



Notice of Privacy Practices

I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). We are legally required to protect the privacy of your PHI, which includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this Notice about our privacy practices, and such Notice must explain how, when, and why we will “use” and “disclose” your PHI. A “use” of PHI occurs when we share, examine, utilize, apply, or analyze such information within our practice; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of our practice. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, we are legally required to follow the privacy practices described in this Notice.

However, we reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI on file with us already. Before we make any important changes to our policies, we will promptly change this Notice and post a new copy of it in our office and on our website (if applicable). You can also request a copy of this Notice from us, or you can view a copy of it in our office.

III. HOW WE MAY USE AND DISCLOSE YOUR PHI

We are required to maintain the confidentiality of your PHI by the following federal and New Jersey laws:

1. The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Department of Health and Human Services issued the following regulations: “Standards for Privacy of Individually Identifiable Health Information”. We call these regulations the “HIPAA Privacy Regulations”. We may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require us to comply with New Jersey laws that are more stringent and provide greater protection for your PHI.

2. New Jersey Confidentiality Laws. New Jersey laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. For example, we are not permitted to disclose or release PHI in response to a New Jersey subpoena. We will comply with the New Jersey laws that are more stringent than the HIPAA Regulations and provide greater protection for your PHI.

We will use and disclose your PHI for many different reasons. For some of these uses or disclosures, we will need your prior written authorization; for others, however, we do not. Listed below are the different categories of our uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. We can use and disclose your PHI without your consent for the following reasons:

1. For Treatment. We can use your PHI within our practice to provide you with mental health treatment. We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, we may disclose your PHI to your psychiatrist to coordinate your care.

2. To Obtain Payment for Treatment. We can use and disclose your PHI to bill and collect payment for the treatment and services provided by us to you. For example, we might send your PHI to your insurance company or health plan to get paid for the health care services that we have provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

3. For Health Care Operations. We can use and disclose your PHI to support the business activities of our practice, including evaluating the quality of health care services we provide or that you received or to evaluate the performance and

quality of the health care professionals who provided such services to you and for the training of interns and students. We may also provide your PHI to our accountant, attorney, consultants, or others to further our health care operations.

4. **Patient Incapacitation or Emergency.** We may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as we try to get your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

B. Certain Other Uses and Disclosures Also Do Not Require Your Authorization. We may use and disclose your PHI without your authorization for the following reasons:

1. When federal, state, or local laws require disclosure. For example, we may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses and disclosures.

2. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit we may have to use or disclose your PHI in response to a court or administrative order.

3. When law enforcement requires disclosure. For example, we may have to use or disclose your PHI in response to a search warrant.

4. When public health activities require disclosure. If required by federal or state law, we may use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.

5. When health oversight activities require disclosure. We may disclose your PHI to a health oversight agency for activities authorized by law to assist the government in conducting an investigation.

6. To avert a serious threat to health or safety. For example, we may have to disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring and will be in compliance with New Jersey law.

7. For specialized government functions. If you are in the military, we may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.

8. To remind you about appointments and to inform you of health-related benefits or services. For example, I may have to use or disclose your PHI to remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that we offer that may be of interest to you.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object. We may disclose your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

D. Other Uses and Disclosures Require Your Prior Written Authorization. For most situations however, we will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action in reliance on such authorization) of your PHI by us.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. The Right to Request Restrictions on Our Uses and Disclosures. You have the right to request restrictions or limitations on our uses or disclosures such as a disclosure of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to us in writing. We will consider your requests, but we are not legally required to accept them. If we do accept your requests, we will put them in writing and we will abide by them. However, we must agree to your request to restrict disclosure of your PHI to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the PHI pertains solely to a health care item or service for which you or a person other than the health plan acting on your behalf, has paid our fee in full.

B. The Right to Choose How We Send PHI to You. You have the right to request that we send confidential information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as it is reasonable and you specify

how or where you wish to be contacted, and, when appropriate, you provide us with information as to how payment for such alternate communications will be handled.

C. The Right to Inspect and Receive a Copy of Your PHI. You have the right to inspect and/or receive a copy of the PHI that we have on you, but you must make the request to inspect and/or receive a copy of such information in writing. We will respond to your request within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have our denial reviewed. If you request copies of your PHI, we will charge you a reasonable fee for the copies. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. The Right to Receive a List of the Disclosures We Have Made. You have the right to receive an accounting of some types of Protected Health Information disclosures. You may request an accounting of disclosures for a period of up to six years, excluding disclosures made to you or made as a result of your authorization. We may charge you a reasonable fee if you request more than one accounting in any 12-month period. Please contact our Privacy Officer if you have questions about accounting of disclosures.

E. The Right to Amend Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request to amend the record. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PHI. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file a written statement, you may request that your request for an amendment and my denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. The Right to Receive a Paper Copy of the Notice. You have the right to receive a paper copy of this notice even if you have agreed to receive it via email.

G. Breach. We are required by law to protect the privacy of your PHI following a breach of unsecured PHI.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that 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 VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints about our privacy practices, please contact our Privacy Officer: Gina M. Unger, MSW, LCSW, BCD. You may also file a complaint with the Secretary of the Department of Health and Human Services, please contact us at 562 Kingsland Street, Nutley, NJ 07110 for information as to how to do that.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on October 1, 2011 and modified as of June 15, 2015.