

FAMILY GUIDANCE CENTER OF WARREN  
COUNTY

## 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.**

Privacy is a very important concern for the Family Guidance Center and all those who come to this office. It is also complicated because of federal and state laws and our professional ethics. Because the rules are so complicated some parts of this Notice are quite detailed and you probably will have to read them several times to understand them. If you have any questions, our Privacy Officer will be happy to help you. His or her name and address are at the end of this Notice.

### **CONTENTS OF THIS NOTICE:**

- A. Introduction
- B. Important terms
- C. What we mean by your medical information
- D. Privacy and the laws about privacy
- E. How your protected health information can be used and shared
  - 1. a) For treatment, payment, and health care operations (TPO)
  - b) Other uses in health care
  - 2. Uses and disclosures of PHI *not requiring* consent or authorization
  - 3. Uses and disclosures *requiring* your authorization
  - 4. Uses and disclosures requiring you to have an opportunity to object
- F. Your rights under HIPAA
- G. If you have questions or problems

### **A. Introduction**

This notice will tell you how we handle information about you. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. We are also required to tell you about this because of the privacy regulations of a federal law, the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*.

Because this law and the laws of this state are very complicated and we don't want to give you a lot to read that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for further explanation or more details.

### **B. Important Terms**

**HIPAA** - Health Insurance Portability and Accountability Act of 1996

**NPP** - Notice of Privacy Practices

**TPO** - Treatment, Payment, or Operations

**PHI** - Protected Health Information

## **C. What we mean by your medical information**

Each time you visit us (or any doctor's office, hospital, clinic, or any other "healthcare provider") information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the treatment or other services you received from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI which stands for Protected Health Information. This information goes into your medical or healthcare record or file at the office. In this office this PHI is likely to include these kinds of information:

- Your history: as a child; in school and at work; and spiritual, marital and personal histories;
- Reasons you came for treatment: your problems, complaints, symptoms, needs, goals;
- Diagnoses: diagnoses are the medical terms for your problems or symptoms;
- A treatment plan: these are the treatments and other services which we think will best help you;
- Progress notes: each time you come in we write down some things about how you are doing, what we observe about you, and what you tell us;
- Records we get from others who treated you or evaluated you;
- Information about medications you took or are taking;
- Billing and insurance information.

This list is just to give you an idea. There may be other kinds of information that go into your healthcare record here. We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- To show that you actually received the services from us which we billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For public health officials trying to improve health care in this country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

## **D. Privacy and the laws**

The HIPAA law requires us to keep your PHI private and to give you this Notice of Privacy Practices or NPP, which is a notice of our legal duties and our privacy practices. We will obey the rules of this notice as long as it is in effect, but if we change it, the rules of the new NPP will apply to all the PHI we keep. If we change the NPP, we will post the new Notice in our office where everyone can see it. You or anyone else can also get a copy from our receptionists or Privacy Officer.

## **E. How your protected health information can be used and shared**

When your information is read by this agency, that is called, in the law, "use." If the information is shared with or sent to others outside this agency, that is called, in the law, "disclosure." Except in some special circumstances, when we use your PHI here or disclose it to others, we share only the minimum PHI needed for the purpose. Since the law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed, we will tell you more about what we do with your information.

### **1. Uses and disclosures of PHI in healthcare with your consent**

After you have read this Notice you will be asked to sign a separate Consent form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called TPO (for Treatment, Payment, or Operations) and the Consent form allows us to use and disclose your PHI for treatment, payment or health care operations.

**a. For treatment, payment, or health care operations**

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly. Therefore, you must sign the Consent form before we begin to treat you because if you do not agree and consent, we will not treat you.

When you come to see us, several people in our office may collect information about you and all of it may go into your healthcare records here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. Let's see what these are about.

***For treatment:***

We use your medical information to provide you with mental health treatment or services. These might include individual, family, or group therapy, psychological testing, psychiatric evaluation, treatment planning, or measuring the effects of our services.

We may share or disclose your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with them so that the services you receive will be coordinated. They will also enter their findings, the actions they took, and their plans into your record so that we all can decide what treatments work best for you and make up a Treatment Plan. We may refer you to other professionals or consultants for services we cannot offer such as lab testing, medical treatments, pharmacy services, or inpatient treatment. When we do this, we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

***For payment:***

We may use your information to bill you, your insurance, or others in order to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your progress, and other similar things.

***For health care operations:***

There are some other reasons, called health care operations, for which we may use or disclose your PHI. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

## b. Other uses in healthcare

**Appointment Reminders:** We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or if you prefer some other way to reach you, we usually can arrange that. If you sign a request we may remind you of your appointment via automated phone call or text message.

**Treatment Alternatives:** We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

**Other Benefits and Services:** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Business Associates:** There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. An example is our auditor, who performs yearly examinations to provide reasonable assurance of the accuracy of our fiscal practices. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

### 2. Uses and disclosures of PHI *not requiring Consent or Authorization*

- a. The law lets us use and disclose some of your PHI without your consent or authorization in some cases. The following are examples:

**When required by law:** There are some federal, state, or local laws which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will only do so after trying to tell you and your lawyer about the request to allow you to contest the subpoena. We will attempt to protect your PHI but must release it if we receive an appropriate court order.
- We have to release (disclose) some information to the government agencies which check on us to see that we are obeying the privacy laws.

**For public health activities:** We might disclose some of your PHI to agencies which investigate diseases or injuries.

**For specific government functions:** We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Worker's Compensation programs, and to correctional facilities if you are an inmate, and for national security reasons.

**For funding agencies:** We may need to disclose some of your PHI to agencies who fund our programs and conduct site reviews to ascertain if we are in compliance with federal, state, or local regulations.

**To prevent a serious threat to health or safety:** If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

**Relating to decedents:** We might disclose PHI to coroners or medical examiners.

- b. Federal laws (42-CFR-Part 2) relating to the privacy of records from alcohol and other drug treatment have a higher degree of protection. Authorization is generally required for disclosure; however, we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

**Relating to decedents:** We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

**For research, audit or evaluation purposes:** In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

### **3. Uses and disclosures *requiring your authorization***

If we want to use your information for any purpose besides the TPO or those we described above we need your authorization on an "Authorization for Release of Information" form. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information **we had** already disclosed with your permission or that we had used in our office.

While most of the information about your diagnosis and treatment is kept in progress notes, in some instances, your therapist may choose to keep a set of *psychotherapy notes*. HIPAA offers a special level of protection for the information contained in psychotherapy notes. The contents of these notes vary from client to client. They can include the contents of conversations with your therapist, your therapist's analysis of those conversations, and how they impact on your therapy. They may also contain particularly sensitive information that you reveal that is not required to be included in your clinical record. These psychotherapy notes are kept separate from your progress notes. They are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment or operational purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, our Privacy Officer will notify you in writing of our agreement to comply with your wishes.

### **4. Uses and disclosures requiring you to have an opportunity to object**

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you what information you want us to tell about your condition or treatment and to whom. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency and we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve, we will stop, as long as it is not against the law.

## F. Patient's rights under HIPAA

- *Your right to inspect and copy your health information*

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. In some very unusual situations, you cannot see all of what is in your records. For instance, you do not have access to Psychotherapy Notes; 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 (for example, records relating to sexually transmitted diseases or substance abuse). If your child is over 14 years of age, you will need his/her permission to review the record.

If you want a copy of your records, we can make one for you but will charge you for the costs of copying. If you wish to have a copy of your records, you can obtain a Record Request Form from the receptionist. The cost of copying is \$1.00 per page for the first 100 pages, and 25 cents per page after that, up to a maximum of \$200 per record. We will also charge you for our postage costs if you request that we mail the copies to you. When we disclose your PHI we will keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures. You may obtain a request form from the receptionist to request such an accounting.

- *Your right to amend your health information*

If you find anything in your records that you think is incorrect or if you think something important is missing, you can ask us to amend or add information to your record. In some rare situations we don't have to agree to do that. Our Privacy Officer, whose name is at the end of this Notice, can explain more about this.

- *Your right to an accounting of disclosures*

When we disclose your PI-D we will keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures. You may obtain a request form from the receptionist to request such an accounting.

- *Your right to a paper copy*

You have the right to obtain a paper copy of the Notice of Privacy Practices even if you have agreed to receive it electronically.

- *Your right to request restrictions*

You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request

- *Your right to receive confidential communications by alternative means and at alternative locations*

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. You can tell us where and how you want to be contacted. We can also send your bills to another address.)

## **G. If you have questions or problems**

If you need more information or have questions about the privacy practices described above please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer, and/or obtain a complaint form from the receptionist. You have the right to file a complaint with us and with the Secretary of the federal Department of Health and Human Services. You can contact the Privacy Officer to obtain the address. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer:

Laurie Boehm, LCSW  
Family Guidance Center  
492 Route 57 West  
Washington, NJ 07882

Telephone: 908-689-1000  
E-mail: [lboehm@fgcwc.org](mailto:lboehm@fgcwc.org)

The effective date of this notice is April 14, 2003/ Rev. 8/2019