scientific research, certain audit and management functions, and as may otherwise be allowed or required by law or court order.

D. Alcohol or Drug Abuse Programs. If PHI contains information related to treatment provided in one of our alcohol or drug abuse programs, that information is confidential and shall not be disclosed without Your Authorization expressly releasing alcohol or drug abuse related information except in accordance with applicable law including federal regulations regarding the confidentiality of alcohol and drug patient records.

#### **IV. Uses and Disclosures Without Your Authorization:**

A. Use and/or Disclosure for Treatment, Payment and Health Care Operations. Except as noted in Sections III B, C, and D, we may use and/or disclose PHI without Your Authorization for treatment provided to you, obtaining payment for services provided to you and for health care operations (e.g., internal administration, quality improvement, customer service, etc.) as detailed below:

- Treatment. We use and disclose your PHI to provide treatment and other services to you - for example, a doctor treating your injury or illness may ask another doctor about your overall health condition. We may also disclose your PHI for the treatment activities of another health care provider.

In addition, unless you opt out (e.g., disagree or object) as described in Section V, I., any authorized health care provider who agrees to participate with Jersey Health Connect, Epic Care Everywhere, and other Health Information Exchanges (“HIE”), can also electronically access and use your PHI to provide treatment to you. If you opt out of each HIE as described in Section V, I., your PHI will not be shared electronically through the HIE network; however, it will not impact how your information is otherwise typically accessed, used and released in accordance with this Notice and the law.

- Payment. We may use and disclose your PHI to obtain payment for services that we provide to you - for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (“Your Payor”) to verify that Your Payor will pay for your health care. We may also disclose your PHI to another health care provider for the payment activities of that health care provider.
- Health Care Operations. We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you (including operating and troubleshooting our health information technology). For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. In addition, we may disclose your PHI to external licensing or accrediting bodies for purposes of hospital licensure and review. We may disclose your PHI to our patient representatives in order to resolve any complaints you may have and ensure that you have a comfortable visit with us. Under certain circumstances, we may disclose your PHI to another health care provider for the health care operations of that health care provider if they either have treated or examined you and your PHI pertains to that treatment or examination.

B. Use or Disclosure for Directory of Individuals in Atlantic Health System. Unless you opt out (e.g., disagree or object), we may include your name, location in Atlantic, general health condition and religious affiliation in a patient directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy (provided, however, that religious affiliation will only be disclosed to members of the clergy). You may opt out of the directory by notifying our Privacy Officer. If you opt out, we cannot tell members of the public or your family and friends that you are admitted to the hospital. Please think carefully about the consequences of the decision to opt out.

C. Disclosure to Relatives and Close Friends. We may disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we: (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative, a close personal friend or other person identified by you, we would disclose only

information that is directly relevant to the person's involvement with your health care, payment related to your health care or needed for notification purposes.

D. Public Health Activities. We may disclose PHI for public health activities and purposes, including, without limitation: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and (6) to report your immunization status to your school if your school is required to have proof of your immunization and you or your parent or guardian agrees to the disclosure.

E. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials, including as required by law; in compliance with a court order; in response to a request for information about a victim of a crime, suspect, fugitive, witness, or missing person; or to report a death, crime, or emergency situation.

H. Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law. We may also release medical information about patients at Atlantic to a funeral director as necessary to carry out his or her duties.

I. Organ and Tissue Procurement. We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

J. Research. We may use or disclose your PHI without your consent or authorization for research where permitted by law.

K. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

L. Specialized Government Functions. We may use or disclose your PHI for certain government functions, including military, national security, presidential protection, and veterans' affairs.

M. Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

N. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe that you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a government authority, including social service or protective services agencies, authorized by law to receive reports of such abuse, neglect or domestic violence.

O. Military and Veterans. We may release your PHI as required by military command authorities if you are a member of the armed forces. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

P. National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

Q. Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary:

- for Atlantic to provide you with health care,

- to protect your health and safety or the health and safety of others, or
- for the safety and security of the correctional institution

R. Health Information Exchange (“HIE”). Primary Care Partners and other health care providers participate with Jersey Health Connect, Epic Care Everywhere and other HIEs as AHS and such other health care providers may determine from time to time. These HIEs allow patient information to be shared electronically through a secured connected network. HIEs give your health care providers who participate in the HIE networks immediate electronic access to your pertinent medical information for treatment, payment and certain health care operations. If you do not opt out of each HIE, your information will be available through such HIE network to your authorized participating providers in accordance with this Notice and the law. If you opt out of each HIE (as described in Section V, I.), this will prevent your information from being shared electronically through the HIE network; however, it will not impact how your information is otherwise typically accessed, used and released in accordance with this Notice and the law.

Any exception that denies an individual from opting out of having their information transmitted through the HIE shall be fully supported under federal and state law.

S. As Required by Law. We may use and disclose your PHI when required to do so by any other law or regulation not already referenced above.

## V. Your Individual Rights:

A. For Further Information, Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

B. Right to Request Additional Restrictions. 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. If you wish to request additional restrictions, please obtain a request form from, and submit the completed form to, our Privacy Officer. We will send you a written response.

C. Right to Receive Confidential Communications. You may request that we communicate with you about your PHI by alternative means or at alternative locations. To make such a request, you must submit your request in writing to our Privacy Officer.

D. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from, and submit the completed form to, our Privacy Officer.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor’s medical record will not be accessible to you in accordance with applicable law (for example, records relating to pregnancy, abortion, sexually transmitted disease, substance use and abuse, contraception and/or family planning services).

E. Right to Amend Your Records. You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from, and submit the completed form to, our Privacy Officer. We have the right to deny your request for amendment. If we deny your request for an amendment, we will provide you with a written explanation of why we denied the request and to explain your rights.

F. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request, in accordance with applicable laws and regulations, provided such period does not exceed six years and does not

apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we may charge you the cost of providing the accounting statement. To request an accounting of disclosures, please obtain a form from, and submit the completed form to, our Privacy Officer.

G. Right to Receive Notice of a Breach. You have a right to be notified by us of any breaches of unsecured PHI in accordance with the law.

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such Notice electronically. You can also access this Notice on our website at: [www.njpcp.com](http://www.njpcp.com).

I. Right to Opt Out of HIEs. With regard to Jersey Health Connect only, if you do not wish to allow otherwise authorized doctors, nurses, clinicians and other health care providers involved in your care to electronically share your PHI with each other through Jersey Health Connect, you must complete, sign and submit the Jersey Health Connect opt-out form and mail it as instructed on that form and any opt-out selection that you make will be honored. The Jersey Health Connect opt-out form and additional information can be obtained by visiting [www.jerseyhealthconnect.org](http://www.jerseyhealthconnect.org).

With regard to Epic Care Everywhere only, if you do not wish to allow otherwise authorized doctors, nurses, clinicians and other healthcare providers involved in your care to electronically share your PHI with each other through Epic Care Everywhere, you will be provided an opt-out form in your provider's office for completion.

**VI. Effective Date and Duration of This Notice:**

A. Effective Date: This Notice is effective as of April 13, 2003.  
Revision Dates: October 1, 2011, June 1, 2012, June 7, 2013, July 15, 2014, April 1, 2017, December 2018.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in waiting areas around Primary Care Partners and on our Internet site at [www.njpcp.com](http://www.njpcp.com). You also may obtain any new Notice by contacting our Privacy Officer.

**VII. Privacy Officer:**

You may contact the Privacy Officer at:

Dr Jeffrey Merkle  
Privacy Officer  
Primary Care Partners, LLC  
254B Mountain Avenue, Suite 304  
Hackettstown, NJ 07840  
Telephone Number: 908-852-6400  
E-mail: [Jeffrey.Merkle@pcp.atlantichealth.org](mailto:Jeffrey.Merkle@pcp.atlantichealth.org)