

# 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. If you have any questions about this notice, please contact the Privacy Officer.

## Who Will Follow This Notice –

**This notice describes our hospital's practices and that of:**

- Any healthcare professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff, and other hospital personnel.

## Our Pledge

### Regarding Medical Information:

We understand medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice that is currently in effect.

## How May We Use and Disclose Medical Information About You.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will

be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Incidental Uses** During your treatment at hospital, there may be instances in which your Personal Health Information (PHI) may inadvertently be disclosed to others on the hospital grounds due to the nature of services that we provide. Some examples of such incidental disclosures that you should be aware of are:

- 1) The nature of the treatment rendered in Bergen New Bridge Medical Center's Behavioral Health Unit may reveal information about a patient, for example: Group therapy is utilized at Bergen New Bridge Medical Center as part of the therapeutic process. Personal health information is often disclosed in therapeutic groups in which many patients participate.
- 2) Luggage and some other personal belongings are labeled and stored in a locked, secured area. When patients are provided access to this area, it may be possible to view the names labeled on the luggage or other personal belongings being stored.
- 3) There are parts of the hospital outside of the therapeutic units that are considered to be "common areas," and shared by other patients, residents, and visitors, such as the dining room, library, hallways, registration area, gym, and the surrounding outside areas.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions,

lab work and X-rays. We also may disclose certain medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as those we use to provide services that are part of your care. With your authorization, we may also provide information to family members and/or clergy who may be involved with your care.

**For Payment.** We may use and disclose medical information about you so the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval to determine whether your plan will cover treatment.

**For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see whether we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Appointment Reminders.** We may use your medical information to contact you as a reminder you have an appointment for treatment or medical care at the hospital.

**Treatment Alternatives.** We may use your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use your medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities.** We may use medical information

about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address, and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify the Vice President of Marketing and Public Relations Department in writing.

**Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation, and may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information revealing who you are, or will be involved in your care at the hospital.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health

and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## Special Situations

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Individuals Involved in Your Care or Payment for Your Care.** Disclosures to family, friends, or others. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer from the circumstances you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative, or close personal friend, we would disclose only information we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

**Workers Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or conditions. and that you are in the hospital.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;

- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of all recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medication information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health-care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death believed to be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

## Uses and Disclosures Requiring Authorization

This section describes when we must obtain your written permission to use or disclose your PHI.

**Use or Disclosure with Your Authorization.** For any purpose other than the ones described above or in this Section, we only may use or disclose your PHI when you grant us your written authorization on our authorization form. For instance, you will need to complete and sign an authorization form before we can send your PHI to your life insurance company, or to the attorney representing the other party in litigation in which you are involved.

**Confidentiality of Alcohol and Drug Abuse Patient Records Requires Authorization.** The confidentiality of alcohol and drug abuse patient records maintained by the hospital is protected by Federal law and regulations. Generally, we may not say to a person outside our facilities a patient attends our substance abuse program(s), or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at our premises or against any person who works for us or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

**Marketing.** We must also obtain your written authorization prior to using your PHI to send you any marketing materials. We can, however, provide you with marketing materials in a face-to-face encounter, or in the form of a promotional gift of nominal value, without obtaining your authorization.

**HIV/AIDS Related Information.** Your authorization must expressly refer to your HIV/AIDS related information in order to permit us to disclose your HIV/AIDS related information. However, there are certain purposes for which we may disclose your HIV/AIDS information, without obtaining Your authorization: (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 (6) pursuant to a court order under certain circumstances; and (7) when required or otherwise authorized by law, to the Department of Health and Senior Services or another entity.

**Genetic Information.** Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements, or pursuant to a court order), we will obtain your special written consent prior to obtaining or retaining your genetic information (for example, your DNA sample), or using or disclosing your genetic information for treatment, payment, or health care operations purposes. We may use or disclose your genetic information for any other reason only when your authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey State law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body, or as otherwise authorized by a court order).

**Venereal Disease Information.** Your authorization must expressly refer to your venereal disease information in order to permit us to disclose any information identifying you as having or being suspected of having a venereal disease. However, there are certain purposes for which we may disclose your venereal disease information, without obtaining your authorization, including to a prosecuting officer or the court if you are being prosecuted under New Jersey law, to the Department of Health, or to your physician or a health authority, such as

the local board of health. Your physician or a health authority may disclose your venereal disease information only if he/she/it deems it necessary in order to protect the health or welfare of you, your family, or the public.

**Tuberculosis Information.** Your authorization must expressly refer to your tuberculosis information in order to permit us to disclose any information identifying you as having tuberculosis or refusing/failing to submit to a tuberculosis test if you are suspected of having tuberculosis or are in close contact to a person with tuberculosis. However, there are certain purposes for which we may disclose your tuberculosis information, without obtaining Your authorization, including for research purposes under certain conditions, pursuant to a valid court order, or when the Commissioner of the Department of Health (or his/her designee) determines that such disclosure is necessary to enforce public health laws or to protect the life or health of a named person.

## Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny

your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper, or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask not to use or disclose information about a surgery you had. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must

make your request in writing to the Patient Registration Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.newbridgehealth.org](http://www.newbridgehealth.org), or by contacting [kwallace@bergenregional.com](mailto:kwallace@bergenregional.com). To obtain a paper copy of this notice, contact the Patient Registration Department.

## Changes To This Notice

**We reserve the right to change this notice.** We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an in-patient or outpatient, we will offer you a copy of the current notice in effect.

## Complaints

**If you believe your privacy rights have been violated,** you may file a complaint with the hospital, by contacting the Privacy Officer at 201-967-4063, or with the New Jersey Secretary of State. All complaints must be in writing. You will not be penalized for filing a complaint.

## Other Uses of Medical Information

**Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.** If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by our written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.