



## Notice of Rutgers Privacy Practices for Protected Health Information for New Jersey Medical School

*This notice describes how medical information about you may be used and shared and how you can look at or receive a copy of this information. Please review it carefully.*

### ***We at Rutgers understand information about you and your health is personal.***

We are committed to and required by law to keep your health information private and to tell you: 1) how we keep your personal health information private; and, 2) what you are allowed ask for regarding your health information. We will not use or tell others about your health information except as described in this Notice. This Notice applies to all of the health information maintained by our units, centers and institutes, collectively referred to as RBHS, as well as affiliates that are part of an organized health care arrangement with RBHS, such as the Robert Wood Johnson Medical Group (which is the faculty practice plan of the RBHS Robert Wood Johnson Medical School) and University Physician Associates of New Jersey, Inc. (which is the faculty practice plan of the RBHS New Jersey Medical School). For a complete listing of all units, centers and institutes of RBHS, please go to our website at: <http://rbhs.RBHS.edu/>

The units, centers, and institutes of RBHS may share your health information with each other in order to carry out patient treatment, health care payment, or health care operations.

If you have any questions, please contact the Rutgers Privacy Officer at (973) 972-8093.

### ***What you have a right to know about your health records***

*Although your health records are the property of RBHS, you have the following rights:*

#### **You may request that we communicate with you confidentially.**

You can ask us to contact you in a specific way (for example at a home or business) or to send mail to a different address. We will say "yes" to reasonable requests. Please ask the RBHS clinic or health care provider from where you are receiving services.

#### **You may ask to see or receive a copy of your health information.**

You can ask to look at or get a copy of your health information. However, sometimes RBHS may tell you no. You have the right to appeal such denials. If you believe RBHS should not have denied your request, please contact the Rutgers University Privacy Officer at the contact information below. If we give you a copy of your health records, we are allowed to charge you a copying fee.

#### **You may ask for a list of with whom we shared your information.**

You can ask for a list of when we have shared your health information and why the information was shared. The list will not include the times we shared your information for purposes of treatment, payment, and health care operations, and certain other times (such as permitted incidental disclosures). You may ask for such a list with as much as six years of information.

#### **You may ask us to make a change to your Protected Health Information.**

You may request to change your protected health information or a health record for as long as the information is in our medical and/or billing records.

#### **You should receive a copy of this Notice.**

You may ask for a paper copy of this Notice. You may also find a copy of this notice on the RBHS website or on the website of the clinic or unit where you are receiving healthcare.

#### **We must tell you if your health information has been shown or released to someone who does not have a right to see it.**

We are required to send you a letter or otherwise to tell you if we shared your health information when we were not supposed to.

#### **You have the right to make a complaint.**

If you have questions and would like additional information, you may call the HIPAA hotline: (800) 215-9664. If you believe your privacy rights have been violated, you may file a complaint with RBHS or with the Secretary of the Department of Health and Human Services. To file a complaint with Rutgers/RBHS, please contact the Privacy Officer at the address below. There will be no retaliation for filing a complaint.

**Privacy Officer  
RBHS Biomedical and Health Sciences  
Stanley S. Bergen, Jr. Building  
65 Bergen Street  
Suite 1346  
Newark, New Jersey 07107  
(973) 972-8093  
<https://www.umdnj-ethics-helpline.com/welcomePageUMDNJ.jsp>**

## ***When you can tell Rutgers RBHS not to share your health information***

### **You have the right to stop a previous approval to share your health information.**

You may tell RBHS health care providers that you no longer want us to share your health information. If you gave us permission to share your information and want to take back that permission, we will agree. However, we can only stop sharing your information after you ask us to stop. To ask RBHS to stop sharing your information, please contact the RBHS clinic or unit where you are receiving health care.

### **If you pay “Out-of-Pocket” for your health care services, you can tell us not to send your health information to a health plan.**

If you are paying for your health care by yourself and are not submitting the bills to any insurance company, you can tell RBHS not to send your health information to a health plan.

### **You can tell us we can not use your health information for fundraising.**

We may use and share certain health information with the RBHS Foundation so they can contact you to help raise money for RBHS and/or its units. The only information released would be your contact information, such as your name, address, phone number, health insurance information, department or treating physician which provided you care, outcome information, and the dates you received treatment or services at RBHS. **If you do not want RBHS to contact you for fundraising efforts, you may tell us by sending an e-mail to the Rutgers Foundation at [rufoptout@winants.RBHS.edu](mailto:rufoptout@winants.RBHS.edu) or call us by telephone at 1-855-784-4722.**

### **You can tell us you do not want us to use your information for marketing.**

If we want to use or share your health information for marketing purposes, including health information related to your treatment, health care billing or how we run our organization, we must first ask for your permission in writing. We do not have to ask for your approval if the marketing is: 1) face to face marketing; 2) promotional gifts of low value, 3) “refill reminders”; and, 4) any other activity that does not require an authorization under Federal and State law.

### **You can tell us you don’t want us to sell your health information.**

We need your approval to sell your health information. This is the Federal Law. “Selling” your health information does not include: 1) sharing your information to treat you, billing for your care, or running our health care organization; 2) sharing your information with business associates which help us treat you, bill for your care, or run our organization; 3) conducting research; and 4) as otherwise allowed under Federal Law (HIPAA) when a reasonable, cost-based fee is paid to the University. Thus, for these four items, we do not need your approval. **If RBHS wants to sell your health information, we are required to receive your approval. If we receive an approval from you to sell your health information, the approval form must state that sharing the information will result in RBHS receiving payment for your health information.**

## ***How Rutgers RBHS may use and share your health information***

*We may use and share your health information as described below. However, this is only meant to give you a general overview and not to describe all possible uses and disclosures that may occur.*

**We may use your health information to provide medical/dental treatment, items or services.**

For example, we may share all or any portion of your health information with your attending physician, treating physician, treating dentist, consulting physician(s), nurses, technicians, medical students, dental students, and other health care professionals who have a need for such information for your care and treatment. Also, different departments may share health information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. We may also share your health information with people outside RBHS who may be involved in your medical/dental care, such as family members, social service, clergy and others that provide services that are part of your care. Also, our staff may discuss your care in a case conference.

**We may share your information so we can bill and receive payment for treatment and services that you receive.**

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

**We may share your information in order to run our health care organization and operations.**

We may use and share your health information for our health care organization and operations, including quality assurance, utilization review, medical/dental review, internal auditing, accreditation, social services certification, licensing or credentialing activities of RBHS, certain medical/dental research, and educational purposes. For example, RBHS may review your health information to make sure that RBHS is providing quality care to all of its patients.

**We may share with other health care providers, health plans, and clearinghouses.**

We may use and share your health information to your providers, health plan, or a medical billing clearinghouse providing you treatment, receiving or processing payment, and to conduct certain operational activities as permitted by law.

**We may share with organized health care arrangements in which we participate.**

For certain activities, various independent components of RBHS and other independent providers are called an Organized Health Care Arrangements. We may share information about you with health care providers participating in our Organized Health Care Arrangements to enable treatment, payment, or health care operations. All participants in our Organized Health Care Arrangements have agreed to abide by the terms of this Notice with respect to your health care information.

**We may share your information with people involved in your care.**

We may share your health information with family members, other relatives, close personal friends, or any other person(s) who are involved with your medical care, dental care, or billing. However, if you tell RBHS not to share information with family members, other relatives, close friends or anyone else, we will listen and not share your information. **If you do not want us to share information, please let the staff at the clinic or facility where you receive care.**

**We may put your name and some of your information in a facility directory.**

*(This section only pertains to RBHS' clinics and facilities with public directories.)*

Unless you object, we may include information about you in the RBHS public directory while you are a patient at our facilities. This information may include your name, location in RBHS, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This is so your family and friends can visit you in the RBHS facility and generally know how you are doing. The directory information, except for your religious affiliation, may only be given to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. **If you do not want your name in a directory, tell the staff at our clinic or facility where you receive care.**

**We may use your information to help us make appointment reminders.**

We may use and share your health information to contact you as a reminder that you have an appointment for treatment or medical care or dental care at RBHS.

**We may use or share your information when conducting research.**

Sharing your health information for research usually requires your approval. However, sometimes we may share your health information with researchers without your approval when their research has been approved by an Institutional Review Board or a similar privacy board which has waived the requirement to receive individual approval as allowed under regulations and law covering this area.

**We may share your information/data that can not identify you: De-Identified Data or Limited Data Sets.**

We may use or share your health information if we remove all information that could be used to identify you, i.e. "de-identified" information. We are required to remove over eighteen (18) different pieces of information that could be used to possibly

identify you. We may also use or share a limited amount of health information about you in a “limited data set” for the purposes of research, public health, or health care operations if we enter into a data use agreement with the recipient of the data.

**We may share your information in case of a disaster.**

We may use or share your health information with a public or private entity approved by law or by charter to assist in disaster relief efforts including notifying your family about your condition, status and location. **If you don’t want us sharing information like this, please tell staff, clinic or facility where you are receiving care.**

**We may share information to find different ways to provide health care treatment.**

We may use and share your health information to tell you about possible treatment options or alternatives or other health related benefits that may be of interest to you.

**We may use your health information to provide related benefits and services.**

We may use and share your health information to tell you of health-related benefits or services that may be of interest to you.

**We may share your information with companies or people who help us run our organization (Business Associates).**

We may use and share health information with RBHS business associates. A business associate is an individual or company under contract with us to help us perform a function or activity which requires the use or sharing of health information. Examples of business associates, include, but are not limited to, copy services used by us to copy medical/dental records, consultants, accountants, and lawyers

**We may share your information with Organ Procurement Organizations**

We may use and share your health information with organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**We may share your information with health oversight agencies**

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

**We may share your information with law enforcement.**

We may share your health information for law enforcement purposes to a law enforcement official if required by law, or where permitted by law, or in response to a valid subpoena. Also, we may share your health information if it is necessary for law enforcement authorities to identify or find an individual.

**We may give your information in judicial/legal proceedings.**

We may use and share your health information with a court or administrative agency when a judge or administrative agency orders us to do so. We may also use and share information about you in legal proceedings, such as in a response to a discovery request, subpoena, court order, etc. Also, RBHS may use or share your health information in preparation for any dispute or litigation between you and RBHS.

**We may share your health information if there is a public health risk.**

We may use and share your health information with public health or legal authorities responsible for preventing or controlling disease, injury or disability. For example, we are required by law to report the existence of a communicable disease, like measles, to the New Jersey State Department of Health to protect the health and well being of the general public. Other ways we can share your information include:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse and neglect;
- To report reactions to medications or problems with products;
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; and
- To notify the appropriate government authority if RBHS believes a patient has been the victim of abuse, neglect or domestic violence.

**We may share your information to protect the safety of a person or the public.**

We may use and share your health information to prevent or lessen a serious and near threat to the health or safety of a

person or the public.

**We may share your information for Workers' Compensation programs or other work-related programs.**

We may use and share health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**For Military/Veterans**

We may use and share your health information as required by military command authorities, if you are a member of the armed forces.

**For Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical/dental record information to the correctional institution or law enforcement official. This release would be necessary:

- (1) For the institution to provide you with health care;
- (2) To protect your health and safety and that of others;
- (3) For the safety and security of the correctional institution.

**Sharing as Required by Other Law**

We may use and share health information about you when required to do so by State or Federal law.

**We may share your information to help national security and intelligence activities.**

We may use and share medical/dental information about you to authorized Federal officials for intelligence, counterintelligence, and other National Security activities as authorized by law. We may also share health information about you with authorized federal officials so they may provide protection to the President or other authorized persons.

**We may give your information to coroners, medical examiners, funeral directors.**

We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify someone who may have died or to determine why a person died. RBHS may also release your health information to funeral directors so they can do their duties.

**We may give your Information to employers if your employer has asked you to receive care.**

If we have provided you with health care at the request of your employer, then we may use and share your health information with your employer to conduct medical surveillance of the workplace, or to evaluate whether you have a work-related illness or injury.

**We may share your information to help the Secretary of the Department of Health and Human Services.**

We may use and share your health information when required by the Federal Secretary of Health and the Department of Health and Human Services for purposes of investigating or determining compliance with the privacy law.

**Keeping Psychotherapy Notes Safe and Protected**

We will, in accordance to Federal law, obtain your written approval/authorization to release your psychotherapy notes, if any, contained in your health records. However, RBHS may use or disclose your psychotherapy notes for the following: 1) to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or share by RBHS for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or share by RBHS to defend itself in a legal action or other proceeding brought by you; and 2) a use or disclosure that is required by or permitted by Federal law.

**Other Uses**

Any other uses and disclosures of your health information will be made only with your written authorization.

**Changes to This Notice**

RBHS will abide by the terms of the Notice currently in effect. However, RBHS reserves the right to change the terms of its Notice and to make the new Notice provision(s) effective for all health information RBHS maintains. RBHS will promptly post the revised Notice on the RBHS web site for Enterprise Risk Management, Ethics and Compliance under Privacy.

**Reliance on this Notice by Other Healthcare Entities**

RBHS may sometimes participate in an organized healthcare arrangement to enable providers and entities not

employed by RBHS, to participate in your health care. Any providers or entities participating in this arrangement may rely on this Notice as providing you with notice of their privacy practice.

**Effective Date**

The effective date of the Notice is April 29, 2015.

*If you have more questions or need to contact someone:*

**Privacy Officer**  
**RBHS Biomedical and Health Sciences**  
**Stanley S. Bergen, Jr. Building**  
**65 Bergen Street**  
**Suite 1346**  
**Newark, New Jersey 07107**  
**(973) 972-8093**  
<https://www.umdj-ethics-helpline.com/welcomePageUMDNJ.jsp>