



## NOTICE OF PRIVACY PRACTICES

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

We are required by the federal Health Insurance Portability and Accountability Act (or “HIPAA”) Privacy Rule to give you this Notice about our privacy practices, our legal duties and your rights concerning your protected health information. This is not a substitute for specific statutory language and legal advice regarding your rights and our responsibilities. If you have specific legal questions, please contact a qualified attorney.

Richard Thompson, Director of Quality and Corporate Compliance Officer of Families and Community Together, is the contact person responsible for the implementation of policies and procedures of this law. He is also responsible for receiving complaints and answering questions about FACT Privacy Practices. Mr. Thompson can be reached at (908) 789-8500 x 155.

### **I. How we safeguard your Protected Health Information:**

Protection of your privacy is very important to us.

In providing Care Management services, we create and maintain records that contain protected health information about you.

“Protected Health Information” or “PHI” is information about you that can be reasonably used to identify you (e.g. your name, address, phone number, social security number, Medicaid number) and that relates to your past, present or future physical or mental health condition, the provision of health care to you or the payment of that care.

We protect your privacy by limiting who may see your PHI, limiting how we may use or disclose your PHI, informing you of our legal duties with respect to your PHI, explaining our privacy policies and following these policies.

### **II. How we may use your Protected Health Information and share it with others:**

We use Protected Health Information (PHI) for a variety of reasons. PHI may be used and shared with others when it is needed to conduct routine activities involved in treatment, payment or health care operations. Sometimes PHI is disclosed because of the requirements of federal, state or local law.

The following categories describe the different ways in which we may use and disclose your PHI:

**For Treatment:** We may disclose your PHI to service providers who are involved in providing mental health services. For example, your PHI may be disclosed to a therapist who is providing counseling to you.

**For Payment:** We may use and share your PHI to pay claims from the behavioral health professionals who have provided services to you. We may also use and share your PHI to obtain payment for our care management services. For example, we may release portions of your PHI to Medicaid for reimbursement for care management services.

**For Health Care Operations:** We may use or share your PHI to conduct care management services, including making referrals to providers for services, developing a service plan, coordinating services and consulting with Child – Family Team members providing those services. We may also use your PHI to assess the quality of services provided. We may use your PHI to improve the quality of care management services.

**When Required by Law:** We will share PHI about you when required by federal, state or local law. We may share PHI when a law requires us to report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity. We must also share PHI with authorities that monitor our compliance with privacy practices.

**For Public Health Activities:** We may disclose your PHI to public health agencies when we are required to collect information about disease or injury, or to report information to a public health authority. For example, PHI may be released to prevent or control disease or maintain vital records such as birth or death.

**For Health Oversight Activities:** We may share your PHI to a health oversight agency for activities authorized by law such as audits, inspections and licensing. Health oversight agencies seeking this information include government agencies that oversee health care systems, government benefit programs, and compliance with civil rights.

**Coroners, Medical Examiners, or Funeral Directors:** We may release PHI relating to a child's death with coroners, medical examiners or funeral directors.

**Organ Tissue and Donation:** We may disclose PHI to organizations that handle organ and tissue donations and transplants.

**For Research Purposes:** In certain circumstances, and under supervision of a Privacy Board, we may share PHI in order to assist medical or psychiatric research.

**To Prevent Threats to Health & Safety:** In order to avoid a serious health threat to health or safety, we may share PHI with law enforcement or other persons who might prevent or reduce the threat of harm.

**For Specific Government Functions:** We may share PHI of military personnel and veterans in certain circumstances, with authorized authorities for reasons of national security, with correctional facilities to provide health care and for safety reasons, and with other governmental programs for eligibility and enrollment.

**Lawsuits and Disputes:** We may disclose your PHI in response to a court order or administrative order, subpoena, discover request, or other lawful request.

**Law Enforcement:** We may release PHI if asked to do so by law enforcement official: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect,

fugitive, material witness or missing person; (3) as necessary to report a crime on our premises; (4) to report a death that we believe may be the result of criminal conduct; or (5) in an emergency, to report a crime.

***By law we must have your written permission (an “authorization”) to use or give out your PHI for any purpose that is not described in this Notice. You may take back (“revoke”) your written permission at any time, except if we have already acted based on your permission.***

### **III. Your rights regarding Protected Health Information (PHI):**

You have certain rights regarding your PHI. The summary below sets forth your rights relating to your PHI. You may exercise these rights by contacting: Richard Thompson at Families & Community Together, 240 Sheffield Street, Mountainside, NJ 07092. Requests to exercise your rights must be in writing. For your convenience, you may use one of our approved forms. To request a form, please contact Mr. Thompson at (908) 789-8500 x 155.

1. **Rights to access your PHI:** *You have the right to inspect or get copies of your PHI contained in your designated record set. A Designated Record Set contains information collected, maintained and used to make decisions about the child enrolled in the Care Management Organization. Generally, it includes enrollment and demographic information, individual service plans and billing information. However, you may not inspect or copy psychotherapy notes.*
  - ❖ Requests must be made in writing; you can use one of the approved forms.
  - ❖ We may charge a reasonable fee for making copies of your PHI.
  - ❖ In certain circumstances, we may deny your request for access to your PHI. If we do, we will tell you our reasons in writing and explain your right to have the denial reviewed.
  
2. **Right to amend your PHI:** *You have the right to request that we amend your PHI if you believe there is a mistake in your PHI or that important information is missing.*
  - ❖ Requests must be made in writing; you can use one of the approved forms.
  - ❖ We may deny the request if we determine that the PHI is correct and complete, or was not created by us and/or is not part of our records, or is a type of information we cannot disclose. If we deny your request for changes, we will tell you in writing the reasons for the denial and explain your rights to file a written statement of disagreement.
  - ❖ If we approve the request, we will amend the PHI, and tell you and others that need to know, about the change.
  
3. **Right to request restrictions on the use of PHI:** *You have the right to request that we place additional restrictions on our use of your PHI.*
  - ❖ Requests must be made in writing; you can use one of the approved forms.
  - ❖ We will consider any request you have to restrict the disclosure. However, we do not have to agree to your request if it restricts care coordination, treatment, payment or health care operations.
  - ❖ If we agree to your request, we will put our agreement in writing and follow it, except in emergency situations. We cannot agree to limit the use of sharing information as required by law.

4. **Right to choose how to contact you:** *You have the right to request that we communicate with you about Care Management services in a certain way or at a certain location, if using standard means of communications may endanger you.*  
*For example, you can ask that we only contact you at work or by mail.*
  - ❖ Requests must be made in writing; you can use one of the approved forms.
  - ❖ We will agree to your request as long as it is reasonable for us to do so.
  
5. **Right to find out what disclosures have been made:** *You have the right to request a list of the disclosures we've made of your PHI, including the date, the person receiving the PHI and the purpose of the disclosure.*
  - ❖ Requests must be made in writing; you can use one of the approved forms.
  - ❖ This list will not include disclosures made for the purposes of care coordination, treatment, payment or health care operations.
  - ❖ This list will not include disclosures made before April 14, 2003 and will not include disclosures that health authorities or law enforcement agencies ask us not to list.
  - ❖ You can request a list of disclosures going back for up to six years but not earlier than April 14, 2003.
  - ❖ There will not be a charge for one list per 12-month period. There may be a charge for more than one list per year. We will give you notice of any fee to be charged.

#### IV. **Your right to file a privacy complaint:**

If you believe your privacy rights have been violated, or if you are dissatisfied with our privacy practices or procedures, you may file a complaint with FACT's Director of Quality and Corporate Compliance Officer, Richard Thompson, and with the Secretary of the U.S. Department of Health & Human Services. We will not discriminate against you in any way for filing a complaint pertaining to this matter.

Secretary of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, SW  
Washington, DC 20201  
Phone: 202-619-0257 or toll free 877-696-6775

To file a privacy complaint with us, you may contact the Director of Quality and Corporate Compliance Officer, Richard Thompson as follows:

Richard Thompson  
Families & Community Together  
240 Sheffield Street  
Mountainside, NJ 07092  
908-789-8500 x 155

FACT will review and update this notice and will re-distribute whenever a material or significant change to the uses or disclosures, families' rights, legal duties, and/or privacy practices in this notice occurs.