

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

**I. We are required by law to protect the privacy of your health information.**

We call this protected health information “PHI,” and it includes individually identifiable health information that relates to your past, present, or future physical or mental health or condition, the provision of health care, or the past, present, or future payment for health care.

We are required by law to provide you with this Joint Notice about our privacy practices and legal duties that explains how, when, and why Robert Wood Johnson University Hospital New Brunswick and its Medical Staff may use or disclose your protected health information.

At Robert Wood Johnson University Hospital New Brunswick, we recognize and respect your right to confidentiality, and we maintain numerous safeguards to protect your privacy. We are required by law to abide by the terms of this Notice currently in effect. We reserve the right to change this Notice at any time and to make the revised Notice effective for all PHI we maintain. You can always obtain a copy of our most current Notice by contacting the Privacy Officer.

**II. How We May Use and Disclose Protected Health Information**

The following categories describe the most common ways that we may use or share your medical information. For each category, we have provided examples:

**Treatment** – Means the provision, coordination, or management of your health care, including consultations between doctors, nurses, and other providers regarding your care, and referrals for care from one provider to another. For example, your primary care doctor may disclose your protected health information to a cardiologist if he is concerned that you have a heart problem.

**Payment** - Means the activities we carry out to bill and collect for the treatment and services provided to you. For example, we may provide information to your insurance company about your medical condition to determine your current eligibility and benefits. Note that certain state or federal laws governing specialized types of PHI may require written permission from you prior to our disclosure of that PHI for payment purposes, and if so required by law, we will ask you to sign such permission to release your PHI to obtain payment.

**Health Care Operations** – Means the support functions that help operate the hospital, treat patients, or obtain payment for such treatment, such as quality improvement, case management, business planning, responding to patient concerns, and other important activities. For example, we may use your PHI to evaluate the performance of the staff that cared for you or to determine if additional hospital services are needed. In addition, we may remove details that identify you so that others can use the de-identified information to study health care delivery without learning your PHI.

**III. Other Uses and Disclosures of Protected Health Information**

In addition to using and disclosing your protected health information for treatment, payment, and health care operations, we may also use or disclose your information in the following ways:

**Appointment Reminders and Health-Related Benefits or Services.**

We may use PHI to contact you for a medical appointment or to provide information about treatment alternatives or other health care services that may benefit you.

**Disclosures to Family, Friends, and Others.** We may disclose your PHI to family, friends, and others identified by you as involved in your care or the payment of your care, to the extent related to that person’s involvement in your care or payment for your care. We may use or disclose your PHI to notify others of your general condition and location in the hospital. We may also allow friends and family to act for you and pick-up prescriptions, X-rays, etc. when we determine, in our professional judgment, that it is in your best interest to do so. If you are

available, we will give you the opportunity to object to these disclosures, and then we will not make these disclosures if you object.

**Patient Directory.** We may include your name, location in the facility, general condition, and religious affiliation in our patient directory. The directory information, except for your religious affiliation, may be released to people who ask for you by name so they can generally know how you are doing. Your religious affiliation may be given to a member of the clergy even if they do not ask for you by name. You may request that your information not be listed in the Patient Directory.

**Fundraising Activities.** We may contact you as part of our fundraising activities, as permitted by law. You have the right to tell us not to send you future fundraising communications.

**Marketing Activities.** We may contact you as part of our marketing activities, as permitted by law.

**Research Purposes.** In certain circumstances, we may use and disclose PHI to conduct medical research, subject to the requirements of applicable law. When required by law for certain types of research projects, we will obtain your written authorization prior to using or disclosing your PHI for such research.

**Disaster Relief.** When permitted by law, we may coordinate our uses and disclosures of protected health information with other organizations authorized by law or charter to assist in disaster relief efforts. For example, a disclosure of PHI may be made to the Red Cross or a similar organization in an emergency.

**Incidental Disclosures.** We may make incidental uses and disclosures of your PHI. Incidental uses and disclosures may result from otherwise permitted uses and disclosures and cannot be reasonably prevented. An example of an incidental disclosure would include a situation where a visitor in the hallway overhears the conversation between you and your nurse.

**IV. Special Situations**

Subject to the requirements of applicable law, we may make the following other types of uses and disclosures of your PHI:

**Organ and Tissue Donation.** If you are an organ donor, we may disclose your PHI to an organ procurement organization.

**Military Personnel.** If you are a member of the armed forces, we may release PHI about you as required by military authorities. We may also release health information about foreign military personnel to appropriate foreign military authorities.

**Worker’s Compensation.** We may disclose your PHI for programs that provide benefits for work-related illness or injury, or to comply with worker’s compensation laws.

**Public Health Activities.** We may disclose your PHI for public health activities, including disclosures to:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Persons under the jurisdiction of the Food & Drug Administration for activities related to product safety and quality and to report problems with medications or products
- Notify people who may have been exposed to a disease or are at risk of contracting or spreading a disease
- Notify government agencies if we believe an adult has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure of adult abuse if the patient agrees or when required by law.

**Health Oversight Activities.** We may disclose PHI to government agencies that oversee our activities. These activities are necessary to monitor the health care system and benefit programs, and to comply with regulations and the law.

**Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a coroner or medical examiner. We may also release patients' PHI to funeral directors so they may carry out their duties.

**Law Suits and Disputes.** If you are involved in a law suit or dispute, we may disclose your PHI subject to certain limitations.

**Required by Law Enforcement and Other Legal Actions.** We may release health information about you if asked to do so in response to a court order, subpoena, warrant, summons, or similar process. We also may disclose PHI to identify or locate a suspect, fugitive, material witness, or missing person. In addition, we may disclose information about a crime victim or about a death we believe may be the result of criminal conduct. We may disclose information about criminal conduct on our premises. In emergency situations, we may disclose PHI to report a crime, to help locate the victims of the crime, or to identify, describe, and/or locate the person who committed the crime.

**Serious Threats.** As permitted by law and ethical conduct, we may use or disclose PHI if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.

**National Security and Intelligence Activities.** We may disclose PHI to authorized officials for national security purposes such as protecting the President of the United States or other persons, or conducting intelligence operations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement, we may release your PHI to the correctional facility or law enforcement officials. This release would be necessary to provide you with health care; to protect your health and safety and the health and safety of others; or for the safety and security of the correctional institution.

**Health Information Exchanges (HIEs).** We and other health care providers participate with regional health information exchanges (HIEs). These exchanges allow patient information to be shared electronically with among health care providers, through a secured connected network. The HIEs give your health care providers who participate in the same exchanges electronic access to some of your pertinent medical information for treatment and continuity of your care. If you do not opt-out of the HIEs, we may release your health information through the HIEs to your participating providers, and we may also access information about you that has been made available through the HIEs. If you do opt-out of the exchanges, following the opt-out instructions near the end of this Notice, your PHI will not be made accessible to other providers through the HIEs, and your information may not be as quickly accessible by your other health care providers.

**Other Uses of Your Health Information.** Certain uses and disclosures of PHI will be made only with your written authorization, including: (a) most types of sharing of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under federal privacy rules. Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke the authorization at any time, provided the revocation is in writing - except if we have already taken action in reliance of your authorization.

## V. Your Rights

You have the following rights with respect to your protected health information:

**Right to Request Limits on Uses and Disclosures of Your PHI**—You have the right to request restrictions to how we use and disclose your PHI. Your request must be in writing and sent to the Privacy Officer. We are not required to agree to your request, unless your request is to restrict our sharing of your PHI with a health plan in order to receive payment, and the restricted PHI pertains solely to items or services for which you have paid your bill in full out of your own pocket. If we agree to your request, we will document the restrictions and abide by them, except in emergency situations as necessary. You may not limit the uses and disclosures that we are legally required to make.

**Right to Request Confidential Communications**—You have the right to request to receive confidential communications of protected health information by alternative means or at alternative locations. For example, sending information to your work address rather than to your

home address, or asking to be contacted by mail rather than telephone.

To request confidential communications, you must specify your instructions in writing on a form provided on request by the Privacy Officer. You must specify where and how you wish to be contacted. We will accommodate reasonable requests.

**Right to Inspect and Obtain Copies of your Protected Health Information**—In most cases, you have the right to inspect and obtain copies of protected health information used to make decisions about your care, subject to applicable law. To inspect or copy your medical information, you must make a request in writing to the Director, Health Information Management. If we deny your request, as permitted by law, we will notify you and you will have the right to have that denial reviewed in accordance with applicable law. If you request copies of your health information, we may charge a fee for copying, postage, and other supplies associated with your request.

**Right to Amend your Protected Health Information**—If you believe that the PHI that we have about you is incorrect or incomplete, you may request that we amend the information. To request an amendment, you must make your request in writing to the Director of Health Information Management and specify a reason that supports your request. We may deny your request, subject to applicable law.

**Right to Obtain a List of Disclosures We Have Made**—You have the right to request an "accounting" (a list) of certain types of disclosures that we have made of your PHI. Your request must be made in writing and must include a specific time period for the accounting (e.g., the past three months) up to 6 years prior to the date of your request.

There are several exceptions to the disclosures for which we must account. Examples of exceptions include disclosures for treatment, payment, and health care operations; those made to you; those made as a result of an authorization by you; those made for national security or intelligence purposes. Requests for an accounting of disclosures must be made in writing to the Director of Health Information Management. The first accounting you request within a 12-month period is free. For additional accountings, we may charge you for the cost of providing it. We will notify you of the cost before processing your request so that you may withdraw or modify your request before costs are incurred.

**Right to Be Notified of Breaches**—You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which breach requires notification under federal privacy rules.

**Right to Opt-Out of Health Information Exchanges** - Robert Wood Johnson University Hospital New Brunswick has partnered with a Health Information Organization, Jersey Health Connect, to help patients and their authorized healthcare providers share or exchange relevant healthcare information.

If you do not wish to allow other health care providers involved in your care to electronically share your PHI with each other through HIEs, you have the right to opt-out of the HIEs, by contacting Jersey Health Connect at 973-596-5857 and filling out the opt-out form electronically at <http://www.jerseyhealthconnect.org/patients/opt-out/>, and your information will not be accessible through the HIEs. If you do opt out of the HIEs, your information will not be accessible from the exchange networks; however, all other typical uses and releases of your information will continue in accordance with this Notice and applicable law. If at any time you wish to reverse your opt-out decision, you may opt back in by calling Jersey Health Connect at 973-596-5857. If you have any questions or concerns, you may contact the Privacy Officer.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Robert Wood Johnson University Hospital New Brunswick or the Secretary of the Department of Health and Human Services.

To file a complaint with Robert Wood Johnson University Hospital New Brunswick, contact the Privacy Officer at the address below. We will not take action against you for filing a complaint.

## CONTACT PERSON

If you have questions or would like additional information about this Notice, please contact the Privacy Officer, at:

Robert Wood Johnson University Hospital  
1 Robert Wood Johnson Health Place

New Brunswick, New Jersey 08901  
Telephone Number: (732) 266 - 3841

**EFFECTIVE DATE**  
This Notice is effective as of May 27, 2021.