

NOTICE OF PRIVACY PRACTICES WOMEN'S CHOICE MEDICAL CENTER

Effective Date: October 15, 2018

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.

YOUR RIGHTS

- **Right to see and copy your records.** In most cases, you have a right to view or get copies of your records. You must make your request in writing. We will provide a response to your request within thirty (30) days. You may be charged a fee for the cost of copying your records.
- **Right to an electronic copy of your medical records.** If your information is maintained in an electronic format, you may request that your electronic records be transmitted to you or another individual or entity. We will respond to your request within thirty (30) days.
- **Right to correct or update your records.** You may ask us to correct your health information if you think there is a mistake. You must make your request in writing and provide a reason for your need to correct the information.
- **Right to choose how we communicate with you.** You may ask us to share information with you in a certain way. For example, you can ask us to send information to your work address instead of your home address. You must make this request in writing. You don't have to explain a reason for the request. We may deny unreasonable requests.
- **Right to get a list of disclosures.** You have a right to ask us for a list of disclosures made after April 14, 2003. You must make a request in writing. This will not include information shared for treatment, payment or health operation purposes. We will provide one accounting a year free of charge, but may charge a cost for additional lists provided within the 12-month period.
- **Right to get notice of a breach.** You have a right to be notified upon a breach of any of your protected health information.
- **Right to request restrictions on uses or disclosures.** You have a right to ask us to limit how your information is used or shared with others. You must make the request in writing and indicate what information should be limited. We are not required to agree to a requested restriction. If you paid out-of-pocket expenses in full for a specific item or service, you have a right to ask that your information with respect to that item or service not be disclosed. We will always honor that request.
- **Right to revoke authorization.** If we ask you to sign an authorization to use or disclose your information, you can cancel that authorization at any time. You must make that request in writing. Your request will not affect information that has already been shared.
- **Right to get a copy of this notice.** You have a right to ask for a paper copy of this notice at any time
- **Right to file a complaint.** You have a right to file a complaint if you don't agree with how we have used or disclosed your information.
- **Right to choose someone to act for you.** If someone has been legally designated as your personal representative, that person can exercise your rights and make choices about your health.

OUR DUTIES

The Department of Human Services functions as a health care provider for you and your family. Consequently, we must collect information about you to provide these services. We are required to protect your information according to federal and state law and will abide by the terms of this notice. We may use and disclose information without your authorization for the following purposes:

- **Treatment Purposes.** We may use or disclose your information to health care providers who are involved in your health care.
- **Payment.** We may use or disclose your information to get payment or pay for health care services you received or will receive.
- **Health Care Operations.** We may use or disclose your information in order to manage our business, improve your care and contact you when necessary.
- **As Required by Law.** We will disclose information to a public health agency that maintains vital records, such as births, deaths and some diseases.
- **Abuse and Neglect Investigations.** We may disclose your information to report all potential cases of abuse and/or neglect.
- **Health Oversight Activities.** We may use or disclose your information to respond to an inspection or investigation by state officials.
- **Government Programs.** We may use and disclose your information for the management and coordination of public benefits under government programs.
- **To Avoid Harm.** We may use and disclose information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** We may use and disclose your information for studies and to develop reports. These reports will not specifically identify you or another person.
- **Business Associates.** We may use and disclose your information to our business associates that perform functions on our behalf, if necessary, to complete those functions.

- **Organ and Tissue Donation.** If you are an organ donor, we may use and disclose your information to organizations engaged in procuring, banking or the transportation of organs, eyes, or other tissues to facilitate organ transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose your information to the appropriate military authority.
- **Workers Compensation.** We may use or disclose your information for workers compensation or similar programs providing benefits for work-related injuries or illnesses.
- **Data Breach Notification Purposes.** We may use or disclose your information to provide legally required notices of unauthorized access or disclosure of your health information.
- **Lawsuits and Disputes.** We may use or disclose your information in response to a Court or Administrative Order, subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose your information to law enforcement if the information: 1) is in response to a court order, subpoena, warrant or similar process; 2) limited to identify or locate a suspect, fugitive, material witness or missing person; 3) about a victim of a crime under very limited circumstances; 4) about a death potentially resulting from a crime.
- **Coroner, Medical Examiners and Funeral Directors.** We may disclose your information to a Coroner or Medical Examiner to identify a deceased person or determine the cause of death. We may release your information to a Funeral Director as necessary for their duties.
- **National Security and Intelligence.** We may disclose your information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose your information to authorized federal officials so that they can provide protection to the U.S. President; other authorized persons or foreign heads of state, or to conduct special investigations.
- **Inmates or Individuals in Custody.** If you are an inmate, we may release your information to a correctional institution if that information would be necessary for the institution to: 1) provide you with health care; 2) protect your health and safety or the health and safety of others or: 3) for the safety and security of the correctional institutions.
- **Disclosure to Family, Friends and Others.** We may disclose your information to your family members, friends or other persons who are involved in your medical care. You may object to the sharing of this information. We may also share your information with someone legally designated as your personal representative.
- **Hospital Directory.** Unless you notify us that you object, we may include certain information about you in the hospital directory in order to respond to inquiries from friends, family, clergy and others who inquire about you when you are a patient in the hospital.

Other Uses and Disclosures that Require Your Written Authorization

- **For All Other Situations.** We will ask for your written authorization before using or disclosing information for any other purpose than what is mentioned above. Special circumstances that require an authorization include most uses and disclosures of your psychotherapy notes, certain disclosures of your test results for the human immunodeficiency virus or HIV, uses and disclosures of your health information for marketing purposes and for the sale of your health information with some exceptions. If you give us authorization, you can withdraw this written authorization at any time. To withdraw your authorization, please contact us at the number below. If you revoke your authorization, we will no longer use or disclose your health information as allowed by your written authorization, except to the extent that we have already relied on your authorization.
- **As Required by Other Laws.** We will ask for your written authorization to comply with other laws protecting the use and disclosure of your information.

FILING A COMPLAINT

You may use the contact information below if you want to file a complaint or to report a problem regarding the use or disclosure of your health information. Treatment or services being provided to you will not be affected by any complaints you make. DHS opposes any retaliatory acts resulting from participation in an HIPAA investigation.

State of New Jersey
 Department of Human Services
 Office of Legal and Regulatory Affairs
 P.O. Box 700
 Trenton, NJ 08625
 888-347-5345

U.S. Department of Health and Human Services
 Office of Civil Rights
 200 Independence Ave, S.W., Room 509H
 Washington DC, 20201
 Phone: 866-627-7748/ TTY: 866-788-4989
www.hhs.gov/ocr

DHS or its appropriate Division will respond to your communication within thirty (30) days.

CHANGES TO THIS NOTICE

Any change could apply to medical information we already have about you, as well as information we receive in the future. A copy of a new notice will be posted in our facilities/offices and provided to you as required by law. You may ask for a copy of our current notice or get it online on our website.