

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

**I. We are required by law to protect the privacy of your health information.**

This Notice is being provided to you by Barnabas Health Home Care. We are required by law to provide you with this Notice about our privacy practices and legal duties that explains how, when, and why Barnabas Health Home Care may use or disclose your protected health information.

We are required by law to maintain the privacy of “protected health information” or “PHI,” which includes individually identifiable health information that relates to your past, present, or future physical or mental health or condition, the provision of health care, or the past, present, or future payment for health care.

At Barnabas Health Home Care, we recognize and respect your right to confidentiality, and we maintain numerous safeguards to protect your privacy. We are required by law to follow the terms of this Notice as currently in effect. We reserve the right to change this Notice at any time and to make the revised Notice effective for all PHI we maintain. You can always obtain a copy of our most current Notice by contacting the Privacy Officer, whose contact information is at the end of this Notice.

**II. Permitted Uses and Disclosures - Treatment, Payment, Health Care Operations**

The following categories describe different ways that we may use or disclose medical information about you for purposes of treatment, payment or health care operations. For each of these categories of uses and disclosures, we have provided a general description and example below:

**Treatment** – Means the provision, coordination, or management of your health care, including consultations between doctors, nurses, and other providers regarding your care, and referrals for care from one provider to another. For example, your home care nurse may disclose your PHI to your physician if he/she is concerned that your condition has changed.

**Payment** - Means the activities we carry out to bill and collect for the treatment and services provided to you. For example, we may provide information to your insurance company about your medical condition to determine your current eligibility and benefits. We may also provide PHI to outside billing companies and others that process health care claims.

**Health Care Operations** – Means the support functions related to treatment and payment that help operate our organization function, such as quality improvement, case management, responding to patient concerns, compliance programs, audits, and other important activities. For example, we may use your PHI to evaluate the performance of the staff that cared for you, or we may also combine PHI about many patients to decide what additional services we should offer. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care delivery without learning your PHI.

**III. Other Permitted Uses and Disclosures of PHI**

In addition to using and disclosing your protected health information for treatment, payment, and health care operations, we may also use or disclose your PHI in the following ways:

**Reminders and Health-Related Benefits or Services.** We may use PHI to provide you with appointment reminders, contact you regarding

an upcoming home visit, or to recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.

**Disclosures to Family, Friends, and Others.** We may disclose your PHI to family, friends, and others identified by you as involved in your care or the payment of your care to the extent of that person’s involvement in your care. We may also allow friends and family to act for you by picking-up prescriptions, etc., when we determine it is in your best interests to do so. If you are available, we will give you the opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interests, taking into account the circumstances and based upon our professional judgment.

**Research Purposes.** In certain circumstances, we may use and disclose PHI to conduct medical research, subject to requirements of applicable laws. Certain research projects require your signed authorization before using your PHI for the research.

**Disaster Relief.** When permitted by law, we may coordinate our uses and disclosures of PHI with other organizations authorized by law or charter to assist in disaster relief efforts (e.g., Red Cross).

**Fundraising.** We may contact you as part of our fundraising and marketing efforts as permitted by applicable law. You have the right to opt out of receiving fundraising communications.

**Incidental Disclosures.** We may make incidental uses and disclosures of your protected health information. Incidental uses and disclosures may result from otherwise permitted uses and disclosures and cannot be reasonably prevented. An example of an incidental disclosure would include a situation where a family member in the next room overhears the conversation between you and the home care worker.

**IV. Special Situations Involving Use/Disclosure of PHI**

Subject to the requirements of applicable law, we may also make the following uses and disclosure of your PHI:

**Organ and Tissue Donation.** If you are an organ donor, we may disclose PHI to an organization that handles organ procurement or transplantation.

**Military Personnel.** If you are a member of the armed forces, we may release PHI about you, as required by military authorities. We may also release health information about foreign military personnel to appropriate foreign military authorities.

**Worker’s Compensation.** We may disclose health information about your work-related illness or injury to comply with worker’s compensation laws.

**Public Health Activities.** We routinely disclose PHI for public health activities, including to: prevent or control disease, injury or disability; report births or deaths; report child abuse or neglect; persons under the jurisdiction of the Food & Drug Administration for activities related to quality, safety or effectiveness of FDA-regulated products or services and to report problems with medications or products; notify people who may have been exposed to a disease or are at risk of contracting or spreading a disease; or notify government agencies if we believe an adult has been the victim of abuse, neglect, or domestic violence, provided that the adult victim agrees or when required by law.

**Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a coroner or medical examiner. We may also release health information about patients to funeral directors so they may carry out their duties.

**Health Oversight Activities.** We may disclose information to federal or state government agencies that oversee our activities.

**Law Suits & Disputes.** If you are involved in a law suit or dispute, we may disclose your PHI subject to certain limitations.

**Required by Law Enforcement.** We may release health information about you if asked to do so by law enforcement in response to a court order, subpoena, warrant, summons, or similar process. We also may disclose information to identify or locate a suspect, fugitive, material witness, or missing person. In addition, we may disclose information about a crime victim or about a death we believe may be the result of criminal conduct. In emergency situations, we may disclose PHI to report a crime, to help locate the victims of the crime, or to identify/describe/locate the person who committed the crime.

**National Security.** We may disclose PHI to authorized officials for national security or other related purposes such as protecting the President of the United States or other heads of state, for conducting intelligence operations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement, we may release PHI about you to the correctional facility or law enforcement officials. This disclosure would be necessary for the institution to provide you with health care; to protect your health and safety and the health and safety of others; or for the safety and security of the correctional institution.

**To Avoid Harm.** As permitted by law and ethical conduct, we may use or disclose protected health information if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.

**To Employers if We are Engaged by Your Employer.** In accordance with applicable law, we may disclose your PHI to your employer if we are retained by your employer to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. If these disclosures apply, you will be notified of these disclosures by us or your employer.

**Other Uses of Your Health Information.** Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your permission in a written authorization, including uses and/or disclosure of psychotherapy notices (where appropriate); for certain marketing purposes, and/or for the sale of PHI. You have the right to revoke the authorization at any time, provided the revocation is in writing, except if we have already taken action in reliance of your authorization.

**Note:** *HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may benefit from certain special heightened confidentiality protections under federal or state laws. Any disclosures of these types of records will be subject to these special protections.*

## V. YOUR RIGHTS

You have the following rights with respect to your protected health information:

**Right to Request Limits on Uses and Disclosures of Your PHI** – You have the right to request restrictions to how we use and disclose your PHI for treatment, payment and health care operations. Your request must be in writing and sent to the Privacy Officer, using forms available from the Privacy Officer. We will review your request but we are not required to agree to your request unless your request relates to restricting our disclosures to your health plan regarding items or services for which

you have paid the bill in full. If we agree to your request, we will document the restrictions and abide by them, except in emergency situations as necessary.

**Right to Request Confidential Communications** – You have the right to request to receive confidential communications of protected health information by alternative means or at alternative locations. For example, sending information to your work address rather than to your home address, or asking to be contacted by mail rather than telephone. To request confidential communications, you must specify your instructions in writing to the Privacy Officer. We will notify you if we can accommodate your request.

**Right to Inspect and Obtain Copies of your Protected Health Information** – In most cases, you have the right to inspect and obtain copies of PHI used by us to make decisions about your care, subject to applicable law. To inspect or copy your medical information, you must make a request in writing to the Privacy Officer. If you request copies of your health information, we may charge a fee for copying, postage, and other supplies associated with your request. If we deny your request, as permitted by law, we will notify you and you will have the right to have the denial reviewed in accordance with applicable law.

**Right to Amend your Protected Health Information** – If you believe that the protected health information we have about you is incorrect or incomplete, you may request that we amend the information. To request an amendment, you must make your request in writing to the Privacy Officer and specify a reason that supports your request. We may deny your request, subject to applicable law.

**The Right to Obtain a List of Disclosures We Have Made** – You have the right to receive “an accounting of disclosures” of PHI made by us to someone other than you for the six years prior to your request. There are several exceptions to the disclosures for which we must account. Examples include disclosures to carry out treatment, payment and health care operations as described above; those disclosures made to you or upon your written authorization, those made incidental to an otherwise permitted or legally required use or disclosure; those made to persons involved in your care or for other notification purposes as provided by law; for national security or intelligence purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; or as part of a limited data set as provided by law.

To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer. The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, before any costs are incurred.

**Right to Be Notified if There is a Breach** – You have the right to be notified by us if there is a breach of your unsecured PHI that requires notification under federal privacy rules.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer of Barnabas Health Home Care, using the contact information below, or with the Secretary of the U.S. Department of Health and Human Services.

We will not take action against you for filing a complaint.

## CONTACT PERSON

If you have questions, would like to exercise the rights described above, or would like additional information about this Notice, please contact the Home Care Privacy Officer, at:

Barnabas Health Home Care  
80 Main Street, Suite 210  
West Orange, NJ 07052  
973-243-9666

<http://www.homehealthnj.com/>

**EFFECTIVE DATE:** This Notice is effective as of September 23, 2013.