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 audits; (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 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.

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 HAMILTON directly, or you can download a 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 manner or means of communication for Protected Health Information by alternative means or at alternative locations.

E. Right to Inspect and Copy Your Health Information. You have a 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 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 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 RWJ HAMILTON 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;
- made for the purposes of treatment, payment, and health care operations as provided above;
- made to you; and
- any other disclosures permitted under applicable law.

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 of disclosures for the same individual within the same twelve (12) month period, we may charge the cost of providing the list (or refusal to do so). In order to request an accounting, you must submit your written request to the Privacy Officer. We will send you a written response. If we deny your request, we will provide you a written notice of the denial. If you agree, we may charge you certain fees as allowed by New Jersey and federal regulations. We may choose not to provide you with a copy of 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.

H. Right to Notification of Security Breach. In the event that there is a security breach of your Protected Health Information, we 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 July 14, 2015.

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 RWJ HAMILTON. 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 Hamilton
One Hamilton Health Place
Hamilton, New Jersey 08690
Telephone Number: 609.584.6401
I. Who We Are:
This Notice describes the privacy practices of Robert Wood Johnson University Hospital, Hamilton, and the physicians, nurses, technicians, and other individuals who work at or on behalf of Robert Wood Johnson University Hospital ("RWJ Hamilton"; "we" or "us"). This Notice also describes how health care providers may use and disclose your Health Information electronically through Health Information Organizations.

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 your medical and health information. We must follow the privacy practices described in this Notice while you are a patient of Robert Wood Johnson University Hospital ("RWJ Hamilton"). This Notice will apply to all of our facilities. If you have a comment about your privacy rights or the way your information is used or disclosed, you can contact the Privacy Officer at the address or telephone number listed under "Address for Electronic Communication". If you believe your privacy rights have been violated, you can file a complaint with RWJ Hamilton or the Secretary of Health and Human Services, U.S. Department of Health and Human Services.

III. Uses and Disclosures without Your Authorization:
A. Use and/or Disclosure for Treatment, Payment and Health Care Operations.

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, we may disclose your protected Health Information to persons who provide you with medical care, or those who are involved in your health care. We may also 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, we may disclose your protected Health Information to persons who provide you with medical care, or those who are involved in your health care.

2. To obtain payments for treatment and services. We may use and we may 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 access to your medical record or record information on your treatment for payment purposes, and we will ask you to sign an authorization when necessary.

3. For health care operations. We may use and we may disclose your Protected Health Information within our facility in order to perform support functions necessary for the operation of RWJ Hamilton. This includes, but is not limited to: (1) planning, evaluating, and improving the quality of health care services; (2) responding to reviews of the care provided to you, with your written consent or as otherwise permitted by law; (3) conducting accreditation, peer review, and other health care operations to support our functions necessary for the operation of RWJ Hamilton; and (4) conducting quality assessment activities under the authority of a State or organization that licenses or certifies health care providers or activities.

B. Use or Disclosure for Directory of Patients in RWJ HAMILTON.

C. AIDS or HIV Related Information.

D. Use or Disclosure for Research, Public Health Purposes, and Health Oversight Activities.

E. Use or Disclosure for Fundraising Activities.

F. Use or Disclosure for Judicial or Administrative Proceedings.

G. Use or Disclosure for Law Enforcement Activities.

H. Use or Disclosure for Worker Health Management Program.

I. Coroners, Medical Examiners, and Funeral Directors.

J. Organ and Tissue Procurement.

K. Research.

L. Health or Safety.

M. Specialized Government Functions.

N. Workers’ Compensation.

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 if: (1) you give us your authorization on our authorization form; or (2) use or disclose such information 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, among others), we may not disclose your genetic information unless you request or agree to such a disclosure.

C. AIDS or HIV Related Information.

D. Use or Disclosure for Research, Public Health Purposes, and Health Oversight Activities.

E. Use or Disclosure for Fundraising Activities.

F. Use or Disclosure for Judicial or Administrative Proceedings.

G. Use or Disclosure for Law Enforcement Activities.

H. Use or Disclosure for Worker Health Management Program.

I. Coroners, Medical Examiners, and Funeral Directors.

J. Research.

K. Health or Safety.

L. Specialized Government Functions.

M. Workers’ Compensation.

N. Use or Disclosure with Your Authorization. Except as indicated in Section III above, we may use or disclose Protected Health Information only if: (1) you give us your authorization on our authorization form; or (2) use or disclose such information 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.

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.