

Notice of Privacy Practices for Protected Health Information

This Notice describes how medical and health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We, at University Hospital (UH), are dedicated to maintaining the privacy of your medical and health information (“Protected Health Information” or “PHI”). We are required by law to provide you with notice of UH’s legal duties and privacy practices with respect to your health information. Although the records that we create, about you and the treatment and services we provide to you, are UH’s property, we will use and/or disclose your health information in accordance with this Notice (or other notice in effect at the time of the use or disclosure). This Notice applies to all of the health information maintained by us, as necessary, to carry out treatment, payment and healthcare operations.

How We May Use and Disclose Your Health Information

This Notice is intended to give you a general overview and not to describe all possible ways that we may use and disclose your PHI. To the extent that we engage third parties to provide treatment, payment and healthcare operations on our behalf (business associates), they are obligated to protect your privacy under law and are limited by contract in how they may use or disclose your medical and health information.

We may use and/or disclose your PHI when (1) you give us your written authorization (your permission) on a form that complies with New Jersey and federal law including, but not limited to, the Health Insurance Portability and Accountability Act (“HIPAA”)(“your Authorization”) or (2) an exception to your Authorization applies to UH. Section A below describes when your Authorization is required. Section B below describes exceptions that may apply to UH where your Authorization is not required. Except to the extent that we have previously taken action in reliance upon your Authorization, you may revoke your Authorization by sending us a written statement revoking your Authorization to the address at the end of this Notice.

A. Uses and Disclosures With Your Authorization

State and Federal Law

We will follow New Jersey law where it is more restrictive than HIPAA in regulating the uses and disclosures of your health information, including records that relate to psychiatric treatment and that contain information related to drug and alcohol treatment or abuse and HIV/AIDS status. This information will not be disclosed without your Authorization expressly allowing us to use or disclose it. However, even as to these categories, there are exceptions that apply to UH. If an exception applies, we may use and/or disclose your PHI and your records without your Authorization, as may be allowed or required by applicable law and/or by Court Order.

Written Authorization

We require your written Authorization to make uses and/or disclosures of your PHI not covered by this Notice. We also require your written Authorization where required by federal law including for the sale of PHI and for marketing purposes (with some exceptions such as for face-to-face communications and promotional gifts of nominal value) and/or where required by state law, including for most uses and/or disclosures of psychotherapy notes (with some exceptions).

Genetic Information

We will obtain and retain, and then use and/or disclose, your genetic information (such as a DNA sample) only when your Authorization expressly refers to it or when disclosure is permitted under applicable

federal and/or New Jersey law (including for purposes of a criminal matter or investigation, for identifying a body, paternity testing for a court proceeding and for newborn screening).

B. Uses and Disclosures Without Your Authorization

Treatment

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

Also, we 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 UH who may be involved in your medical care, such as family members, social services, clergy and others who provide services that are part of your care. Also, our staff may discuss your care in a case conference or with business associates (for more information about our “business associates,” see below).

Treatment Alternatives

We may use and disclose your PHI 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 your PHI so that we may bill and receive payment for treatment and services that you receive. Your PHI may also be necessary for purposes of determining coverage, medical necessity, pre-authorization or certification and for utilization management. Your PHI 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 record that 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 PHI may be disclosed to consumer reporting and/or to collection agencies.

You have the right to restrict disclosure of your PHI to your health insurer concerning a health care item or service for which you, or a person on your behalf, already paid for in full out of pocket. See “Right to Request Restrictions” below.

Healthcare Operations

We may use and disclose your PHI for our healthcare operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing, credentialing, certain medical research, scheduling appointments, and for educational purposes. For example, UH may use and disclose your health information to make sure that UH is providing quality care to all of its patients, complying with regulatory requirements, and where UH is obligated to share it with other healthcare professionals to determine possible treatment/discharge options.

Other HealthCare Providers,

Health Plans and Clearinghouses

We may use and disclose your PHI to healthcare providers, a health plan, or a clearinghouse involved in the billing of services and treatment provided to you, for the purpose of providing you treatment, and/or to conduct certain operational activities as permitted by law. We will not use or disclose any genetic information about you for enrollment or eligibility purposes.

Activities of Organized Health Care Arrangements in Which We Participate

For certain activities, UH and other independent providers may be called an Organized Health Care Arrangement. We may use and disclose information about you to healthcare providers participating in

our Organized Health Care Arrangements as necessary to carry out our treatment, payment and/or healthcare operations. All participants in our Organized Health Care Arrangements may rely on this Notice and have agreed to abide by the terms of this Notice with respect to your medical and health information created or received as part of the delivery of healthcare services to you at UH.

Facility Directory

Unless you Opt-Out (that is, “object” or “disagree”), we may include certain limited information about you in a facility directory while you are a patient. This information may include your name, location in UH, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This is so your family and friends can visit you at UH and generally know how you are doing.

Directory information, except for your religious affiliation, may be given only to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don’t ask for you by name. If you do not want to be included in a facility directory or if you want to limit those who can know that you are at UH, please inform the Registration staff.

Persons Involved in Your Care

If you are not present, or the opportunity for you to agree or object to a use or disclosure of your PHI cannot practicably be provided because of your incapacity or in an emergency, we may disclose limited health information about you to family members, relatives, a close personal friend, and/or other person(s) involved in your medical care and/or payment or identified by you when you are present, at our discretion in accordance with federal and state law and after the exercise of our professional judgment to determine whether disclosure is in your best interests. We would disclose only information that is directly relevant to that person’s involvement with your health care or payment related to your health care or as needed for notification purposes. In some cases, you still may have a right to object and Opt-Out of these disclosures. In certain other cases, you don’t have the right to Opt-Out where we are obligated to share and/or to disclose with other healthcare providers a patient’s PHI, such as by sending test results to referring physicians or by complying with applicable law in order to offer patients possible treatment options and/or hospital discharge planning alternatives. See “Right to Request Restrictions” below.

Disaster Relief

Unless you object, we may use and disclose your PHI to public and/or private entities authorized by law or by charter to assist in disaster relief efforts. Disclosures may include notifying your family about your condition, status and location.

Health-Related Benefits and Services

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

Business Associates

We may use and disclose your PHI to business associates. A business associate is an individual or entity under contract with UH to perform or assist UH in a function or activity which requires the use and/or disclosure of the personal health information of patients. Examples of business associates include, but are not limited to, copy services used by us to copy medical records, consultants, accountants, lawyers and interpreters. We require business associates to enter into agreements to protect the confidentiality of your PHI.

Research

There may be some instances where your Authorization to use and disclose your PHI for research may not be required. However, most uses and disclosures related to research require your Authorization in

accordance with laws governing human subject research approved by an Institutional Review Board and/or by UH policies.

De-Identified Data and Limited Data Sets

We may use and 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 nineteen (19) different pieces of information that could be used to possibly identify you. We may also use and disclose a limited amount of health information about you in a “limited data set” for purposes of research, public health or healthcare operations if we enter into a data use agreement with the recipient of the data.

Organ Procurement Organizations

We may use and disclose your PHI to organ procurement organizations and individuals engaged in the procurement, banking or transplantation of organs and tissue for the purpose of donation and transplantation.

Fundraising

We may use and disclose certain personal and/or health information to contact you in an effort to raise money to support fundraising activities for UH and its Foundation. The information used is demographic (such as your name, address, phone number, age, gender), the dates you received treatment or services at UH, the departments of service, treating physicians, outcome information and health insurance status. We are required to notify you of such intentions, and you have the right to Opt-Out from receiving such communications. If you do not want to be contacted for fundraising, you must Opt-Out from receiving fundraising communications by writing to us at the address at the end of this Notice.

Health Oversight Agencies

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

Law Enforcement

We may use and disclose your PHI for law enforcement purposes, if required or permitted by law, or in response to a valid subpoena. Also, we may disclose your PHI 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 PHI to a court or administrative agency when a judge or administrative agency orders us to do so. We may also use and disclose your PHI in legal proceedings, such as in response to a discovery request, subpoena, court order, etc. Also, UH may use and disclose your PHI in preparation for and/or in connection with any dispute or litigation between you and UH.

Public Health Risk

We may use and disclose your PHI to public health and/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 New Jersey’s Department of Health to protect the health and well-being of the general public. Other health information we generally disclose includes the following:

- To report births and deaths
- To report reactions to medications or problems with products
- To notify persons who may have been exposed to, or may be at risk for contracting or spreading, a communicable disease
- To notify appropriate government authorities if UH believes a patient has been the victim of abuse, neglect or domestic violence

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Safety of a Person or the Public

We may use and disclose your PHI 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 your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Military/Veterans

We may use and disclose your PHI as required by armed forces authorities.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your PHI to the correctional institution and/or to law enforcement officials. This release is necessary for the correctional institution or law enforcement agency to provide you with health care and to protect your health and safety and that of others.

Required by Law

We may use and disclose your PHI when required and/or permitted to do so by federal and/or state law. For example, we may disclose personal health information about you to persons who have a risk of exposure related to a communicable disease as required by New Jersey law.

National Security and Intelligence Activities

We may use and disclose your PHI to authorized government officials for intelligence, counter-intelligence and National Security reasons authorized by law.

Coroners, Medical Examiners, Funeral Directors

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

Employers

We may use and disclose your PHI to your employer to conduct medical surveillance of the workplace and/or to evaluate whether you have a work-related illness or injury as required by law.

U.S. Department of Health and Human Services/New Jersey Department of Health

We may use and disclose your PHI when required by the New Jersey Department of Health and/or the federal Department of Health and Human Services for purposes of investigating or determining compliance with federal and state privacy and other laws.

Health Information Exchanges (HIEs)

UH and other healthcare providers participate in Highlander, Epic Care Everywhere and other HIEs as UH may determine from time to time. HIEs allow patient PHI to be shared electronically through secured connected networks and give participating healthcare providers immediate electronic access to your pertinent medical information for treatment, payment and healthcare operations purposes. If you do not Opt-Out of each HIE, your PHI will be available through each HIE network in accordance with this Notice and applicable law. You must Opt-Out of each HIE to prevent your PHI from being shared electronically through that HIE network. Even if you Opt-Out of an HIE, it will not affect how your PHI is otherwise typically accessed, used and/or disclosed in accordance with this Notice and applicable law. In certain cases, you will not be offered an opportunity to Opt-Out of an HIE. In such a case, applicable federal and/or state law does not permit you to Opt-Out of having your PHI transmitted through that particular HIE.

C. Your Rights Regarding Your Health Records

Right to Receive Confidential Communications

At all times, we must accommodate your reasonable request to receive confidential communications about your PHI by alternative means or at alternative locations. To exercise your right, please write to the address at the end of this Notice.

Right to Request to Inspect and to Obtain a Copy

You have the right to inspect and to obtain an electronic or paper copy of your health and billing information. However, under certain limited circumstances, we may deny you access to a portion of your records as permitted by law. You have the right to appeal such denials. To exercise your right, please write to the address at the end of this Notice. Copying fees may be imposed.

Please note that if you are a parent or legal guardian of a minor (under age 18), certain portions of the minor's medical record will not be accessible to you in accordance with law (including records related to pregnancy, abortion, sexually transmitted disease, substance use and abuse, contraception and/or family planning services).

Right to Request Amendment

You have the right to request that we amend PHI maintained in your medical and/or billing record. UH may deny your request to amend your records under certain circumstances. All requests for amendments must be in writing and provide a reason(s) supporting your request for an amendment. To exercise your right, please write to the address at the end of this Notice.

Right to Request Restrictions

You have the right to request restrictions on certain uses and/or disclosures of your protected health information for purposes of treatment, to carry out payment or healthcare operations and to individuals involved in your care or with payment related to your care, and for notification purposes. While UH will consider all requests for restrictions, UH is not required to agree to such requests for restrictions except in the case where the intended disclosure is to a health plan for purposes of carrying out payment or healthcare operations, the intended disclosure is not otherwise required by law, and the information solely concerns a healthcare item or service for which you, or a person on your behalf, already paid for in full out of pocket. To communicate a specific request to restrict disclosure, it must be in writing and sent to the address at the end of this Notice.

Right to Receive an Accounting of Uses and Disclosures

You have the right to request that we provide you with an accounting of disclosures of your PHI that we have made prior to the date of your request as limited by applicable law. An accounting is a list of disclosures. This list will not include disclosures of your health information made for treatment, payment, or healthcare operations, or made to you or pursuant to your written Authorization.

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 (12) month period, we may 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 write to the address at the end of this Notice.

Right to Receive Breach Notification

You have a right to be notified of any breaches of your unsecured PHI in accordance with law.

Right to Receive a Copy of this Notice

You have the right to receive a paper copy of this Notice, upon request, even if you have agreed to receive this Notice electronically. You may obtain an electronic copy of this Notice at our website:

<http://www.uhnj.org/compliance/docs/UHNoticePrivacyPracticeProtectedHealth.pdf>

Right to Revoke Your Prior Authorization

You have the right to revoke your Authorization (your permission) to use and disclose your health information at any time except to the extent that (a) we already have taken action in reliance on your prior Authorization, or (b) you have obtained insurance that requires such disclosures. To exercise your right, please write to the address at the end of this Notice.

Right to Opt-Out of HIEs

With respect to Highlander and/or to Epic Care Everywhere, only, you must take additional action if you do not wish to allow healthcare providers at UH involved in your care to share your PHI electronically through Highlander and/or Epic Care Everywhere. For Highlander, you must complete, sign and submit the Opt-Out form to UH's Registration staff for your Highlander Opt-Out selection to apply to you. For Epic Care Everywhere, you must tell your physicians and then also complete, sign and submit the Epic Care Everywhere Opt-Out form to your physicians for your Opt-Out selection to apply to you.

For More Information or to Make a Complaint

If you have questions and would like additional information, you may call the HIPAA hotline: (855) 431-9966, file a complaint by visiting: <https://uhcompliancehelpline.alertline.com> and/or write to the address at the end of this Notice.

If you believe your privacy rights have been violated, you may file a complaint with UH by writing to the address at the end of this Notice. You may also file a written complaint with the Secretary of the Department of Health and Human Services by writing to 200 Independence Avenue, S.W., Washington D.C. 20101, calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. UH will not retaliate against you for filing a complaint.

Changes to This Notice

UH will abide by the terms of the Notice currently in effect. However, UH reserves the right to change the terms of its Notice at any time and to make the new Notice effective for all health information that it maintains including any PHI created and/or received prior to issuing the revised Notice. UH will post its Notice on the UH web site, www.uhnj.org, and display and distribute its Notice as required by law.

Effective Date

This revised Notice is effective January 1, 2016.

Call or Write to:

Office of Ethics and Compliance
University Hospital
65 Bergen Street, Suite 1214
Newark, New Jersey 07101-6750
Telephone: (973) 972-3450
Attention: Privacy Officer,
Notice of Privacy Practices