

## **MERCER STREET FRIENDS**

### **NOTICE OF PRIVACY INFORMATION PRACTICES**

*Effective Date April 14, 2003*  
*Date(s) of revision: \_\_\_\_\_*

**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**

Please contact your Program Director or the HIPAA Privacy Officer at 609-396-1507 if you have any questions regarding this notice.

#### **I. MERCER STREET FRIENDS (“MSF”) HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (“PHI”).**

MSF is legally required to take reasonable steps to protect the privacy of your PHI. PHI includes information that can be used to identify you that we have created, received and/or maintained about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. MSF must provide you with this notice about its privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, MSF may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. MSF is legally required to follow the privacy practices that are described in this notice.

MSF reserves the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before MSF makes a significant change to its policies, MSF will promptly change this notice. You can request a copy of this notice from the contact person listed in Section IV below at any time and can view a copy of this notice on MFS’s Web site at [www.mercerstreetfriends.org](http://www.mercerstreetfriends.org).

#### **II. USES OR DISCLOSURES OF YOUR PHI**

MSF may use or disclose your PHI in one of the following ways:

1. As needed for purposes of treatment, payment or health care operations.
2. As permitted or required by law.
3. With your written authorization for purposes other than treatment, payment or health care operations.

4. With your verbal agreement to discuss your health condition with family or friends who are involved in your care or emergency or crisis relief personnel.

The following describes each of the different ways that MSF may use or disclose your PHI. Where appropriate, MFS has included examples of the different types of uses or disclosures.

While not every use or disclosure is listed, MSF has included ways in which we may make such uses or disclosures.

**1. As needed for purposes of treatment, payment or healthcare operations with your written consent.**

**A. Treatment**

MSF may disclose your PHI to doctors, nurses, therapists, social workers, dieticians, aides, students, volunteers, transportation and emergency personnel and other personnel who are involved in your health care. Communication with these and other persons will be carried out as necessary to coordinate services develop a plan of care. MSF may also disclose your PHI to persons outside our Agency who are involved in your care (such as family members), federal, state, county representatives, private community agencies, hospitals or other home health agencies.

**B. To Obtain Payment for Treatment**

MSF may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. MSF may disclose plans for treatment or services to your insurance company in order to verify coverage and to obtain authorization.

**C. For Health Care Operations**

MSF may disclose your PHI in order to operate this entity. For example, MSF may use your PHI 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. MSF may also provide your PHI to its accountants, attorneys, consultants, and others, as appropriate, in order to make sure MSF is complying with the laws that affect MSF.

**D. Fundraising Activities**

MSF may use a limited amount of your health information for purposes of contacting you to raise money for our Agency. MSF may disclose this health information to a foundation related to the Agency so that the foundation may contact you to raise money for MSF. The information

that MSF may use or disclose will be limited to your name, address, phone number, and dates for which you received treatment or services at MSF. *If you do not want MSF or an affiliated foundation to contact you for these fundraising purposes you must notify your MSF Program Director or the MSF HIPAA Privacy Officer in writing.*

## **2. Uses and Disclosures Permitted or Required by Law**

Certain state and federal laws and regulations require or permit some uses and disclosures of your PHI without your permission. This is done to meet public health reporting obligations or to ensure the health and safety of the public at large. Examples include:

- A. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, MSF makes disclosures when a law requires that MSF report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence if a reasonable belief exists that you are a victim of abuse, neglect or domestic violence; or when ordered in a judicial or administrative proceeding. If you are an inmate or under the custody of a law enforcement official, MSF may disclose your PHI as necessary to provide you with care to protect your or another's health or safety or for the security or health of the corrective facility.
- B. **For public health activities.** For example, MSF reports information about births, deaths, and various diseases and medication or product related incidents, to government officials in charge of collecting that information. MSF provides required notification to individuals involved with disease exposure and product recall. MSF provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
- C. **For health oversight activities.** For example, MSF will provide information to assist the government when it conducts an audit, investigation or inspection of a health care provider or organization as authorized by law.
- D. **If you are an organ donor.** MSF may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- E. **For research purposes.** In certain limited circumstances, MSF may provide PHI in order to conduct medical research. In most instances, MSF will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.
- F. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, MSF may provide PHI to law

enforcement personnel or persons able to prevent or lessen such harm.

- G. **For specific government functions.** MSF may disclose PHI of military personnel and veterans in certain situations, and for national security purposes, or conducting intelligence operations.
- H. **For workers' compensation purposes.** MSF may provide PHI in order to comply with workers' compensation laws.
- I. **Appointment reminders and health-related benefits or services.** MSF may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits MSF offers.
- J. **Incidental uses and disclosures.** Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonable be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient made by a home health provider in the patient's home that might be overheard by other family members not involved in the patient's care would be permitted.
- K. **To your employer.** MSF may provide PHI to your employer relating to workplace medical surveillance and work-related illnesses and injuries.

**3. With your written authorization for purposes other than treatment, payment or health care operations.**

**4. With your verbal agreement to discuss your health condition with family or friends who are involved in your care or emergency or crisis relief personnel.**

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization is writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization). Examples of uses or disclosures that may require your written authorization include the following:

- A. A request to provide certain health information to a pharmaceutical company for purposes of marketing.
- B. A request to provide your health information for purposes of including you on a mailing list.

### III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

1. **Individuals involved in your care.** MSF may disclose your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care, unless you have been given an opportunity to object, and you object in whole or in part. MSF also may disclose your health information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your condition, status and location.
2. **Right to request restrictions.** You have the right to request a restriction or limitation on the health information MSF uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information MSF discloses about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that MSF not use or disclose information regarding a particular treatment that you received.

*MSF is not required to agree to your request.* If MSF does agree, MSF will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions, you must make your request in writing to your MSF Program Director or the MSF HIPAA Privacy Officer. In your request, you must tell MSF (a) what information you want to limit; (b) whether you want to limit MSF's use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to a family member).

3. **Right to request confidential communications.** You have the right to request and specify that MSF communicate with you about your health care in a certain way or at a certain location. For example, you can ask that MSF only contact you at work or by mail.

To request confidential communications, you must make your request in person or in writing to your MSF Professional Clinician, Program Director or Manager. MSF will not ask you the reason for your request. MSF must agree to your request so long as MSF can easily provide it in the format you requested.

4. **Right to inspect and copy.** In most cases, you have the right to inspect and copy health information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes. You must make the request in writing or in person to your MSF Program Director or MSF HIPAA Privacy Officer. If MSF does not have your PHI but MSF knows who does, MSF will tell you how to get it. MSF will respond to you within 30 days after receiving your written request. In certain situations, MSF may deny your request. If MSF does, MSF will tell you, in

writing, its reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, MSF will charge you a fee for the labor and material costs of copying, mailing or other supplies associated with your request, and postage if you request that the copies be mailed. Instead of providing the PHI you requested, MSF may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

5. **The right to get a list of the disclosures MSF has made.** You have the right to get a list of instances in which MSF has disclosed your PHI. This list will not include uses or disclosures made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory, or pursuant to a valid authorization.

The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

MSF will respond within 60 days of receiving your request. The list MSF will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. MSF will provide the list to you at no charge, but if you make more than one request in the same year, MSF will charge you for the reasonable costs associated with each additional request.

6. **The right to correct or update your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that MSF correct the existing information or add the missing information. MSF will respond within 60 days of receiving your request in writing. You must provide the request and your reason for the request in writing to your MSF Program Director, Manager or the MSF HIPAA Privacy Officer. MSF may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. MSF's written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and MSF's denial are attached to all future disclosures of your PHI. If MSF approves your request, MSF will make the change to your PHI, tell you that MSF has done it, and tell others that need to know about the change to your PHI.
7. **The right to a paper copy of this notice.** You have the right to receive a paper copy of this notice. You may ask MSF to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our Web site  
[www.MercerStreetFriends.org](http://www.MercerStreetFriends.org).

To obtain a paper copy of this notice, contact your MSF Program Director or the MSF HIPAA Privacy Officer, Mercer Street Friends, 222 North Hermitage Avenue, Trenton, NJ 08618

### **III. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact your MSF Program Director or the MSF HIPAA Privacy Officer at 609-396-1507.

1. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with MSF to the attention of your MSF Program Director or the MSF HIPAA Privacy Officer, Mercer Street Friends, 222 North Hermitage Avenue, Trenton, NJ 08618. All complaints are requested in writing.

You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Room 615F, Washington, DC 20201.

You will not be penalized for filing a complaint.

### **IV. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on April 14<sup>th</sup> 2003.

**I acknowledge receipt of Mercer Street Friends Notice of Privacy Practices.**

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE: This statement of acknowledgement may be included in Program Consent for Treatment or other acknowledgement forms specific to the Program and used instead.**

Reviewed:  
Revised:  
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