

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully. The privacy of your health information is important to us.

Mental Health Association of Essex County, Inc. (MHAEC) is required by federal and state law to maintain the privacy of your confidential or protected health information (PHI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. This notice is given to you, when you sign the Client Bill of Rights. Privacy practices included in this Notice are in effect as July 2, 2015, and will remain in effect until replaced, at which time; you will be notified in writing.

We are required to inform you of our uses and disclosures of Protected Health Information, your privacy rights, your duties with respect to your PHI, your right to file a complaint, and the person or office to contact for further information about our privacy practices. You have a right to receive a paper copy of this Notice.

Your Rights

Although your health record is the physical property of the Mental Health Association of Essex County, Inc., the information in your health record belongs to you. You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as to how we:

- Communicate with your family and friends about your condition
- Provide disaster relief
- Provide mental health care

Our Uses and Disclosures

We may use and share your information as we:

- Provide treatment to you
- Run our organization
- Comply with the law

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- Work with a medical examiner
- Respond to court orders

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- If you pay for service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you or a court order asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting those identified on the Grievance Procedure Form you received at intake.
- You can file a complaint with the Mental Health Association of Essex County's Ombudsperson by mail at 33 S. Fullerton Avenue Montclair, NJ 07042 or by phone at 973-509-9777.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Provide treatment services to you

We can use your health information and share it with other professionals who are treating you in accordance with HIPAA.

Run our organization

We can use and share your health information to run our organization, improve your care, and contact you when necessary.

How else can we use or share your health information?

We have to meet many conditions in the law before we can share your information for any purposes other purpose than those stated.

We can share health information about you for certain situations such as:

- Reporting suspected abuse and neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety including your own
- Reporting abuse or exploitation in a rooming/boardng/nursing home to the County Welfare Agency

- Reviews from the Office of Licensing or Medicaid
- Reviews from an accrediting office
- Medication information may be released to your pharmacy

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner

We can share health information with offices of the State Medical Examiner or a County Medical Examiner making investigations and conducting autopsies

Respond to court orders

We can share health information about you in response to a judge's order for a release of information to the court.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in write. Let us know in writing if you change your mind.

For more information see: www.mhaessex.org

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail or give you a copy to you.