

High Focus Centers  
Information Management / HIPAA Compliance Policy and Procedure Manual  
Title: Notice of Privacy Practices

This notice describes how health and service information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully before signing it.

**I. Our Duty to Safeguard Your Protected Health Information**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "**Protected Health Information**" ("**PHI**"). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time**. If we do so, we will post a new Notice.

**II. How We May Use and Disclose Your Protected Health Information**

We use and disclose PHI for a variety of reasons. For most uses/disclosures, we must obtain your written authorization. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and examples of our potential uses/disclosures of your PHI.

**A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations**

Generally, we must have your consent to use/disclose your PHI except:

**For services:** We may disclose your PHI to staff members, volunteers, and other service delivery personnel who are involved in providing your services.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your services. You have the right to restrict disclosure to insurers if services are paid in full out of pocket.

**For service operations:** We may use/disclose your PHI in the course of operating our agency.

**Correspondence:** Unless you provide us with alternative instructions, we may send materials such as bills or surveys to your home. We may also contact you for an appointment reminder for your initial evaluation.

**Exceptions:** Although your consent is usually required for the use/disclosure of your PHI, the law allows us to use/disclose your PHI without your consent in emergency situations or when required by law.

**B. Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes, including most use and disclosure of clinical information/documentation, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Your written authorization would be obtained for the use and disclosure of PHI for marketing purposes and disclosures that constitute a sale of PHI. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

**C. Uses and Disclosures Not Requiring Consent or Authorization:** The law provides that we may use/disclose your PHI without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities who monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose PHI to an accrediting organization or another agency responsible for monitoring the health care system.

**Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors.

**For research purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose PHI to other agencies in order to assist medical/psychiatric research.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

**III. Your Rights Regarding Your Protected Health Information.** You have the following rights relating to your protected health information:

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law. You have the right to restrict disclosure to insurers if services are paid in full out of pocket. If you chose to restrict disclosure to your insurer, please send a letter with your request to the HFC Business Office at 299 Market Street Suite 130 Saddlebrook, NJ 07663 Attn: Denise Fiore, who will call you regarding your request.

**To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

**To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. You have the right to an electronic copy of electronic information.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed.

**Disclosure Accounting:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released, other than instances of disclosure for which you gave consent (i.e. for treatment, payment, operations, to you, or your family,). The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

**To be notified following a breach:** You have the right to be notified following a breach of unsecured protected health information.

**To receive this notice:** You have a right to receive a paper copy of this Notice.

**IV. How to Complain about our Privacy Practices:**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave., SW, Washington, D.C. 20201. We will take no retaliatory action against you if you make such complaints.

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**V. Contact Person for Information, or to Submit a Complaint:**

If you have questions about this Notice or any complaints about our privacy practices, please contact: **Kimberly Cerretta, Privacy Officer, 973-909-4045.**