

Bacharach

INSTITUTE FOR REHABILITATION

Notice of Privacy Practices

Effective September 23, 2013

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.

OUR PLEDGE REGARDING PHI

Protected Health Information (PHI) is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present or future physical or mental health or condition and related health care services. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive which is necessary to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care made by hospital personnel during your encounter. We are required by law to:

- Maintain the privacy of PHI.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your PHI.
- Follow the terms of the notice currently in effect.

WHO WILL FOLLOW THIS NOTICE

Any health care professional authorized to access your PHI.

All our departments/outpatient therapy centers.

All volunteers we allow to help you while you are in the hospital.

All employees, staff, and other hospital personnel.

Many health care providers you will see at Bacharach are not employees, but are outside clinicians who have obtained permission to provide health care services at our facility. We call these persons "Medical Staff". HIPAA allows an organization to have one "Joint Notice of Privacy Practices" which covers all persons providing health care. Each member must agree to abide by the terms of the Joint Notice to protect PHI.

HOW WE MAY USE OR DISCLOSE YOUR PHI

Following are examples of permitted uses and disclosures of your PHI. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within a category.

We may use or disclose your PHI for purposes of treatment, payment, or health operations without obtaining your prior authorization. Examples:

TREATMENT: We may use your PHI to provide, coordinate, or manage your care and any related services. We may disclose medical information about you to doctors, nurses, therapists, clinical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a joint replacement may need to know if you have diabetes because it may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so appropriate meals can be arranged. Different departments of the hospital also may share medical information about you in order to coordinate the different services you may need such as prescriptions, lab work, and x-rays. PHI about you may also be disclosed at a team conference to review your progress and continued rehabilitation needs. We may also disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital. Pharmacists may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose your PHI to provide the treatment you require.

PAYMENT: Your PHI may be used to obtain payment for your health care services. For example, we may need to give your health plan information about therapy you received at the hospital or outpatient physical therapy center so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. Additionally, obtaining approval for a hospital admission might require that your relevant PHI be disclosed to your health plan to obtain the necessary pre-certification for the hospital admission.

HEALTH CARE OPERATIONS: We may use or disclose, as needed, your PHI to support the daily activities related to hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, therapists; medical, nursing, and therapy students; and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without knowing who the specific patients are. We may also share your health information with third-party "business associates" who perform various activities or functions for Bacharach; for example, transcription of medical reports or billing. Business associates are also required to protect your health information.

We may also use or disclose your PHI under the following circumstances without obtaining your prior authorization.

HOSPITAL DIRECTORY: Unless you object, we will use and disclose in our inpatient directory your name, the location at which you are receiving care, and your religious affiliation. This information, except religious affiliation, will only be disclosed to people who ask for you by name. Only members of the clergy will be told your religious affiliation.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may use your information to notify your family or friends that you are in the hospital and of your general condition or death. If you are present, and do not object, we may disclose additional medical information about you to a family member or friend who is involved in your medical care. If you are not present, or cannot object due to incapacity or emergency, we may disclose information directly relevant to your family members' or friends' involvement with your care if we feel it is in your best interests to do so. We may also give limited billing information to someone who helps pay for your care.

DISASTER RELIEF: We may disclose your PHI to disaster relief organizations seeking your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

AS REQUIRED BY LAW: We will use or disclose medical information about you when required to do so by federal, state, or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

RESEARCH: We may disclose your PHI to researchers when authorized by law, for example, if the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. For example, a research project may involve comparing the health and recovery of all patients who received one treatment to those who received another treatment for the same condition. We may disclose information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will ask for your specific permission to include you in the research project.

ORGAN AND TISSUE DONATION: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

WORKERS' COMPENSATION: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH: We may disclose your PHI to the public health authority, which is permitted by law to collect and receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability.
- Report deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

HEALTH OVERSIGHT ACTIVITIES: We may disclose PHI to a health oversight agency for activities authorized by law such as, audits, investigations, inspections, and licensure. These health oversight agencies might include government regulatory programs, and civil rights laws.

DATA BREACH NOTIFICATION PURPOSES: We will notify you in the event your PHI is breached and may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

FOOD AND DRUG ADMINISTRATION: We may disclose your PHI to a person or company required by the Food and Drug Administration to do the following: Report adverse events, product defects, or problems and biologic product deviations; track products; enable product recalls; make repairs or replacements; conduct post-marketing surveillance as required.

LEGAL PROCEEDINGS, LAWSUITS, AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT: We may disclose PHI for law enforcement purposes, including the following:

- Responses to legal proceedings: court order, subpoena, warrant, summons or similar process.
- Information requests for identification and location of a suspect, fugitive, material witness, or missing person.
- Circumstances pertaining to victims of a crime.
- Deaths suspected from criminal conduct.
- Crimes occurring on Bacharach premises.
- In emergency situations to report a crime; the location of the crime or victims, or to identify the description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS: We may disclose PHI to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose PHI to funeral directors as authorized by law.

CRIMINAL ACTIVITY: Under applicable Federal and state laws, we may disclose your PHI if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

SPECIALIZED GOVERNMENT FUNCTIONS: If necessary, we may use or disclose your medical information for military or national security purposes. When the appropriate conditions apply, we may use the medical information of patients who are Armed Forces personnel 1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.

INMATES OR INDIVIDUALS IN CUSTODY: We may use or disclose your PHI if you are an inmate of a correctional facility or in custody of a law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

We may also use or disclose your PHI for the following purposes:

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, AND HEALTH RELATED BENEFITS: We may use your PHI in order to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.

FUND RAISING: Unless you object, we may contact you to participate in fund raising activities for Bacharach.

CHANGE OF OWNERSHIP: In the event that a Bacharach entity is sold or merged with another organization, your PHI will become the property of the new owner.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES.

The following uses and disclosures of your PHI will be made only with your written authorization:

Uses/disclosures of PHI for marketing purposes.

Disclosures that constitute a sale of your PHI.

Most sharing of psychotherapy notes.

Other uses and disclosures of PHI for any other purpose not covered by the Notice or the laws that apply to use will be made only with your written permission.

You may revoke that permission any time by submitting a written revocation to our Privacy Officer, and we will no longer use or disclose your PHI for the reasons covered by your written authorization. However, the revocation will not be effective to the extent that Bacharach has already taken action in reliance on the use or disclosure allowed by the authorization.

YOUR RIGHTS REGARDING PHI

You have the following rights regarding your PHI:

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in a, civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. We may refuse to provide you the right to inspect and copy your own records if we determine in our professional judgment that access is reasonably likely to endanger your life or safety or that of another person.

RIGHT TO AN ELECTRONIC COPY OF ELECTRONIC MEDICAL RECORDS: If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of the record be given to you or transmitted to another individual or entity. We will make every effort to provide PHI in the form or format you request. If the PHI is not readily producible in the form or format you request, your PHI will be provided in either our standard electronic format or in a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting or reproducing electronic PHI.

RIGHT TO REQUEST RESTRICTIONS: You may ask us not to disclose any part of your PHI for treatment, payment, or health care operations. Your request must be made in writing to the Privacy Officer, Patient Representative, or Bacharach Administration. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) expiration date. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

OUT OF POCKET PAYMENTS: If you paid out-of pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment of health care operations, and we will honor that request.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You may request that we communicate with you using an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

RIGHT TO REQUEST AN AMENDMENT: If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your PHI for as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment. If we deny a request, we will provide you with information about our denial and explain how you can disagree with the denial by filing a statement of disagreement with us. To request an amendment, your request must be made in writing, and submitted to the Privacy Officer, Patient Representative, or Bacharach Administration. In addition, you must provide a reason that supports your request.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have a right to receive an accounting of the disclosures we have made of your PHI. This right applies to the disclosures made for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. This right excludes disclosures made to you, for hospital inpatient directory, to family members or friends involved in your care, provided in response to an authorization, and/or for certain government functions. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of the request. The right to receive this information is subject to additional exceptions, restrictions, and limitations.

RIGHT TO OBTAIN A COPY OF THE NOTICE: You have the right to obtain a paper copy of this notice upon request. Contact the Admissions Office, Privacy Officer, Patient Representative or Bacharach Administration, or ask for a copy at your next appointment. You may also obtain a paper copy of this notice from the Bacharach website at www.bacharach.org.

FEDERAL AND STATE PRIVACY LAWS

This Notice of Privacy Practices is provided to you as a requirement of HIPAA. There are other privacy laws that also apply. Under federal law, there are very strict rules regarding the use and disclosure of information involving alcohol and drug abuse, diagnosis, referral and treatment. Under New Jersey law, there are very strict rules regarding services provided by State-funded mental health programs; records relating to treatment provided to minors who are authorized to consent to treatment; and records containing identifying information about a person who has, or is suspected of having, AIDS or HIV infection. Therefore, Bacharach will generally follow different rules with respect to records containing that type of information. Please contact our Privacy Officer if you have questions about access to your medical information.

ACKNOWLEDGMENT OF RECEIPT

We will ask you to sign that you received this notice. We want you to be aware of the possible uses and disclosures of your PHI and your privacy rights. If you decline to sign the acknowledgment, we will continue to provide your treatment and may use and disclose your PHI for treatment, payment, and health care operations when necessary or as authorized.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. Its effective date is noted at the top of the first page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at all facilities.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or Bacharach Administration. You may also call the Bacharach Corporate Compliance Program hotline (609-748-4770). You may also file a complaint with the Department of Health and Human Services at the address below. No retaliation will be taken against you for filing a complaint.

CONTACT INFORMATION

If you have any questions about this notice, please contact our President/CEO or Privacy Officer.

Bacharach Institute for Rehabilitation
61 W. Jimmie Leeds Rd., Pomona, NJ 08240
(609) 652-7000

or

Department of Health and Human Services at:

The United States Department of Health and Human Services
200 Independence Avenue, S.W., Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775