

COLLABORATIVE SUPPORT PROGRAMS OF NEW JERSEY

PRIVACY NOTICE

SUMMARY

EFFECTIVE DATE: 6/10/05 REVISED: 2/01/24

THIS NOTICE DESCRIBES THE PRIVACY POLICY OF COLLABORATIVE SUPPORT PROGRAMS OF NEW JERSEY. WE MAY AMEND THIS POLICY AT ANY TIME, AND WILL ONLY DO SO TO THE EXTENT PERMITTED BY LAW. WHEN AMENDED, THIS NOTICE WILL BE MADE READILY AVAILABLE, AS WELL AS POSTED IN PLAIN VIEW TO ALL INDIVIDUALS RECEIVING AND/OR SEEKING SERVICES FROM US. WE COLLECT PERSONAL INFORMATION ONLY WHEN APPROPRIATE AND NECESSARY TO PROVIDE SERVICES. WE MAY USE OR DISCLOSE YOUR INFORMATION TO PROVIDE YOU WITH SERVICES. WE MAY ALSO USE OR DISCLOSE IT TO COMPLY WITH LEGAL AND OTHER OBLIGATIONS. YOUR SPECIFIC CONSENT WILL BE REQUESTED FOR SPECIFIC INFORMATION RELEASES EXCEPT AS REQUIRED BY LAW. YOU CAN INSPECT PERSONAL INFORMATION ABOUT YOU THAT WE MAINTAIN. YOU CAN ALSO ASK US TO CORRECT INACCURATE OR INCOMPLETE INFORMATION. YOU CAN ASK US ABOUT OUR PRIVACY POLICY OR PRACTICES. WE RESPOND TO QUESTIONS AND COMPLAINTS WITHOUT RETALIATION. READ THE FULL NOTICE FOR MORE DETAILS. ANYONE CAN HAVE A COPY OF THE FULL NOTICE UPON REQUEST.

COLLABORATIVE SUPPORT PROGRAMS OF NEW JERSEY

PRIVACY NOTICE

FULL NOTICE

EFFECTIVE DATE: 6/10/05 REVISED: 2/01/24

Collaborative Support Programs of New Jersey Inc. (CSPNJ) is dedicated to helping people enhance their potential, better manage their lives and improve the quality of family and community living. In order to fulfill this mission we must maintain a commitment to ensure that all individuals who are involved in our services are treated with respect and that all information is treated with the utmost confidentiality and privacy. As such, this notice is designed to inform you about CSPNJ's Privacy Practices. These privacy practices are followed by our employees, staff and all office personnel.

We are required by law to give you this notice. Under the Health Insurance Portability and Accountability Act of 1996(HIPAA), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), the Confidentiality Law (Part 2), 42 U.S.C. 290dd-2, 42 C.F.R. Part 2, and the laws of the State of New Jersey as provided for in the Community mental Health Services Act, N.J.A.C. 10:37-1.1 et seq. place certain obligations upon us with regard to how we may use and disclose your **protected health information (PHI)**. PHI is any information oral, recorded or demographic data that may identify you (i.e. name, address, diagnosis etc.) or that may relate to your past, present or future physical or mental health conditions and related health care services. When we need to use or disclose this information, we will comply with the full terms of this Notice. In cases where 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 unless otherwise permitted by law.

CSPNJ is required to abide by the terms of this Notice of Privacy Practices, which go into effect as of April 14, 2005.

IF YOU HAVE ANY QUESTIONS OR ISSUES IN REGARD TO THIS NOTICE,

PLEASE CONTACT:

CSPNJ'S PRIVACY OFFICER

CHANTYA ROBERSON

(732) 614 9776

YOUR RIGHTS:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act, the federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations at 42 C.F.R. Part 2 (Part 2), and the laws of the State of New Jersey as provided for in the Community Mental Health Services Act, N.J.A.C. 10:37-1.1 et seq., place certain obligations upon us in regards to your PHI. Under these laws, we may not disclose any information to anyone outside our facility that would, directly or indirectly, identify you as an alcohol or drug treatment patient, or as having received mental health services. Nor may we disclose any other PHI except as permitted by law. CSPNJ is bound to the terms of this Notice of Privacy Practices, as well as committed to protecting your protected health information.

CSPNJ requires your prior authorization/permission, in writing, to use protected health information for the following reasons:

Progress Notes

Before disclosing any progress notes, we must obtain your written authorization, unless otherwise permitted by law. When progress notes involve family therapy and the records for all participants have been integrated, no single family member shall have access to those records unless all participants agree through a signed authorization form.

HIV/AIDS, Sexually Transmitted Disease and Tuberculosis Information

Before disclosing any information that would identify you as having or being suspected of having HIV/AIDS, a sexually transmitted disease and/or Tuberculosis, we must obtain your written authorization prior to releasing such information. We may disclose the aforementioned information where authorized by law, to the New Jersey Department of Health or otherwise authorized by court order.

Drug/Alcohol and Mental Health Information

CSPNJ must obtain your written authorization before disclosing any information pertaining to certain mental health information, unless otherwise permitted by law. Also, written authorization is needed before disclosing information related to drug and alcohol treatment or rehabilitation, unless otherwise permitted by law.

Genetic Information

Your written authorization is required prior to obtaining or retaining your genetic information, or using or disclosing it for treatment, payment of health care operations purposes. We may use or disclose your genetic information without your written authorization only where authorized by a court order.

Payment

CSPNJ may disclose protected health information about you, after having received a signed Authorization, in order to obtain payment for health care services. For example, we may need to give your health plan information about a service, your diagnosis, your name/address, or type of treatment received in an effort to secure payment from your insurance. We may also need to tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

Marketing Purposes

CSPNJ will receive your written Authorization before releasing your PHI for Marketing Purposes. "Marketing" is any communication about a product or service that encourages recipients of the communication to purchase or use the product or service. If you do provide authorization to receive marketing materials, you have a right to revoke your authorization and may do so at any time. If you wish to revoke your authorization, contact the Privacy Officer. However, we may provide you with marketing materials face-to-face without authorization in addition to communicating with you about services or products that relate to your treatment.

Activities where CSPNJ would receive money for exchanging PHI

For certain activities in which CSPNJ would receive money (remuneration) directly or indirectly from a third party in exchange for your PHI, we will first obtain your specific written authorization prior to doing so. We would not require your authorization for activities such as treatment purposes. You have the right to revoke your authorization at any time by contacting the Privacy Office.

CSPNJ does not require your prior authorization to use your Protected Health Information in the following circumstances:

CSPNJ may use PHI in an effort to notify you or remind you about an upcoming or scheduled appointment for treatment. In an effort to provide you with the most comprehensive treatment available we may discuss with you possible treatment options/ alternatives or health-related products or services that may be of interest to you. We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are. In addition, we may use or disclose PHI about you without your permission in the following special situations.

Services/ Treatment

We may use your protected health information to better serve your treatment/services needs. We may disclose this information in an attempt to coordinate or manage your care and any related services. In accordance with HIPAA, this may include sharing information with other mental health or community providers to better assist you in achieving your personal goals. For example you may ask for some assistance with securing housing, organizing your benefits or perhaps finding a new therapist or psychiatrist. With your permission we would share information in an attempt to assist you with securing the services you need. It is also important for you to be aware that at times your case record may be reviewed as part of an on-going process to ensure that CSPNJ is providing quality service and care. Specific agency staff is assigned to review records as part of Quality Management and they may have access to your record in an attempt to verify that agency standards are being met and that we are in compliance with all applicable state and federal laws.

Your protected health information may be released to your personal physician for your benefit.

Your medication information may be released to your pharmacy.

If you are being psychiatrically evaluated by a psychiatric screening center, we may release your protected health information to the screening center staff to facilitate an evaluation.

For Health Care Operations

We may use and disclose health information about you in order to run the office and make sure that you and other individuals involved with CSPNJ receive quality care. For example, we may use your health information to evaluate the performance of our staff in working with you. We may also share PHI with our attorneys, consultants and others in order to ensure that CSPNJ is in compliance with applicable New Jersey Laws.

Serious Threat to Health or Safety

We may use or disclose protected health 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. We will disclose information if a consumer voices a threat against a specific individual or group, that individual or person responsible for the group (e.g. school principle if the threat was made against a school) must be notified. Police may be notified if the intended victim cannot be contacted. Practitioners have a duty to warn.

Required by Law/ Court Order

We will disclose health information about you when required to do so by federal, state, or local law. We will disclose information if a judge orders the release of information to a court.

Workers' Compensation

We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health matters

CSPNJ may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may require CSPNJ to report information about births, deaths, or suspected child/elder abuse or neglect.

Health Oversight Activities

We may disclose health information to individuals/agencies for the purpose of audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor CSPNJ and ensure compliance with government and civil rights laws.

We may show your clinical records when the Office of Licensing or Medicaid conducts a review. An accreditation reviewer may look at the consumer's record.

If officials within the offices of the State Medical Examiner or a County Medical Examiner making investigations and conducting autopsies request the information.

Research

Any research conducted at CSPNJ would first require approval from CSPNJ's Board of Directors to ensure that it meets the mission and ethical standards of the agency and is in the best interest of the individuals we serve. Any research that may be conducted at CSPNJ shall not identify any individual patient in any report of research or otherwise disclose individual identities.

Military, Veterans

If you are or were a member of the armed forces, or part of the national security, we may be asked by military or government authorities to release protected health information about you.

Lawsuits/ Law Enforcement

We may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Food and Drug Administration (FDA)

We may disclose health information about you to the FDA, or to an entity regulated by the FDA for example, in order to report an adverse event or a defect related to a drug or medical device.

Victims of Abuse, Neglect, or Domestic Violence

CSPNJ may notify the appropriate government authorities if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make such disclosure if you agree or when required or authorized by law.

CSPNJ may release information to the County Welfare Agency if a consumer reveals abuse or exploitation in a rooming/boarding/nursing home,.

CSPNJ will notify the NJ Division of Youth and Family Services (DYFS) if a consumer reveals child abuse may have taken place.

Death/ Organ Donation

We may release health 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 disclose your health information to people involved with obtaining, storing or transplanting organs or tissue donations.

Emergencies

CSPNJ may use or disclose your protected health information in an emergency treatment situation. If an emergency occurs and treatment is given by law, your provider will notify you and will attempt to get your authorization as soon as possible. In case of a disaster, we may be required to notify the appropriate disaster relief organizations; authorities; family; care givers; friends, to keep them aware of your health status, condition or location.

Friends/Family/Caregivers

CSPNJ may disclose important health information about you to your family member, friend, caregiver, partner, relative, legal guardian or foster parent. We would make every attempt to gain your permission prior to disclosing information, but may need to notify any of the above persons responsible for your care in regards to your location, general condition or death. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a

disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. You have the right to object to such disclosure at any point in your care/treatment with CSPNJ, again unless there in an emergency. Non-Specific information may be provided to a family member or friends if the consumer does not object.

Disaster Relief

We may disclose health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts. If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated, we will use our professional judgment to determine what is in your best interest and whether a disclosure may be necessary to ensure an adequate response to the emergency circumstances.

Other Uses and Disclosures of Health Information

Except for the above outlined areas, CSPNJ would request your written **Authorization** to release protected health information (PHI). Some examples include Payment for Disclosing PHI and Marketing Purposes.

YOUR RIGHTS:

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

Right to Inspect and Copy

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. If you request a copy of the information, CSPNJ may charge a fee for the costs of copying, mailing or other associated supplies. We may also deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. Please contact CSPNJ's Privacy Officer if you have any questions about how to access your records.

Right to Request Amendment

If you believe CSPNJ has health information about you that is incorrect or incomplete, you may ask CSPNJ to make changes to correct the information. We ask that you contact CSPNJ's Privacy Officer in writing and provide as much detail as possible as to what information needs to be changed and why. We may deny your request if you ask us to amend information that CSPNJ did not create, or if CSPNJ believes the information is complete and accurate.

Notices of Breach of Health Information

In the unlikely event that your health information is inadvertently acquired, accessed, used by or disclosed to an unauthorized person, we will provide you with written notice of such breach. The notice will be sent without unreasonable delay and in no case later than 60 calendar days after discovery of breach. The notice will be written in plain language and will contain the following information: 1) a brief description of what happened, the date of the breach, if known, and the date of discovery; 2) the type of PHI involved in the breach; 3) any precautionary steps you should take; 4) a description of what we are doing to investigate and mitigate the breach and prevent future breaches; and 5) how you may contact us to discuss the breach. The written notice of breach will be sent by regular mail or by email if you indicated that you prefer to receive

communications from us by email. If the contact information we maintain for you is insufficient or out-of-date, we may attempt to provide notice to you by telephone or other permissible alternate method. We will also report the breach to the U.S. Department of Health and Human Services.

Right to Request Restrictions

You have the right to request a restriction or limitation on the protected 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 or the payment for it, like a family member or friend. We are not required to grant your request unless your request relates solely to disclosure of your PHI to a health plan or other payer for the sole purpose of payment or health care operations for a health care item or service that you or your representative have paid us for in full and out-of-pocket.

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.

Right to Revoke Authorization

At any time during your treatment or care with CSPNJ, you may revoke your authorization in writing. If you would like to withdraw your authorization, please contact CSPNJ's Privacy Officer, who will provide you with the necessary paperwork to complete this withdrawal of authorization. Once completed, all written paperwork requests should be mailed to Privacy Officer at CSPNJ, 8 Spring Street, Freehold, NJ 07728.

Right to Accounting of Disclosures

You may request an accounting of certain disclosures we have made of your PHI from a designated record set within the period of three (3) years from the date of your request of the accounting. The first accounting you request within a period of 12 months is free. Any subsequently requested accountings may result in a reasonable charge for the accounting statement. Please contact the Privacy Office if you wish to request an accounting of disclosures. We will generally respond to your request in writing within thirty (30) days from receipt of the request.

Right to Request Access Report

You may request an access report of all accesses to your PHI maintained within an electronic designated record set within the period of three (3) years from the date of your request for the access report. The first access report you request within a period of twelve (12) months is free. Any subsequent requested accountings may result in a reasonable charge for the access report. Please contact the Privacy Officer if you wish to request an access report. We will generally respond to your request in writing within thirty (30) days from receipt of the request.

Right to Opt-Out of Fundraising Communications

CSPNJ may contact you by phone, email or in writing to solicit tax-deductible contributions to support our activities. In doing so, we may disclose to our fundraising staff certain demographic information about you, such as your name, address and phone number. You have a right to opt-out of receiving these communication and may do so at any time.

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 it electronically, you are still entitled to a paper copy.

We are not Required to Agree to your Request

If we do agree, we will comply with your request, unless the information is needed to provide you emergency treatment.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Office of Civil Rights of the U.S. Department of Health Services. You will not be penalized for filing a complaint. If you would like to file a complaint please contact CSPNJ's Privacy Officer. We will not retaliate against you if you file a complaint with us or the Office of Civil Rights.

If you have any questions about this notice, please contact:

Chantya Roberson
Privacy Officer
8 Spring Street
Freehold, NJ 07728
(732)-614-9776
Fax: (732) 780 3391
croberson@cspnj.org