

# Privacy Policy

**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.**

## **I. Who We Are:**

This Notice describes the privacy practices of Robert Wood Johnson University Hospital and the physicians, nurses, technologists, and other individuals that work at Robert Wood Johnson University Hospital (“RWJUH,” “we” or “us”). This Notice also describes how authorized health care providers may use and disclose your Health Information electronically through Jersey Health Connect.

Health Information Exchange/Health Information Organization. RWJUH participates in a health information organization called “Jersey Health Connect.” Jersey Health Connect is a group of healthcare facilities established to help patients and their authorized healthcare providers, treating the same patient, share – or exchange – relevant healthcare information. Only patients and caregivers who are authorized – including physicians, hospitals, labs, etc. – have secure, immediate, electronic access to your vital medical information. This helps your caregiver have access to needed medical information to provide you with the best care possible. You may find additional information regarding Jersey Health Connect at [www.jerseyhealthconnect.org](http://www.jerseyhealthconnect.org). We may disclose your medical information for treatment, payment and health care operations purposes as part of this health information organization. You may opt out of Jersey Health Connect as set forth below under “Your Rights” If you do not opt out of Jersey Health Connect, your medical information will be available through the Jersey Health Connect network to authorized participating providers in accordance with this Notice and applicable law. If you do opt out, your medical information will continue to be used in accordance with this Notice and applicable law, but will not be made electronically available through Jersey Health Connect.

## **II. Our Privacy Obligations:**

We are required by law to maintain the privacy of medical and health information about you and to provide you with this Notice of our legal duties and privacy practices with respect to Protected Health Information. “Protected Health Information” generally includes individually identifiable information about your past, present, or future physical or mental health, the health care you have received, or payment for your health care. We are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

## **III. Uses and Disclosures without Your Authorization:**

A. Use and/or Disclosure for Treatment, Payment and Health Care Operations. Except with respect to uses or disclosures that generally require an authorization (e.g., certain types of marketing, certain psychotherapy notes, etc.), we may use and/or disclose Protected Health Information without your authorization for certain treatment provided to you, for certain payment purposes, and for certain health care operations as detailed below.

1. For treatment purposes. We will use your Protected Health Information to provide you with health care, and we will disclose your Protected Health Information to personnel within our facility who provide you with health care services or are involved in your care. For example, if you’re being treated for a knee injury, we may disclose your Protected Health Information to an x-ray technologist in order to coordinate your care. We may also disclose your Protected Health Information for laboratory and pharmacy-related services, and to personnel of another health care facility to which you may be transferred.

2. To obtain payments for treatment and services. We may use and disclose your Protected Health Information to personnel within our facility in order to bill and collect payment for the treatment and services we provide to you. For example, we may provide portions of your Protected Health Information to our billing department in order to get paid for the health care services we provide to you. If applicable, we may also disclose your Protected Health Information to a health insurance company if you have an agreement with the insurance company which would authorize us to disclose it. Federal or State law may require us to obtain a written authorization from you prior to disclosing certain specially protected health information for payment purposes, and we will ask you to sign an authorization when necessary.

3. For health care operations. We may use and disclose your Protected Health Information within our facility in order to perform support functions necessary for the operation of RWJ. This includes, but is not limited to, quality improvement, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs and audits. For example, we may use your Protected Health Information in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.

4. Using your Protected Health Information to contact you. We may access your Protected Health Information in order to contact you to provide appointment reminders, or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Information about you may also be accessed, in a limited manner, in order to contact you to help us raise funds (see section D below for further details).

B. Use or Disclosure for Directory of Patients in RWJUH. Unless you disagree or object, we may include your name, location in RWJUH, and or general health condition and religious affiliation in a patient directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy (provided, however, that religious affiliation will only be disclosed to members of the clergy).

C. Disclosure to Family, Friends, or Others. We may provide your Protected Health Information to a family member, friend, or any other person you indicate that is either involved in your care or the payment for your health care, unless you object in whole or in part. If your opportunity to agree or object cannot practicably be provided because of an emergency situation, we may disclose your PHI to such a person (but only to the extent that the Protected Health Information is directly relevant to that person's involvement with your health care) if we determine that the disclosure is in your best interests.

D. Fundraising Communications. We may contact you to request a tax-deductible contribution to support important activities of RWJUH. In connection with any fundraising, we may disclose to our fundraising staff demographic information about you (e.g., your name, address and phone number) and/or dates of health care that we provided to you. If you wish to make a tax-deductible contribution now, or do not want to receive any fundraising requests in the future, you may write to the Privacy Officer (identified below).

E. Public Health Activities. We may disclose Protected Health Information for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

F. Health Oversight Activities. We may disclose Protected Health Information to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

G. Judicial and Administrative Proceedings. We may disclose Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

H. Law Enforcement Officials. We may disclose Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order.

I. Coroners, Medical Examiners, and Funeral Directors. We may disclose Protected Health Information to a coroner or medical examiner as authorized by law. Such disclosures may be necessary to identify a deceased person or determine cause of death. We may also release Protected Health Information about patients to funeral directors as necessary for them to carry out their duties.

J. Organ and Tissue Procurement. We may disclose Protected Health Information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

K. Research. We may use or disclose Protected Health Information without your consent or authorization if our Institutional Review Board approves a waiver of authorization for disclosure.

L. Health or Safety. We may use or disclose Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

M. Specialized Government Functions. We may use and disclose Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

N. Workers' Compensation. We may disclose Protected Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

O. Inmates. If you are an inmate of a correctional institution or under custody of law enforcement, we may (under certain specific circumstances) release health information about you to the correctional facility or law enforcement official.

#### **IV. Uses and Disclosures with Your Authorization:**

A. Use or Disclosure with Your Authorization. Except as indicated in Section III above, we may use or disclose Protected Health Information only when: (1) you give us your authorization on our authorization form; or (2) such use or disclosure is consistent with the consent you signed upon admission. Further, you may revoke your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below.

B. Genetic Information. Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements, or pursuant to a court order), we will obtain your authorization prior to obtaining or retaining your genetic information (for example, your DNA sample). We may use or disclose your genetic information for any reason only when your authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order).

C. AIDS or HIV Related Information. If Protected Health Information contains AIDS or HIV- related information, that information is confidential and shall not be disclosed without your authorization, except as follows. Such information may be released without your authorization to medical personnel directly involved in your medical treatment. If you are deemed to lack decision-making capacity, we may release such information (only if necessary and unless you request otherwise) to the person responsible for making health care decisions on your behalf (spouse, primary caretaking partner, an appropriate family member, etc.). Under certain circumstances, such information may also be released without your authorization for scientific research, certain audit and management functions, and as may otherwise be allowed or required by law or court order.

D. Alcohol or Drug Abuse Programs. If Protected Health Information contains information related to treatment provided in one of our alcohol or drug abuse programs, that information is confidential and shall not be disclosed without your authorization, except as follows: Under certain circumstances, such information may be released without Your Authorization: (1) for internal communications; (2) if there is no patient-identifying information; (3) for medical emergencies; (4) in order to report and/or investigate crimes committed at the Program or against its personnel; and (5) as may otherwise be allowed or required by law or court order.

E. Marketing Communications. We will obtain your authorization for the use or disclosure of your Protected Health Information for marketing purposes. However, this does not apply to communications that are made: (1) face-to-face by our staff to you; (2) to describe a health-related product or service that is offered by us; (3) for your treatment; or (4) for your care management or to direct or recommend alternative treatments, health care providers, etc.

#### **V. Your Rights:**

A. For Further Information, Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to Protected Health Information, you may contact our Privacy Officer. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with the Director or us.

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of Protected Health Information: (1) for treatment, payment and health care operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals

regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you choose to pay in-full out-of-pocket, and request that information, that would normally be submitted to obtain payment, not be shared with your health care plan, such requests will be honored. If you wish to request additional restrictions, please obtain a request form from, and submit the completed form to, our Privacy Officer. We will send you a written response.

C. Right to Opt Out of Jersey Health Connect. With regard to Jersey Health Connect only, if you do not wish to allow otherwise authorized doctors, nurses and other clinicians involved in your care to electronically access and share your medical information with one another through Jersey Health Connect, you must complete, sign and submit the Jersey Health Connect Opt-Out form to us, or mail it in as instructed on that form. Any opt out selection that you make will be honored. The Jersey Health Connect opt out form can be obtained from RWJ directly or you can download the form at <http://www.jerseyhealthconnect.org/opt-out-form>. If you opt out of Jersey Health Connect, this will prevent your medical information from being shared electronically through the Jersey Health Connect network, however, it will not impact how your information is otherwise typically accessed and released in accordance with this Notice and applicable law.

D. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive confidential communications of Protected Health Information by alternative means or at alternative locations.

E. Right to Inspect and Copy Your Health Information. You have a limited right to inspect and copy the protected health information contained in your medical and billing records and in any other Hospital records used by us to make health care decisions about you. Under limited circumstances, we may deny your request to access (in whole or in part). If we do deny your request, we will send you a response in writing, our reasons for the denial, and explain your right to have the denial reviewed. In order to inspect or copy your health information, you must submit your request in writing to the Medical Records Department. If you request a copy of your health information, we may charge you certain fees as allowed by New Jersey and federal regulations.

F. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from, and submit the completed form to, our Privacy Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

G. Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of disclosures of Protected Health Information made by us to individuals or entities during the six prior years prior to the date on which the accounting is requested, except for disclosures:

- made for the purposes of treatment, payment, and health care operations as provided above;
- made to you;
- which were incidental to a use or disclosure otherwise permitted or required by applicable law;
- made pursuant to a written authorization obtained from you;
- made for the RWJUH directory or to persons involved in your care or for certain other notification purposes;
- made for national security or intelligence purposes as provided by law;
- made to correctional institutions or law enforcement officials as provided by law; or
- that occurred prior to April 14, 2003;

To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Officer. Your request must state a specific time period for the accounting, which must be less than six (6) years from the date of your request. The first accounting requested in any twelve (12) month period is free. For each subsequent request for an accounting within the same twelve (12) month period, we may charge the cost of providing the list (in such event, however, we will notify you of the costs involved, and you may choose to withdraw or modify your request at the time before any costs are incurred).

H. Right to Notification of Security Breach. In the event that there is a security breach of your Protected Health Information, you have the right to be notified by the Hospital.

I. Right to Get a Paper Copy of This Notice. If you agree, we may choose to provide you with this Notice by e-mail. However, even if you so agree, you still have the right, upon request, to obtain a paper copy of this Notice.

**VI. Effective Date and Duration of This Notice:**

A. Effective Date. This Notice is effective on April 14, 2003.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around RWJUH. You also may obtain any new notice by contacting the Privacy Officer.

**VII. Privacy Officer:**

You may contact the Privacy Officer at:

Privacy Officer  
Robert Wood Johnson University Hospital  
1 Robert Wood Johnson Health Place  
New Brunswick, New Jersey 08901

Telephone Number: (732) 828-3000, ext. 5463