

# National Council on Alcohol and Drug Dependence-New Jersey, Inc.

## Notice of Privacy Practices

Effective Date: April 14, 2003

Revised: June 24, 2011

**This notice describes how your Health information, including drug and alcohol related information, may be used and disclosed and how you can get access to this information. Please review it carefully and inform us if you have any questions.**

### SUMMARY

This Notice describes the privacy practices of the National Council on Alcohol and Drug Dependence – New Jersey, Inc. (NCADD-NJ) and our employees and other personnel. This Notice applies to all services that are provided to you by NCADD-NJ. NCADD-NJ is committed to maintaining the privacy of your *protected health information (PHI)* which includes health information about you, such as your medical record, assessments, treatment and care which have been provided to you, including alcohol and/or drug related information. We will not disclose to anyone your involvement with NCADD-NJ, including family members, unless you give us written consent to do so or unless we would be permitted to do so by law.

The **Health Insurance Portability and Accountability Act (HIPAA) of 1996**, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), as well as the federal laws governing **Confidentiality of Alcohol and Drug Abuse Patient Records, 42 U.S.C. 290dd-3** and **42 U.S.C. 290ee-3**, and their accompanying regulations at **42 C.F.R Part 2**, place certain obligations upon us with regard to your PHI and alcohol and/or drug information and records. They require that we keep confidential any health information that identifies you. Certain other state confidentiality laws and regulations also place obligations upon us with regard to your health information. We take these obligations seriously and when we need to use or disclose your PHI, including your alcohol and/or drug information and records, we will comply with the full terms of this Notice and all applicable laws and regulations.

We must obtain your written consent before disclosing any of your health information, unless we would be permitted or required to do so by federal and/or state law. You may revoke this consent, in writing, at any point in time except to the extent we have already taken action in reliance on it. Anytime we are permitted to or required to share your PHI with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request.

Violations of HIPAA or 42 C.F.R. Part 2 may result in civil and/or criminal liability. In particular, any violations of the laws governing Confidentiality of Alcohol and Drug Abuse Patient Records are crimes punishable by law. Any suspected violations of these laws and regulations may be reported to the proper authorities, including our **Privacy Officer** at **360**

**Corporate Blvd. Robbinsville, NJ, 08691 (609) 698-0599**, and the **Office of Civil Rights** of the United States Department of Health and Human Services.

**NCADD-NJ TREATS EACH CLIENT WITH RESPECT AND DOES ITS UTMOST TO ENSURE THAT EVERY CLIENT HAS THE RIGHT:**

To be treated with consideration, dignity and respect and not to be discriminated against at any time during the assessment, placement, care coordination, and case management process;

To be fully informed about all referral and placement arrangements;

To participate in the development of his/her treatment and discharge plans in accordance with program policies and procedures;

To expect a response to any request for additional services and information;

To be free from medical and physical abuse and from chemical and physical restraints;

To not be deprived of any constitutional, civil and/or legal rights by reason of participation in the WFNJ-SAI or BHI program.

To expect that all communications and record keeping pertaining to his/her care be treated as confidential, in keeping with the policy outlined in the this Notice.

If you have any questions about this notice, please contact the Privacy Officer, NCADD-NJ, 360 Corporate Blvd. Robbinsville, NJ 08691 (609) 698-0599.

**WHO WILL FOLLOW THIS NOTICE**

This Notice describes National Council on Alcohol and Drug Dependence-New Jersey (NCADD-NJ) practices and all employees and sub-contractors of NCADD-NJ.

**OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that information about health is personal. We are committed to protecting health information, or PHI, about you. We create a record of the care and services you receive at NCADD-NJ. *This is usually referred to as your "chart."* 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 or maintained by NCADD-NJ whether made by NCADD-NJ personnel or your health care providers and facilities from which you receive treatment.

This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We will not acknowledge your participation with NCADD-NJ

to anyone, including family members and friends, unless we obtain your written consent or are otherwise required to disclose your involvement with NCADD-NJ by a court order. Unless we obtain your written consent, we will also not disclose any information that would identify you as an alcohol or drug abuser, nor will we disclose any other health information which is protected by federal and/or state law except as otherwise permitted or required by law.

Anytime you give your written consent, you have the right to revoke this consent, in writing, except to the extent we may have already taken action in reliance on your previously given consent. For example, if you have received treatment services, and then later revoke your consent, we are permitted to disclose your information to your insurance company in order for payment to be obtained for those treatment services which were provided.

The law requires us to:

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

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose health 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 is a category that is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. When we say “use”, we mean the internal communication of your health information between our employees and staff members. When we say “disclosure”, we mean the release of your health information outside of NCADD-NJ to a third-party involved in your treatment or coordination of care, whether by your written consent or as permitted or required by law.

### **1. FOR TREATMENT**

At NCADD-NJ, we may use health information about you to diagnose you, provide you with services or refer you to treatment or services. We may communicate health information about you to NCADD-NJ personnel who are involved in taking care of you at NCADD-NJ. For example, NCADD-NJ may need to tell a provider that you have been hospitalized so that we can effectively coordinate your care. Staff of NCADD-NJ also may share health information about you in order to coordinate the different things you need.

We also may disclose health information about you to people and organizations outside NCADD-NJ who may be involved in your medical care. Some examples are treatment providers or psychotherapists or substance abuse facilities licensed by the state of New Jersey. We may do so only after entering into specific agreements with these individuals and organizations that your health information will be safeguarded. We will obtain your written consent before we disclose

any health information to other outside individuals or organizations for treatment purposes. We do not need your written consent to disclose health information about you to medical personnel where you need immediate treatment for a medical emergency.

## **2. FOR PAYMENT**

We may use and disclose health information about you so that the services you receive at NCADD-NJ or treatment services authorized by us, may be billed to and payment may be collected from an insurance company or a third party. For example, we may need to give Medicaid information about care authorized by NCADD-NJ so that it pays for your treatment. We may also need to disclose information about you to determine eligibility for services. We must obtain your written consent to disclose information to these third-parties for payment purposes. If you do not give us your written consent, your eligibility for and participation in certain programs and services may be affected.

## **3. TO COMPLY WITH REQUIREMENTS OF OUR FUNDERS**

We may use and disclose health information about you to comply with requirements of our funders such as government agencies. Our major funding sources require that we provide health information on a sample of patients for monitoring purposes. We obtain your consent for this disclosure at your first visit.

If you are a Work First New Jersey participant your eligibility to receive services through this program requires that we share information about your status and participation with the New Jersey Department of Human Services, Division of Family Development, the New Jersey Department of Human Services, Division of Youth and Family Services, the New Jersey Department of Health and Senior Services, Division of Addiction Services, and your county Board of Social Services. You have already been informed of this and have signed authorizations for us to do so. We will limit any information released to such agencies to that minimum necessary amount needed for your participation with such agencies.

We will not disclose psychotherapy notes about you without FIRST ASKING YOU AND RECEIVING YOUR WRITTEN AUTHORIZATION UNLESS WE MAY SPECIFICALLY DO SO BY LAW.

## **4. FOR ACCESS TO INCOME SUPPORT, SOCIAL SERVICES AND OTHER PROGRAMS**

We may use and disclose certain health information about you for social service, entitlements, and other programs. We will notify you about these at your initial appointment and obtain your written consent to disclose your health information for determining your eligibility, participation in or referrals for these programs.

## **5. FOR HEALTH CARE OPERATIONS**

We may use health information about you for the internal health care operations of NCADD-NJ. This information is necessary to run NCADD-NJ and make sure that all of our patients receive quality care. For example, we may use health information to review our services and to evaluate

the performance of our staff in caring for you. We may also combine health information about various patients to decide what additional services NCADD-NJ should offer, what services are not needed, and whether certain new treatments are effective. We may also communicate information to NCADD-NJ personnel for review and learning purposes. We will limit all information communicated to that minimum necessary amount needed for these activities.

## **6. APPOINTMENT REMINDERS AND TREATMENT ALTERNATIVES**

We may use and disclose health information to contact you as a reminder that you have an appointment at NCADD-NJ. We obtain your consent for these reminders. This means that we do not contact you unless you have informed us that it is all right to do so, and we do not leave messages from NCADD-NJ unless you have told us that it is all right to do so.

## **7. INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

Except in medical emergencies (and you are unable to consent for yourself), we will not release your health information, including identifying you as involved with NJADD-NJ, to a family member or other personal representative who is involved in your medical care without your written consent. We will not give information to someone who helps pay for your care, such as a friend or family member, unless you specifically request that we do so and consent in writing to the disclosure.

## **8. RESEARCH**

We always obtain your consent before we use and disclose health information about you for research purposes. Before you enroll in a research study you will be asked to sign an informed consent, which will describe the purpose of the study, the study procedures, its potential risks and benefits, alternatives to participation in the research study, the study's procedures for keeping your information confidential, and any compensation you might receive. You have the right to decline to participate in any research study and you have the right to withdraw at any time. If you withdraw from the study, we will stop collecting health information on you for the study; however, information collected before you withdrew will be part of the study record.

## **9. AS REQUIRED BY LAW**

We will disclose health information about you when required to so by federal, state or local law but only to the extent necessary to respond to the request for such information. For example, we are required to disclose certain information regarding reports of suspected child abuse and neglect to appropriate State authorities. Unless specifically authorized by law to do so, we will obtain your written consent before disclosing any information which would identify you as an alcohol and/or drug abuser.

## **10. THREAT TO HEALTH OR SAFETY**

We may use and disclose health information about you when necessary for medical personnel to respond to an *immediate medical emergency* that you have. This means that information may be

disclosed to a health care provider to provide emergency care or treatment appropriate to you. We may also use and disclose limited health information to law enforcement officers if you have committed a crime on the premises or against NCADD-NJ personnel or threatened to commit such a crime, such as your status, name, address and last known whereabouts.

## **11. SPECIAL SITUATIONS**

### **A. MILITARY AND VETERANS**

If you are a member of the armed forces, we may release certain health information about you as required by military command authorities in specific situations. We may also release certain health information in connection with the Veterans Administration (VA). We will otherwise obtain your written consent before we disclose health information about you to the Armed Forces or VA.

### **B. WORKERS' COMPENSATION OR EMPLOYEE ASSISTANCE**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. We may also release health information about you where you participate in an employee assistance program with your employer. *We will obtain your written consent before we disclose health information about you to these programs.* If you refuse to consent to these disclosures, you may be ineligible for the benefits and services these programs provide.

### **C. PUBLIC HEALTH RISKS**

We may disclose health information about you for public health activities. These activities are required by law and generally include the following:

- To report cases of CDC-defined AIDS and other reportable conditions as required by law;
- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To notify people of recalls of Food and Drug Administration regulated 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.

With the exception of reporting abuse or neglect of children, notification of product recalls, or reporting deaths, we are not permitted to release any information which would identify you as an alcohol and/or drug abuser. We will obtain your written consent where this information would be required to be released for these purposes.

#### **D. HEALTH OVERSIGHT ACTIVITIES**

We may disclose health 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. We will enter into specific written agreements with these agencies prior to disclosing any of your health information to them.

#### **E. LAWSUITS AND DISPUTES**

If you are involved in a lawsuit or a dispute, we may only disclose health information about you in response to a lawfully issued 42 C.F.R. Part 2 court order or pursuant to your written consent. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if you have consented in writing to the disclosure, or a court has ordered the release of the information through a lawfully issued 42 C.F.R. Part 2 court order. We may disclose your health information to a judge but only for purposes of determining whether a court order authorizing the release of the information is appropriate.

#### **F. LAW ENFORCEMENT**

We may release health information if required to do so by law enforcement officials:

- In response to a court order lawfully issued under 42 C.F.R. Part 2; and
- Where you have committed a crime at NCADD-NJ or against our personnel, or you have threatened to commit such a crime.

#### **G. CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**

We may release limited health information to a coroner or medical examiner concerning cause of death or vital statistics. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release such health information about deceased patients of NCADD-NJ to funeral directors as necessary to carry out their duties.

## H. INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you 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 or the health and safety of others; or (3) for the safety and security of the correctional institution. We will obtain your written consent before we disclose any information to the correctional institution.

## OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made **only with your written consent**. If you provide us with written consent to use or disclose health information about you, you may revoke that consent, in writing, at any time. If you revoke your permission, this will stop any further use of disclosure of your health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you. If you revoke your permission, you will not be denied treatment, however, your eligibility for certain services may be affected.

NCADD-NJ will in most cases seek your written consent before *disclosing* any of the following information about you. Under certain circumstances, we may be permitted to disclose the information without your consent, but only to the extent permitted or required by state and federal law:

1. **HIV/AIDS** related information;
2. **Sexually transmitted disease** information;
3. **Drug and alcohol** information;
4. **Genetic** information;
5. Information related to **emancipated treatment specifically sought by you as a minor**.

NCADD-NJ does not disclose your information for **fundraising** or **marketing** purposes, nor does it **sell** your health information to any third-party entities or individuals. In the event NCADD-NJ would engage in these activities in the future, we would always seek your written consent prior to disclosing any of your health information for such purposes. NCADD-NJ may, however, provide you with certain materials face-to-face, It may also communicate with you about certain services that relate to your treatment, case management or care coordinator, provided you give your written consent to receive such information by mail.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

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

### **1. RIGHTS TO INSPECT AND COPY**

You have the right to inspect and copy health information that may be used to make decisions about your care. [Usually,] this includes medical and billing records, but may not include some mental health information.

To inspect and/or copy health information that may be used to make decisions about you, you may ask your provider. It is our policy that this information should be provided to you upon request. If you feel you are having a problem obtaining health information about you, you may also submit your request in writing to the Privacy Officer, NCADD-NJ, 360 Corporate Blvd, Robbinsville, NJ 08691. For certain information we may maintain electronically, we may provide you with a copy of your information in a reasonable electronic format upon your request. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request or the reasonable cost of labor in supplying you with a copy in an electronic format.

We may deny your request to inspect and/or copy in certain very limited circumstances. A reason for the denial will be provided to you. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by NCADD-NJ 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.

### **2. RIGHT TO AMEND**

If you feel that health 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 NCADD-NJ.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer, NCADD-NJ, 360 Corporate Blvd, Robbinsville, NJ 08691, 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 health information kept by or for NCADD-NJ;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item of statement you believe to be incomplete or incorrect.

### **3. RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of health information about you other than our own used for treatment, payment and health care operations, (as those functions are described above) and other disclosures not required to be accounted for pursuant to federal law.

**[To be included in Notice once Interim or Final Rule passed for Accounting of Disclosures]**  
 You also have a right to an access report containing information regarding any accesses made to certain health information which we may maintain in an **electronic designated record set**. You have a right to receive an accounting of disclosures or an access report for a period of three years prior to the date of your request]

To request this accounting of disclosures **[or access report]**, you must submit your request in writing to the Privacy Officer, NCADD-NJ, 360 Corporate Blvd., Robbinsville, NJ 08691. Your request must state a time period, which may not be longer than three years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the reasonable costs of providing the list. 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.

### **4. RIGHT TO REQUEST RESTRICTIONS**

You may have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care of the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request for a restriction and in some cases the restriction you request may not be permitted under law. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the law.

Once we have agreed to the restriction, you have the right to revoke the restriction at any time. Under some circumstances we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases we will need your permission before we can revoke the restrictions.

To request restrictions you should inform your provider. You may also make your request in writing to your provider, or to the Privacy Officer, NCADD-NJ, 360 Corporate Blvd, Robbinsville, NJ 08691. 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 to limits to apply, for example, disclosures to your spouse.

## **5. 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 by mail.

To request confidential communications, you may inform your provider or Make your request in writing to the Privacy Officer, NCADD-NJ, 360 Corporate Blvd, Robbinsville, NJ 08691. We will not ask you the reason for your request. We will accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted.

## **6. RIGHT TO COPY OF THIS NOTICE**

You have the right to a paper copy of this notice. You may ask us or your provider 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.

## **7. RIGHT TO REVIEW THIS NOTICE OF PRIVACY**

You have the right to carefully review this Notice before signing any forms or consents. We will provide you with a copy of this Notice. **If you misplace or lose this Notice, you may obtain a copy of this notice at:**

Our website: [www.NCADDNJ.org](http://www.NCADDNJ.org).

To obtain a paper copy of this notice, ask your provider or contact the Privacy Officer, NCADD-NJ, 360 Corporate Blvd, Robbinsville, NJ 08691.

## **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 health 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 all our offices and on our website, [www.NCADDNJ.org](http://www.NCADDNJ.org). The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, copies of the notice in effect will be available at the front desk and you have the right to request a current notice at any time.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with NCADD-NJ or with the Secretary of the Department of Health and Human Services. Violations of 42 C.F.R. Part 2 are crimes punishable by law and you may report any suspected violations regarding your alcohol and/or drug information to the appropriate authorities.

To file a complaint with NCADD-NJ, contact the Privacy Officer, NCADD-NJ, 360 Corporate Blvd, Robbinsville, NJ 08691. **NCADD-NJ AND ITS PERSONNEL WILL NOT RETALIATE OR TAKE ANY ACTION AGAINST YOU IF YOU FILE A COMPLAINT.** To contact the Secretary of the Department of Health and Human Services, you can contact the Department of Health and Human Services Office of Civil Rights at 26 Federal Plaza- Suite 3313, New York, NY 10278 (212) 264-3313; (212) 264 3039 (fax).