



HIPAA Notice of Privacy Practices

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.

Federal law requires West Bergen to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. This notice is effective as of April 14, 2003 as required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present and future physical or mental health or condition and related health services. The privacy practices described in this notice will be followed by any health care professional who treats you, as well as all employees, medical staff trainees, students or volunteers.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI):

West Bergen may use your individually identifiable health information for treatment, payment and health care operations. Examples include:

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care for you or may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose you.

Payment: Your PHI will be used, as needed, to obtain payment for your mental health care services. For example, obtaining approval for continued sessions may require that your relevant PHI be disclosed to the health plan to obtain approval for the sessions.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of this agency. These activities include, but are not limited to, quality assessment and improvement activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at our office to indicate which member of our staff you are scheduled to see. We may also call you by name in the waiting room when our staff member is ready to see you. We may use PHI, as necessary, to contact you and remind you of your appointment.

We may also use your protected health information in the following situations without your authorization. These situations include but not limited to: As Required by Law, Public Health Issues as required by Law, Communicable Diseases, Abuse, Neglect or Domestic Violence, Food and Drug Administration requirements, Legal Proceedings (lawsuits/disputes), Health Oversight Activities by Government Agencies (including inspections/audits), Law Enforcement/Criminal Activity, Worker's Compensation, National Security and Intelligence Activities, Public Safety/Emergencies, and Specialized Government Agencies.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES WILL BE MADE ONLY WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT UNLESS REQUIRED BY LAW.

Your Rights:

You have the right to revoke this authorization/notice, at any time, except to the extent that your healthcare professional has taken an action in reliance on the use or disclosure in the authorization.

You have the right to inspect your PHI. Under federal law; however, you may not have or inspect the following records, psychotherapy/psychiatric 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.

You have the right to a paper copy of this Notice at any time upon request. Requests may also be made for an electronic copy.

You have the right to request restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practice. Your request must state the specific restriction requested and to whom you want the restriction to apply. However, the law does not require West Bergen to agree to the requested restriction if your health care professional believes it is in your best interest to permit use and disclosure of your PHI. You then have the right to use another healthcare professional.

You have the right to amend your individually identifiable health information, unless West Bergen did not create such information or unless West Bergen determines that your medical record is accurate and complete in existing form.

You have the right to receive an “accounting” of disclosures, which identifies certain persons or organizations to whom we have disclosed your PHI. Many routine disclosures we make will not be included in this accounting, but the accounting will identify many non-routine disclosures of your information.

Changes to this Notice: West Bergen reserves the right to amend this Notice at any given time. We will post a copy of the revised notice in our reception area with the effective date.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201 or contact the agency’s appointed Compliance Officer at (201) 444-3550, ext 7167. No one will retaliate or taken action against you for filing a complaint.

Questions: If you have any questions about any part of this notice or if you want more information about your privacy rights, please contact West Bergen’s appointed Compliance Officer at (201) 444-3550, ext 7167

By way of my signature, I acknowledge I have received this Notice of Privacy Practices and understand my rights contained in this notice.

Client’s Name: _____

Client’s Signature: _____ Date: _____

Update: amended 2/16/09