



Ocean Partnership for Children, Inc.
36 Washington St
Suite 1
Toms River, NJ 08753
732.202.1585

Revised Notice of Privacy Practices
(Effective November 1, 2018)

Dear Parent or Caregiver,

This notice is about the privacy of the information that has been collected by Ocean Partnership for Children, Inc. (OPC), to assist in planning for services for your child and family. This notice is required by Federal laws for health providers due to dramatic changes in electronic information that have taken place in the past few years. For your information, Ocean Partnership for Children, Inc. maintains all client records – in either electronic and/or hard copy files – in compliance with all federal and state laws and regulations through its partnership with the New Jersey Department of Children and Families (Children’s System of Care) and its designated Contract System Administrator.

We have always taken great care to protect confidential information and now government regulations require your rights to be spelled out. That is what you will find on the following pages.

We believe that privacy is part of the trust that you have placed in our organization, and we are committed to preserve that trust.

If you have any questions about this notice, please contact your Care Manager or OPC’s Privacy Officer at 732.202.1585. Either party will be sure to answer your questions, or find out the answers and respond back to you in a timely manner.

Sincerely,

Mary Jo Buchanan, LCSW, MPA
Mary Jo Buchanan, Executive Director

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices from Ocean Partnership for Children Inc.

Received by:

(Parent/Guardian’s Printed Name)

(Parent/Guardian’s Signature)

Date: _____



NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this notice, please contact our Privacy Officer at 732.202.1585.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations related to the care management services we provide through New Jersey's Children's System of Care and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (or "PHI" for short) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services including the payment for your health care.

We are required by law to maintain the privacy of your PHI and to provide you with this notice informing you of our legal duties and privacy practices with respect to your PHI. We are also required by law to notify affected individuals following a breach of their unsecured PHI. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices at the time of your next appointment. We will also post the revised notice in our office and on our website.

- A. Understanding Your PHI and PHI Confidentiality.** Every time you visit a hospital, physician or other healthcare provider, including Care Management Organizations (CMOs), or each time you receive a visit from a Care Manager, a record is made of that visit. This record contains your individualized service plan, progress and service notes regarding Child Family Team information, involvement of the Division of Child Protection & Permanency (DCP&P), school records, health history, current symptoms, examination and test results, diagnoses, treatment and plans for future care and/or treatment. This information is "Protected Health Information" (PHI).
- B. Confidentiality of Your PHI.** Your PHI is confidential. 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") as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH").** 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. Also, any information acquired by a licensed psychologist in the course of your treatment that is in our PHI is privileged under New Jersey law and we may not release this information without your authorization or court order. We will comply with the New Jersey laws that are more stringent than the HIPAA Regulations and provide greater protection for your PHI.
 - 3. Confidentiality of Drug and Alcohol Abuse Records.** For individuals whose records include information relating to drug or alcohol abuse or dependency, New Jersey laws provide more protection for your PHI than the HIPAA Privacy Regulations. We will comply with the federal and New Jersey laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

4. **Confidentiality of HIV-Related Information.** New Jersey laws provide greater protection for PHI related to HIV. We will comply with New Jersey laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

C. **Uses and Disclosures of Your Protected Health Information (PHI)**

1. **We may use and disclose your PHI for Treatment, Payment and health care Operations (TPO).** Your PHI may be used and disclosed by our employees, including our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our organization.

Following are examples of the types of uses and disclosures of your PHI that our office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

- a) **For Treatment.** It is necessary for us to use your PHI to ensure that you are receiving appropriate services. For example, we may disclose your PHI to a provider for your treatment.
- b) **For Payment.** We will use and disclose your PHI to obtain payment for our services. Before you receive services, we may disclose PHI to Medicaid to permit them to: make a determination of eligibility or coverage; review the medical necessity of your services; review your coverage; or review the appropriateness of care of our charges. We will also use your PHI for billing, claims management, collection activities, and data processing.
- c) **For Health Care Operations.** We may use and disclose your PHI in order to carry out health care operations. For example, your PHI is used for: business management and general administrative duties; quality assessment and improvement activities; medical, legal, and accounting reviews; business planning and development; licensing; training, and for state/federal oversight purposes. We may use and/or disclose your PHI for a number of care management related activities, that meet the definition of health care operations”, including, but not limited to, case management, care management, care coordination, utilization review, quality assessment and improvement, network and provider development, and population-based research to improve the quality of life for children involved in New Jersey’s Children’s System of Care.

We will disclose identifiable health information only to the extent reasonably necessary to perform the above-mentioned activities of our practice. In some instances, we may need to use or disclose all of the information, while other times, we may need to use or disclose only certain information.

In the event applicable law other than HIPAA, such as New Jersey law, prohibits or materially limits our uses and disclosures of PHI, we will restrict our uses or disclosures of your PHI in accordance with the more stringent standard.

D. **Uses and Disclosures Requiring A Written Authorization**

We may only use or disclose PHI for purposes outside of treatment, payment, and health care operations or as provided below in Section E when your appropriate authorization is obtained. You may revoke all such authorizations at any time provided each revocation is in writing. You may not revoke an authorization to the extent that we have relied on that authorization and disclosed the PHI.

E. **Uses and Disclosures Without An Authorization**

We may use or disclose your protected health information under the following circumstances without obtaining your prior consent or authorization:

- **As Required by Law.** We will use or disclose your PHI when required by federal, New Jersey, or local law. For example, we would be required to share this information when the law requires us to report information about suspected abuse, neglect or domestic violence, or suspected criminal activity.

- **Threat to Health or Safety.** We may use or disclose your PHI to avert a serious threat to health or safety. Additionally, and by law, Ocean Partnership for Children will be required to notify the local police department municipality where the child/youth resides when the child/youth is brought for a psychiatric emergency screening (PESS) due to threat to themselves or others.
- **Child Abuse:** If we have reasonable cause, on the basis of our professional judgment, to suspect abuse of children with whom we come into contact in our professional capacity, we are required by law to report this to the State Central Registry for the New Jersey Department of Children and Families.
- **Disaster Relief Purposes.** We may use or disclose your PHI to a public or private agency authorized by law or charter to assist in disaster relief efforts such as the American Red Cross.
- **Public Health.** If required by federal or New Jersey law, we will disclose your PHI for public health activities in order to: prevent disease, injury or disability; report births or deaths; report child abuse or neglect; report reactions to medications; notify a person who may be at risk for contacting or spreading a disease or condition.
- **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits (e.g., by a state insurance department), civil, administrative or criminal investigations, inspections, and licensing activities.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the services we provided you or the records thereof, such information is privileged under state law, and we will not release the information without a written authorization, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Coroners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for identification purposes to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties.
- **Organ Donation.** PHI may be used and disclosed to organ procurement organizations for cadaveric organ, eye or tissue donation purposes.
- **Research.** If we disclose your PHI for research, we will comply with federal and New Jersey law regarding such disclosures. An authorization will also be obtained from you.
- **HIPAA Compliance.** We are required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the Privacy Regulations.

F. Your Rights Regarding Your Protected Health Information (PHI)

The summary below sets forth your rights relating to your PHI and a brief description of how you may exercise these rights. You may make requests regarding these rights by contacting our Privacy Officer in writing at: Ocean Partnership for Children, Inc.; Attention: Privacy Officer; 36 Washington Street, Suite 1, Toms River, NJ 08753.

- **Right to request restrictions on uses and sharing of PHI with others.** You have the right to request restrictions on certain uses and disclosures of protected health information about you such as not disclosing PHI to family members. However, we are not required to agree to a restriction you request. If we do agree with your request, we will put our agreement in writing and follow it, except in emergency situations. We cannot agree to limit the use of sharing information as required by law or as a requirement of participation in New Jersey's Children's System of Care.

You also have the right to request that we restrict certain disclosures of protected health information to a health plan when you actually pay out-of-pocket in full for the health care items of service.

- **Right to Receive Confidential Communications by Alternative Means and At Alternative Locations.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, upon your request, we will only contact you at work or by mail. We will accommodate reasonable written requests made to the Privacy Officer.
- **Right to Inspect and Copy.** You have the right to inspect and/or obtain a copy of PHI in our records used to make decisions about you for as long as the PHI is maintained in the record. You also have the right to request a summary instead of a copy of your record. Your request must be in writing. We may deny your access to PHI under certain circumstances, and, in some cases, you may have this decision reviewed. At your request, we will discuss with you the details of the request process and/or the denial process.

If the record is electronic, we will provide you access to your electronic record in electronic format form so long as it is readily producible in electronic form or format. If not, we will provide you with a paper copy. You may also request/authorize us to send a copy of your record to a third party designated by you when the request is in writing, signed by you, and you provide clear direction as to the person and their location who is to receive the record copy. We may charge you for copying, postage, etc.

- **Right to Amend.** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. At your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting.** You generally have the right to receive an accounting of disclosures of PHI for purposes other than TPO for which you have not provided an authorization.
- **Right to a Paper Copy.** You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.
- **Marketing and Sale of your PHI.** We will not engage in any marketing activities, as that term is defined under HIPAA and we will not disclose your PHI to any third party for financial gain (directly or indirectly) without your authorization. We will not sell your PHI without your express written authorization.

G. Complaints. If you believe your privacy rights have been violated, or you disagree with a decision that was made about access to or changes to your PHI, you can file a written complaint with: Ocean Partnership for Children, Inc.; *Attention: Privacy Officer*; 36 Washington Ave., Toms River, New Jersey 08753.

You may also file a complaint in writing – within 180 days of when you knew (or should have known) of some violation or act of omission – with Region II of the U.S. Department of Health and Human Services (New Jersey, New York, Puerto Rico and Virgin Islands): **Office for Civil Rights; U.S. Department of Health and Human Services**; Jacob Javits Federal Building; 26 Federal Plaza - Suite 3312 New York, NY 10278. [Voice Phone: 800-368-1019; FAX: 212-264-3039; TDD: 800- 537-7697]

NOTE: There will be no retaliation for filing appeals or complaints.

For Further Information

If you have questions or need further assistance regarding this Notice, you may call or write to our Privacy Officer (732-202-1585): Ocean Partnership for Children, Inc.; *Attention: Privacy Officer*; 36 Washington Street, Suite 1, Toms River, NJ 08753.

Effective Date: November 1, 2018

NOTE: Ocean Partnership for Children, Inc. reserves the right to amend this Notice at any time in the future and to make the new Notice of provisions applicable to all your health information – even if it was created prior to the change in the Notice. If such amendment is made, we will display the revised notice at our office and post the revised notice on our webpage. We will also provide additional copies at any time upon request.