



# Notice of RBHS Privacy Practices for Protected Health Information

*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.*

*We, at RBHS, understand that health information about you and your health is personal.*

We therefore are committed to and required by law to maintain the privacy of your health information and to provide you with notice of legal duties and privacy practices with respect to your health information. We will not use or disclose your health information except as described in this Notice. This Notice applies to all of the health information maintained by our units, and our Centers and Institutes, which are collectively referred to as RBHS.

<b>RBHS Units</b>	
Graduate School of Biomedical Sciences	School of Health Related Professions
Rutgers School of Dental Medicine	Rutgers School of Nursing
New Jersey Medical School	Rutgers College of Nursing
Robert Wood Johnson Medical School	School of Public Health
Cancer Institute of New Jersey	Robert Wood Johnson University Medical Group
Ernesto Mario School of Pharmacy	University Behavioral Health Care
Center for Advanced Biotechnology and Medicine	Institute for Health, Health Care Policy and Aging
Environmental and Occupational Health Sciences Institute	Research

For a complete listing of the Centers and Institutes of RBHS, please go to our web site: <http://rbhs.rutgers.edu/complweb/center-inst.htm>.

The units, centers, and institutes of RBHS may share your health care information with each other, as necessary to carry out treatment, payment, or health care operations.

## **How We May Use and Disclose Your Health Information:**

*We may use and disclose your health information as described below. However, this is only meant to give you a general overview and not to describe all specific possible uses and disclosures that may occur.*

### **Treatment**

We may use your health information to provide medical/dental treatment, items or services. For example, we may disclose all or any portion of your health information to your attending physician, treating physician, treating dentist, consulting physician(s), nurses, technicians, medical students, dental students, and other health care professionals who have a need for such information for your care and treatment.

Also, different departments may share health information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. We may also disclose your health information to people outside RBHS who may be involved in your medical/dental care, such as family members, social service, clergy and others that provide services that are part of your care. Also, our staff may discuss your care in a case conference.

### **Treatment Alternatives**

We may use and disclose your health information to tell you about possible treatment options or alternatives or other health related benefits that may be of interest to you.

### **Payment**

We may use and disclose health information about you so that we may bill and receive payment for treatment and services that you receive. Your information may also be necessary for purposes of determining coverage, medical necessity, pre-authorization or certification and for utilization management. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or portions of your medical/dental record, which are necessary for payment of your account. For example, a bill sent to an insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used. Also, your health information may be disclosed to consumer reporting and/or to collection agencies.

## **Healthcare Operations**

We may use and disclose your health information for our health care operations, including quality assurance, utilization review, medical/dental review, internal auditing, accreditation, social services certification, licensing or credentialing activities of RBHS, certain medical/dental research, and educational purposes. For example, RBHS may review your health information to make sure that RBHS is providing quality care to all of its patients.

## **Other Health Care Providers, Health Plans, and Clearinghouses**

We may use and disclose your health information to your treating provider or health plan, or a clearinghouse involved in the billing of services and treatment provided to you, for the purpose of providing you treatment, receiving or processing payment, and to conduct certain operational activities as permitted by law.

## **Activities of Organized Health Care Arrangements in Which We Participate**

For certain activities, the various components of RBHS (listed earlier in this Notice) and other independent providers are called an Organized Health Care Arrangement. We may disclose information about you to health care providers participating in our Organized Health Care Arrangements as necessary to carry out our treatment, payment, or health care operations. All participants in our Organized Health Care Arrangements have agreed to abide by the terms of this Notice with respect to your health care information created or received as part of the delivery of health care services to you at RBHS.

## **Appointment Reminders**

We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care or dental care at RBHS.

## **Facility Directory**

This section only pertains to the units at RBHS that utilize facility directories. Unless you object, we may include certain limited information about you in the facility directory while you are a patient at our facilities. This information may include your name, location in RBHS, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This is so your family and friends can visit you in the RBHS facility and generally know how you are doing.

The directory information, except for your religious affiliation, may only be given 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. If you do not want to be included in the facility directory or to limit those who can know that you are in the facility, inform the admitting staff.

## **Persons Involved in Your Care**

Unless you object, we may disclose your health information to family members, other relatives, close personal friends, or any other person(s) who are involved with your medical care, dental care, or payment.

## **Disaster Relief**

Unless you object, we may use or disclose your health information to a public or private entity authorized by law or by charter to assist in disaster relief efforts including notifying your family about your condition, status and location.

## **Health Related Benefits and Services**

We may use and disclose your health information to tell you of health-related benefits or services that may be of interest to you.

## **Business Associates**

We may use and disclose health information to business associates. A business associate is an individual or entity under contract with us to perform or assist RBHS in a function or activity which requires the use or disclosure of health information.

Examples of business associates, include, but are not limited to, copy services used by us to copy medical/dental records, consultants, accountants, lawyers, and medical transcriptionists. We require the business associate to enter into an agreement to protect the confidentiality of your health information.

## **Research**

While most uses and disclosures related to research require your authorization, in some limited situations we may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has waived the individual authorization requirement in accordance with the regulations covering this area.

## **De-Identified Data or Limited Data Sets**

We may use or disclose health information about you if we remove all information that could be used to identify you, i.e. “de-identified” information. We are required to remove over fifteen (15) different pieces of information that could be used to possibly identify you. We may also use or disclose a limited amount of health information about you in a “limited data set” for the purposes of research, public health, or health care operations if we enter into a data use agreement with the recipient of the data.

## **Organ Procurement Organizations**

We may use and disclose your health information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

## **Fundraising**

We may use and disclose certain health information to contact you in an effort to raise money for RBHS and or its units. We may disclose certain health information to a foundation related to RBHS so that the Foundation may contact you in its effort to raise money. The information released would only be contact information, such as your name, address, phone number, and the dates you received treatment or services at RBHS. If you wish to opt-out and do not want RBHS to contact you for fundraising efforts, you must notify the Foundation of RBHS, 120 Albany Street, Tower II, Suite 850, New Brunswick, NJ 08901 in writing.

## **Health Oversight Agencies**

We may use and disclose your health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.

## **Law Enforcement**

We may use and disclose your health information for law enforcement purposes to a law enforcement official if required by law, or where permitted by law, or in response to a valid subpoena. Also, we may disclose health information if it is necessary for law enforcement authorities to identify or locate an individual.

## **Disclosures in Judicial/Legal Proceedings**

We may use and disclose your health information to a court or administrative agency when a judge or administrative agency orders us to do so. We may also use and disclose information about you in legal proceedings, such as in a response to a discovery request, subpoena, court order, etc. Also, RBHS may use or disclose your health information in preparation for any dispute or litigation between you and RBHS.

## **Public Health Risk**

We may use and disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required by law to report the existence of a communicable disease, such as acquired immune deficiency syndrome (“AIDS”), to the New Jersey State Department of Health to protect the health and well-being of the general public. Other activities generally disclosed include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse and neglect.
- To report reactions to medications or problems with products.
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if RBHS believes a patient has been the victim of abuse, neglect or domestic violence.

## **Safety of a Person or the Public**

We may use and disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

## **Workers’ Compensation**

We may use and disclose health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

## **Military/Veterans**

We may use and disclose your health information as required by military command authorities, if you are a member of the armed forces.

## **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical/dental record information to the correctional institution or law enforcement official. This release would be necessary:

- (1) for the institution to provide you with health care;
- (2) to protect your health and safety and that of others;
- (3) for the safety and security of the correctional institution.

## **Required by Law**

We may use and disclose health information about you when required to do so by State or Federal law. For example, we may disclose certain health information to those persons who have a risk exposure related to a communicable disease, as required by New Jersey law.

## **National Security and Intelligence Activities**

We may use and disclose your medical/dental information about you to authorized federal officials for intelligence, counterintelligence, and other National Security activities as authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President or other authorized persons.

## **Coroners, Medical Examiners, Funeral Directors**

We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. RBHS may also release your health information to funeral directors as necessary to carry out their duties.

## **Employers**

We may use and disclose your health information to your employer to conduct medical surveillance of the workplace, or to evaluate whether you have a work-related illness or injury.

## **Secretary of the Department of Health and Human Services**

We may use and disclose your health information when required by the Secretary of Health and the Department of Health and Human Services for purposes of investigating or determining compliance with the privacy law.

## **Sale of PHI**

The disclosure or sale of your PHI without authorization is prohibited. Under Federal law, this would exclude disclosures for treatment & payment, for public health purposes, for the sale of this institution, to any Business Associate for services rendered on our behalf, to the client upon request, and as required by law. In addition, the disclosure of your PHI for research purposes or for any other disclosure permitted by law will not be considered a prohibited disclosure if the only reimbursement received is a "reasonable, cost-based fee" to cover the cost to prepare and transmit your PHI. If an authorization is obtained to disclose PHI, the authorization must state that the disclosure will result in remuneration (meaning that RBHS will receive payment for disclosure of your PHI).

## **Marketing**

We will, in accordance to Federal law, obtain your written authorization to use or disclose your PHI for marketing purposes including all treatment and health care operations communications where we receive financial remuneration (meaning that RBHS receives direct payment from a third party whose product or service is being marketed.)

Face to face marketing communications and promotional gifts of nominal value regardless of whether they are subsidized are permitted and do not require authorization.

"Refill reminders, so as long as the remuneration for making such communications are "reasonably related to our costs" for making such communications, also are not subject to the authorization requirement.

## **Other Uses**

Any other uses and disclosures of your health information will be made only with your written authorization.

## Your Rights Regarding Your Health Records

*Although your health records are RBHS's property, you have the following rights:*

### **-Right to Confidential Communications**

You have the right to receive confidential communications of your health information by alternative means or at alternative locations. To exercise your right, please write to the address at the end of this section.

### **-Right to Request to Inspect and to Obtain a Copy**

You have the right to inspect and to obtain a copy of your health information. However, such requests may be denied as permitted under the law. You have the right to appeal such denials. To exercise your right, please write to the address at the end of this section. (Copying fees may be imposed.)

### **-Out-of-Pocket Payments**

If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

### **-Right to Request Amendment**

You have the right to request to amend your health information. However, RBHS may deny your request to amend your health information under certain circumstances. All requests for amendments must be in writing and provide a reason supporting your request for an amendment. To exercise your right, please write to the address at the end of this section.

### **-Right to Request Restrictions**

You have the right to request restrictions on certain uses and disclosures of your health information. However, RBHS is not required to agree to such request. You have the right to receive confidential communications of your health information by alternative means or at alternative locations. You must communicate your specific request in writing by using the proper form. To exercise your right, please write to the address at the end of this section.

### **-Right to an Accounting of Uses and Disclosures**

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. This list will not include disclosures of your health information made for treatment, payment, or health care operations, made to you, or made pursuant to an authorization signed by you.

The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six (6) years and should not include dates before April 14, 2003. The first accounting you request within a twelve (12) month period will be free. For additional requests during the same twelve month period, we will charge you for costs of the accounting. We will notify you of the amount we will charge and you may choose to withdraw or change your request before you are charged any costs.

To exercise your right, please contact the address below.

### **-Right to Receive A Copy of this Notice**

You have the right to receive a paper copy of this Notice, upon request. You may also obtain a copy of this notice at our website, [www.RBHS.edu/complweb](http://www.RBHS.edu/complweb).

### **-Right to Revoke Your Prior Authorization**

You have the right to revoke your authorization (your permission) to use or disclose your health information except to the extent that action has already been taken in reliance on your prior authorization. To exercise your right, please contact the address below. All requests to exercise your rights above must be made in writing to the address below:

Privacy Officer  
Rutgers Biomedical and Health Sciences  
Stanley S. Bergen, Jr. Building  
65 Bergen Street  
Suite 1346  
Newark, New Jersey 07107  
(973) 972-8093

## **-Right to Receive Notification of a Breach**

RBHS is required to notify you by first class mail or secure e-mail (if you have authorized) of any breaches of your Unsecure PHI, as soon as possible, or no later than sixty (60) days, following discovery of the breach. The Breach Notification will include; the date of the breach was discovered, specific unsecure PHI involved in the breach, steps you should take to protect yourself from potential harm, description of actions RBHS is taking to investigate the breach, mitigate losses and prevent against further breaches and our contact information, so you may obtain more information.

**All requests to exercise your rights above must be made in writing to the address below:**

Privacy Officer  
Rutgers Biomedical and Health Sciences  
Stanley S. Bergen, Jr. Building  
65 Bergen Street  
Suite 1346  
Newark, New Jersey 07107  
(973) 972-8093

## **For More Information or to Make a Complaint**

If you have questions and would like additional information, you may call the HIPAA hotline: (800) 215-9664. If you believe your privacy rights have been violated, you may file a complaint with RBHS or with the Secretary of the Department of Health and Human Services. To file a complaint, please contact the Office of Ethics, Compliance & Corporate Integrity above address. **There will be no retaliation for filing a complaint.**

## **Changes to This Notice**

RBHS will abide by the terms of the Notice currently in effect. However, RBHS reserves the right to change the terms of its Notice and to make the new Notice provision(s) effective for all health information that it maintains. RBHS will promptly post the revised Notice on the RBHS web site: [www.RBHS.edu/complweb](http://www.RBHS.edu/complweb).

## **Reliance on this Notice by Other Healthcare Entities**

RBHS may sometimes participate in an organized healthcare arrangement with providers and entities that may not be employed by RBHS, but participate in your health care. Any providers or entities participating in this arrangement may rely on this Notice as providing you with notice of their privacy practice.

## **Effective Date**

The effective date of the Notice is September 23, 2013