



Stress Care of New Jersey, LLC
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Notice of Privacy Practices

We Care About Your Privacy

OUR PLEDGE REGARDING MEDICAL INFORMATION

We, at Stress Care of New Jersey understand that your medical information is personal and we are committed to protecting it. The privacy of your medical information is important to us. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

Law Requires Us to:

- Keep your medical information private.
- Make this notice available which describes our legal duties, privacy practices, and your rights regarding your medical information.
- Follow the terms of the current notices.

We Have the Right to:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

Use and Disclosure of Your Medical Information

The following section describes different ways that we use and disclose medical information. We provide a general explanation of each category; however, this is not meant to describe all specific uses or disclosures of medical information.

For Treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about to doctors, nurses, technicians, medical students, or other people who are taking care of you.

For Payment:

We may use and disclose your medical information or payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

For Appointment Reminders:

We may use and disclose limited medical information (such as your name, address, telephone number, appointment time and provider you are seeing) to contact you as a reminder that you have an appointment for treatment or medical care.

For Health Care Operations:

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials, we need to serve you.

Additional Uses and Disclosures:

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes:

Facility Directory:

Unless you notify us that you object, the following medical information about you will not be placed in our facility directories: your name, your location in our facility; your condition described in general terms: your religious affiliation, if any. We will not disclose this information to members of the clergy or, expect for your religious affiliation, to others who contact us and ask for information about you by name.

Notification:

We may use and disclose medication information to notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief:

We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Fundraising:

We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to information that describes you in general, not personal, terms and the dates of your health care. In any fundraising materials, we will provide you a description of how you may choose not to receive future fundraising communications.

Research in Limited Circumstances:

We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner:

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Functions:

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings:

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law informant official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities:

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, Domestic Violence:

We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation:

We may disclose health information when authorized or necessary to comply with law relating to workers compensation or other similar programs.

Health Oversight Activities:

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations pro proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

To Another Healthcare Provider:

We may use or disclose health information about you to another healthcare provider that may treat you and/or receive payment for services provided to you. For example, we may share your health information with a hospital where you will be receiving treatment.

Business Associates:

We may use and disclose health information to business associates. A business associate is an individual or entity under contract with us to create, receive, maintain or transmit protect health information on behalf of Stress Care of New Jersey in a function or activity which requires the use or disclosure of health information. Examples of business associates, include, but are not limited to, consultants, accountants, and lawyers. We require the business associate to enter into an agreement to protect the confidentiality of your health information.

Law Enforcement:

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

Alternative and Additional Medical Services:

We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you and to describe or recommended treatment alternatives.

YOUR INDIVIDUAL RIGHTS

You Have a Right to:

- Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. We may deny your request to inspect or obtain a copy of your medical information in certain limited circumstances. You will have the right to have the denial reviewed by the supervisor and will be provided a response in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about our fee structure.
- You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your prior authorization. To exercise your right, please contact the Privacy Officer in writing.
- Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to our Privacy Officer.
- Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
- If you wish to receive a paper copy of this privacy notices, then you have the right to obtain a paper copy by making a request in writing to our Privacy Officer.

Questions and Complaints

If you have any questions and would like additional information, please ask the receptionist to speak to our Privacy Officer or contact our Privacy Officer at 4122 Route 516, Matawan, New Jersey 07747, (732) 679-4500. If you believe your privacy rights have been violated, you may file a complaint with Stress Care of New Jersey or with the U.S. Department of Health and Human Services by calling 800-215-9664. We will not retaliate in any way if you choose to file a complaint.