

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

This notice describes the privacy practice of Trinitas Regional Medical Center and certain of its affiliates, physicians, nurses and other personnel. It applies to services furnished to you at Trinitas Regional Medical Center a New Jersey non-profit corporation and its affiliates, namely the Marillac Corporation, Trinitas Health Foundation, a New Jersey non-profit organization; the Auxiliary of Trinitas Regional Medical Center, a New Jersey non-profit corporation; Trinitas Healthcare Corporation; and University Radiology of Trinitas.

This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act. It is designed to tell you how we may, under federal law, use or disclose your Health Information.

We are required by law to provide you with this Notice of our legal duties and privacy practices with respect to your Health Information that we maintain. HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act, places certain obligations upon us with regard to your Health Information and requires that we keep confidential any medical information that identifies you. We take this obligation seriously and when we need to use or disclose your Health Information, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your Health Information with others, we only provide the minimum amount of data necessary to respond to the need or request unless otherwise permitted by law.

I. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

We are permitted by law to use and disclose your Health Information without your written or other form of authorization under certain circumstances as described below. This means that we do not have to ask you before we use or disclose your Health Information for purposes such as to provide you with treatment, seek payment for our services, or for health care operations. We may also use or disclose your Health Information without asking you for other activities or to state and/or federal officials.

- **Treatment, Payment and Health Care Operations.**
 - We may use and disclose your Health Information in order to provide you with treatment and related services. We may disclose your Health Information to our health care professionals — including doctors, nurses and technicians — for purposes of assisting them with providing treatment to you, as well as to residents, interns and other trainees who may be assisting with the provision of your care.
 - We may use your information — and send relevant parts to your insurance companies — in order to determine your eligibility and benefits for services you receive and obtain payment for the services we have provided to you.
 - We may access or send your information to our attorneys or accountants in the event we need the information in order to address one of our own business functions, or to our other business partners in order to conduct our operations.
- **To Other Healthcare Providers.** We may disclose your Health Information to other health care professionals where it may be required by them to treat you, to obtain payment for the services they provided you with or for their own health care operations.
- **Disclosures to Relatives, Close Friends, Caregivers.** We may disclose your Health Information to family members and relatives, close friends, caregivers or other individuals that you may identify so long as we:
 - Obtain your agreement;
 - Provide you with the opportunity to object to the disclosure and you do not object; or
 - We reasonably infer that you would not object to the disclosure.

If you are not present or, due to your incapacity or an emergency, you are unable to agree or object to a use or disclosure, we may exercise our professional judgment in order to determine whether such use or disclosure would be in your best interests. Where we would disclose information to a family member, other relatives, or a close friend, we would disclose only that information we believe is directly relevant to his or her involvement with your care or payment related to your care. We will also disclose your Health Information in order to notify or assist with notifying such persons of your location, general condition or death. You may at any time request that we do NOT disclose your Health Information to any of these individuals.

- **Public Health Activities.** We may disclose your Health Information for certain public health activities as required by law, including:
 - to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - to report certain immunization information where required by law, such as to the state immunization registry or to your child's school;
 - to report births and deaths;
 - to report child abuse to public health authorities or other government authorities authorized by law to receive such reports;
 - to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration, such as reactions to medications;
 - to notify you and other patients of any product or medication recalls that may affect you;
 - 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; and
 - to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- **Health Oversight Activities.** We may disclose your Health Information to a health oversight agency such as Medicaid or Medicare that oversees health care systems and delivery, to assist with audits or investigations designed for ensuring compliance with such government health care programs.
- **Victims of Abuse, Neglect, Domestic Violence.** Where we have reason to believe that you are or may be a victim of abuse, neglect or domestic violence, we may disclose your Health Information to the proper governmental authority, including social or protective service agencies, who are authorized by law to receive such reports.
- **Judicial and Administrative Proceedings.** We may disclose your Health Information pursuant to a court order, subpoena or other lawful process in the course of a judicial or administrative proceeding. For example, we may disclose your Health Information in the course of a lawsuit you have initiated against another for compensation or damage for personal injuries you received to that person or his insurance carrier.
- **Law Enforcement Officials.** We may disclose your Health Information to police or other law enforcement officials as may be required or permitted by law or pursuant to a court order, subpoena or other lawful process. For example, we may disclose your Health Information to police in order to identify a suspect, fugitive, material witness or missing person. We may also disclose your Health Information to police where it may concern a death we believe is a result of criminal conduct or due to criminal conduct within our premises. We may also disclose your Health Information where it **would be** necessary in an emergency to report a crime, identify a victim of a crime, or identify or locate the person who may have committed a crime.
- **Decedents.** We may disclose your health information to medical coroners for purposes of identifying or determining cause of death or to funeral directors in order for them to carry out their duties as permitted or required by law.
- **Workers Compensation.** We may use or disclose your Health Information to the extent necessary to comply with state law for workers' compensation or other similar programs, for example, regarding a work-related injury you received.
- **Research.** Although generally we will ask for your written authorization for any use or disclosure of your Health Information for research purposes, we may use or disclose your Health Information under certain circumstances without your written authorization where our research committee has waived the authorization requirement.
- **Fundraising Communications.** From time to time, we may contact you by phone, email or in writing to solicit tax-deductible contributions to support our activities. In doing so, we may disclose to our fundraising staff certain demographic information about you, such as your name, address and phone number, as well as certain other limited information. You have a right to opt-out of receiving these communications and may do so at any time.
- **Health or Safety.** We may use or disclose your Health Information where necessary to prevent or lessen threat of imminent, serious physical violence against you or another identifiable individual, or a threat to the general public.
- **Military and Veterans.** For members of the armed forces and veterans, we may disclose your Health Information as may be required by military command authorities. If you are a foreign military personnel member, your Health Information may also be released to appropriate foreign military authority.
- **Specialized Government Functions.** We may disclose your Health Information to governmental units with special functions under certain circumstances. For example, your Health Information may be disclosed to any of the U.S. Armed Forces or the U.S. Department of State.
- **National Security and Intelligence Activities.** We may disclose your Health Information to authorized federal officials for purpose of intelligence, counterintelligence and other national security activities that may be authorized by law.
- **Protective Services for the President and Others.** We may disclose your Health Information to authorized federal officials for purposes of providing protection to the President of the United States, other authorized persons or foreign heads of state or for purposes of conducting special investigations.
- **Inmates.** If you are an inmate in a correctional institution or otherwise in the custody of law enforcement, we may disclose Health Information about you to the correctional institution or law enforcement official(s) where necessary:
 - For the institution to provide 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
- **Organ and Tissue Procurement.** Where you are an organ donor, we may disclose your Health Information to organizations that facilitate or procure organs, tissue or eye donations or transplantation.
- **As Required by Law.** We may use or disclose your Health Information in any other circumstances other than those listed above where we would be required by state or federal law or regulation to do so.
- **HIE Participation.** We may use or disclose your Health Information in connection with an electronic Health Information Exchange (HIE) that we may participate in for your treatment, whether you have health insurance and what it may cover, and to evaluate and improve the quality of medical care provided to all of our patients. Other health care providers, such as physicians, hospitals and other health care facilities, may also have access to your information in the HIE for similar purposes to the extent permitted by law. You have the right to "opt-out" or decline to participate in the HIE and we will provide you with this right at the earliest opportunity. If you choose to opt-out of the HIE, we will not use or disclose any of your information in connection with the HIE.

II. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION,

In general, we will need your **specific written authorization** on our HIPAA Authorization Form to use or disclose your Health Information for any purpose other than those listed above in Section I. For example, in order for us to send your information to your life insurance company, you would need to sign our HIPAA Authorization Form and tell us what information you would like sent.

We will seek your **specific written authorization** for *at least* the following information unless the use or disclosure would be otherwise permitted or required by law; as described above:

HIV/AIDS information. In most cases, we will NOT release any of your HIV/AIDS related information unless your authorization expressly states that we may do so. There are certain purposes, however, for which we may be permitted to release your HIV/AIDS information without obtaining your express authorization. For example for (1) your diagnosis and treatment; (2) scientific research; (3) management audits, financial audits or program evaluation; (4) medical education; (5) disease prevention and control when permitted by the New Jersey Department of Health and Senior Services; (6) to comply with a

certain type of court order; and (7) when required by law, to the Department of Health and Senior Services or other entity. You also should note that we may disclose your HIV/AIDS related information to third party payors (such as your insurance company or HMO) in order to receive payment for the services we provide.

Sexually transmitted disease information. We must obtain your specific written authorization prior to disclosing any information that would identify you as having or being suspected of having a sexually transmitted disease. We may use and disclose information related to sexually transmitted diseases without obtaining your authorization only where permitted by law, including to a prosecuting officer or the court if you are being prosecuted under New Jersey State law, to the Department of Health and Senior Services, or to your physician or a health authority, such as the local Board of Health. Your physician or a health authority may further disclose your STD information if he/she/it deems it necessary in order to protect the health and welfare of you, your family or the public. Under New Jersey law, we may also grant access to your STD information upon the request of a person (or his/her insurance carrier) against whom you have commenced a lawsuit for compensation or damages for your personal injuries.

Tuberculosis Information. We must obtain your specific written authorization prior to disclosing any information that would identify you as having or being suspected of having tuberculosis (TB). We may use and disclose information related to TB without obtaining your authorization where authorized by law, including for research purposes under certain conditions, pursuant to a valid court order, or when the Department of Health and Senior Services determines that such disclosure is necessary to enforce public health laws or to protect life or health of a named person.

- **Psychotherapy notes.** We must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychotherapy notes, without obtaining your written authorization, including the following: (1) to carry out certain treatment, payment or healthcare operations (e.g., use for the purposes of your treatment, for our own training, and to defend ourselves in a legal action or other proceeding brought by you), (2) to the Secretary of the Department of Health and Human Services to determine our compliance with the law, (3) as required by law, (4) for health oversight activities authorized by law, (5) to medical examiners or coroners as permitted by state law, or (6) for the purposes of preventing or lessening a serious or imminent threat to the health or safety of a person or the public.
- **Mental health information.** We must obtain your specific written authorization prior to disclosing certain mental health information or information that would identify you as having a mental health condition. We may use and disclose information related to mental health without obtaining your authorization only where permitted by law, including [List examples where state law would permit disclosure of mental health information].
- **Drug and alcohol information.** We must obtain your specific written authorization prior to disclosing information related to drug and alcohol treatment or rehabilitation under certain circumstances such as where you received drug or alcohol treatment at a federally funded treatment facility or program.
- **Genetic information.** We must obtain your specific written authorization prior to using or disclosing your genetic information for treatment, payment or health care operations purposes. We may use or disclose your genetic information, or the genetic information of your child, without your written authorization only where it would be permitted by law, including [List examples where state law would permit disclosure of genetic information].
- **Information related to emancipated treatment of a minor.** If you are a minor who sought emancipated treatment from us, such as treatment related to your pregnancy or treatment related to your child, or a sexually transmitted disease, we must obtain your specific written authorization prior to disclosing any of your Health Information related to such treatment to another person, including your parent(s) or guardian(s), unless otherwise permitted or required by law.
- **Marketing activities.** We must obtain your specific written authorization in order to use any of your Health Information to provide you with marketing materials by mail, email or telephone. However, we may provide you with marketing materials face-to-face without obtaining authorization, in addition to communicating with you about services or products that relate to your treatment, case management, care coordination, alternative treatments, therapies, providers or care settings. If you do provide us with your written authorization to send you marketing materials, you have a right to revoke your authorization at any time. If you wish to revoke your authorization, please contact the Privacy Office at [Privacy Office phone number] or in writing at [Privacy Office address].
- **Activities where we receive money for giving your Health Information to a third party.** For certain activities in which we would receive remuneration, directly or indirectly, from a third party in exchange for your Health Information, we must obtain your specific written authorization prior to doing so. However, we would not require your authorization for activities such as for treatment, public health or research purposes. If you do provide us with your written authorization, you have a right to revoke your authorization at any time. If you wish to revoke your authorization, please contact the Privacy Office at [Privacy Office phone number] or in writing at [Privacy Office address].

III. YOUR RIGHTS.

1. **Right to Request Additional Restrictions.** You have the right to request restrictions on the uses and disclosures of your Health Information, such as:
 - For treatment, payment and health care operations,
 - To individuals involved in your care or payment related to your care, or
 - To notify or assist individuals locate you or obtain information about your condition

Although we will carefully consider all requests for additional restrictions on how we will use or disclose your Health Information, we are not required to grant your request **unless** your request relates solely to disclosure of your Health Information to a health plan or other payor for the sole purpose of payment or health care operations for a health care item or service that you or your representative have paid us for in full and out-of-pocket. Requests for restrictions must be in writing. Please contact the Privacy Office if you wish to request a restriction.

2. **Right to Confidential Communications.** You have the right to make a reasonable written request to receive your Health Information by alternative and reasonable means of communication or at alternative reasonable locations.
3. **Right to Inspect/Copy Health Information.** You have the right to inspect and request copies of your Health Information that we maintain. For Health Information that we maintain in any electronic designated record set, you may request a copy of such Health Information in a reasonable electronic format, if readily producible. However, under limited circumstances, you may be denied access to a portion of your records. For example, if your doctor believes that certain information contained within your medical record could be harmful to you, we would not release that information to you. Please contact [Responsible Department/Individual] if you would like to inspect or request copies of your Health Information from us. We may charge you a reasonable fee for paper copies of your Health Information or the amount of our reasonable labor costs for a copy of your Health Information in an electronic format.
4. **Right to Notice of Breach.** We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your Health Information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured Health Information and inform you of what steps you may need to take to protect yourself.
5. **Right to Paper Copy of Notice of Privacy Practices.** You may at any time request a paper copy of this Notice, even if you previously agreed to receive this Notice by email or other electronic format. Please contact the Privacy Office to obtain a paper copy of this Notice.
6. **Right to Revoke Authorization.** You may at any time revoke your authorization, whether it was given verbally or in writing. You will generally be required to revoke your authorization **in writing** by contacting our Privacy Office. Any revocation will be granted except to the extent we may have taken action in reliance upon your authorization.
7. **Right to Request Amendment.** You may request that we amend, or change, your Health Information that we maintain by contacting [Responsible Department/ Individual]. We will comply with your request **unless**:
 - We believe the information is accurate and complete;
 - We maintain the information you have asked us to change but we did not create or author it, for example, your medical records from another doctor were brought to us and incorporated into your medical records with our doctors;
 - The information is not part of the designated record set or otherwise unavailable for inspection.
 - Requests for amendments must be in writing.
8. **Right to an Accounting.** You may request an accounting of certain disclosures we have made of your Health Information within the period of six (6) years from the date of your request for the accounting. The first accounting you request within a period of twelve (12) months is free. Any subsequently requested accountings may result in a reasonable charge for the accounting statement. Please contact the Privacy Office if you wish to request an accounting of disclosures. We will generally respond to your request in writing within thirty (30) days from receipt of the request.
 - **Right to Request an Accounting of Disclosures.** You may request an accounting of certain disclosures we have made of your Health Information from a designated record set within the period of **three (3) years** from the date of your request for the accounting. The first accounting you request within a period of twelve (12) months is free. Any subsequent requested accountings may result in a reasonable charge for the accounting statement. Please contact the Privacy Office if you wish to request an accounting of disclosures. We will generally respond to your request in writing within thirty (30) days from receipt of the request.]
 - **Right to Request Access Report.** You may request an access report of all accesses to your Health Information maintained in an electronic designated record set within the period of **three (3) years** from the date of your request for the access report. The first access report you request within a period of twelve (12) months is free. Any subsequent requested accountings may result in a reasonable charge for the access report. Please contact the Privacy Office if you wish to request an access report. We will generally respond to your request in writing within thirty (30) days from receipt of the request.

IV. OUR DUTIES.

We are required by law to maintain the privacy of your Health Information and to provide you with a copy of this Notice.

We are also required to abide by the terms of this Notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information — even if it was created prior to the change in the Notice.

However, if we do change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where all individuals seeking services from us will be able to read the Notice [as well as on our website at <http://>].

You may obtain the new Notice in hard copy as well from our Privacy Office.

V. COMPLAINTS TO THE GOVERNMENT.

You may make complaints to the Secretary of the Department of Health and Human Services ("DHHS") if you believe your rights have been violated.

We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

VI. CONTACT INFORMATION.

You may contact us about our privacy practices by writing or calling the Privacy Officer at:

Privacy Office
Trinitas Regional Medical Center
225 Williamson Street
Elizabeth, New Jersey 07207
Telephone Number: (908) 994-5317

You may contact the DHHS at:

Office for Civil Rights
Department of HHS
Jacob Javits Federal Building
26 Federal Plaza - Suite 3312
New York, NY 10278
Voice Phone (212) 264-3313
FAX (212) 264-3039
TDD (212) 264-2355

VII. ELECTRONIC NOTICE

This Notice of Privacy Practices is also available on our web page at <https://www.TrinitasRMC.org>.