Hackensack Meridian *Health*

JOINT NOTICE OF PRIVACY PRACTICES

This Joint Notice of Privacy Practices ("Notice") explains how Hackensack Meridian *Health.* Inc. and its affiliated entities (collectively "HMH") uses information about you and when HMH can share that information with others. It also informs you about your rights as a valued customer.

This Notice is being provided to you on behalf of Hackensack Meridian *Health,* Inc. (an "OCHA") and its affiliated entities. All of the HMH hospitals, employed physicians, doctor offices, entities, foundations, facilities, home care programs, other services, and affiliated facilities follow the terms of this Notice. HMH affiliated entities locations are listed on our website, **HackensackMeridianHealth.org.**

Please review this Notice carefully.

HMH hospitals, doctors, entities, foundations, facilities, and services may share your health information with each other for reasons of treatment, payment, and health care operations as described below.
Please note that the independent members and independent health professional affiliates of the medical staff are neither employees nor agents of HMH but are joined under this Notice for the convenience of explaining to you your rights relating to the privacy of your protected health information.

ORGANIZED HEALTH CARE ARRANGEMENT ("OHCA")

An Organized Health Care Arrangement ("OHCA") is an arrangement or relationship that allows two or more HIPAA covered entities to use and disclose PHI. A HIPAA covered entity is any organization or corporation that directly handles Personal Health Information (PHI) or Personal Health Records (PHR). The most common examples of covered entities include hospitals, doctors' offices and health insurance providers. The entities participating in the HMH OHCA are covered entities under HIPAA and will share PHI with each other, as necessary to carry out treatment, payment or health care operations relating to the OHCA.
The entities participating in the HMH OHCA agree to abide by the terms of this Notice with respect to PHI created or received by the entity as part of its participation in the OHCA. The entities, which comprise the HMH OCHA are in numerous locations throughout the greater New Jersey area. This Notice applies to all of these sites.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit or interact with a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information, however, HMH is not required to agree to such a request if the facts do not warrant it.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Inspect and obtain a paper or electronic copy of your health record usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Request an amendment (correction) to your health record if you believe information is incorrect or incomplete.
- Obtain a list (an accounting of disclosures) of the times we have shared your health information for six years prior to the date you asked, who we shared it with, and why. Exceptions: treatment, payment and health care operations.
- Request communications of your health information by alternative means or at alternative locations. For example, you may request that we send correspondence to a post office box rather than your home address.
- Unless you opt out, HMH will automatically notify your primary care practitioner, as well as any applicable post-acute care providers identified in our records, of your admission to the HMH emergency department, admission to inpatient or if discharged or transferred.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken if you pay for a service out-of-pocket in full, you can request that information not be shared for the purpose of payment or our operations with your health insurer.

You will be asked to sign an acknowledgment that you have received this Notice. We are required by law to make a good faith effort to provide you with the Notice and to obtain your acknowledgment. Your refusal to accept the Notice or to sign the acknowledgment will in no way affect your care or treatment in our facility.

HACKENSACK MERIDIAN *HEALTH'S* RESPONSIBILITIES

Maintain the privacy and security of your health information:

- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative location
- Notify you if a breach occurs that may have compromised the privacy or security of your information

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, revisions will be available at www.**HackensackMeridianHealth.org** and you may request a revised copy from the Office of Privacy, the Office of Patient Experience or any patient registration areas.
The Hackensack Meridian *Health,* Chief Compliance Officer is responsible for maintaining the Notice of Privacy Practices and for archiving previous versions of the Notice. We will not use or disclose your health information without your authorization, except as described in this Notice and for treatment, payment, or health care operations.
Note: HIV-related Information, genetic information, alcohol and/or substance abuse records, mental health records or other specially protected health information may have additional confidentiality protections under applicable State and Federal law, where required we will obtain your specific authorization before using or disclosing these types of information.

EXAMPLES OF PERMITTED DISCLOSURES OF PHI FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

We may use your health information for **Treatment, unless your specific consent is required.**
For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment. Members of your health care team will record the actions they took, their observations, and their assessments. In that way, your health care team will know how you are responding to treatment. We will use your health care information for **Payment.**
For example: A bill will be sent to you and/or a third-party payer (insurance company). The information on the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
We will use your health care information for regular **Health Care Operations.**
For example: We will use or disclose your health information for our regular health operations. Members of the medical staff, the risk or quality improvement department, or members of the quality improvement team who may use information in your health record to assess the care and outcomes in your case and others like it. In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity's relationship with you; and the disclosure must only be for one at the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities, or (vi) health care fraud and abuse detection or compliance.
The sharing of your PHI for treatment, payment, and health care operations may happen electronically. Electronic communications enable fast, secure access to your information for those participating in and coordinating your care to improve the overall quality of your health and prevent delays in treatment.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Telehealth is the exchange of medical information from one site to another via electronic communications. If telehealth service is offered to you it will allow you to have a medical appointment with a HMH provider via secure and interactive video equipment. You will be able to speak in real-time with the provider during your telehealth appointment. Telehealth sessions are secure, encrypted, and follow the same privacy (i.e., HIPAA) guidelines as traditional, in-person medical appointments. Your telehealth appointments will always be kept confidential. In addition, telehealth appointments are NEVER audio or video recorded without the patient's consent.

REPRODUCTIVE HEALTH CARE

With regard to reproductive health care services, which includes all medical, surgical, counseling, or referral services related to the human reproductive system including, but not limited to, services related to pregnancy, contraception, or termination of a pregnancy, we will not share that information in any civil action or proceeding preliminary thereto (including an investigation for a state or federal agency) or in any probate, legislative, or administrative proceeding, without you or your legal representative's written consent, which you are permitted to withhold. We may still provide information related to your reproductive health care services without your consent in civil actions, investigations, or other proceedings if required by State law or Court Rule. We will follow our general privacy practices regarding the disclosure of medical information related to reproductive health care services as required for treatment, payment or operations. For example, we may share your health information with other medical professionals who are treating you without your written consent.

HEALTH INFORMATION EXCHANGES

Health Information Exchanges (HIE) are emerging health information technologies that provide individuals and providers access to health care to improve the quality and efficiency of that care. In this rapidly developing market, there are several types of PHRs and HIEs available to individuals and providers with varying functionalities. PHRs and HIEs allow patient information to be shared electronically through a secured network that is accessible to the providers

treating you.
HMH participates in one or more electronic health information exchange organizations ("HIOs") designed to facilitate the availability of your health information electronically to health care providers who provide you with treatment, unless prohibited by State or Federal law.
For a list of HIEs that HMH participates in or to opt-out of providing your health information provided to a HIO, please contact the HMH Office of Privacy directly at 848-888-4419 or via email at privacy@hmhn.org
Care Everywhere - Provides doctors and nurses outside of HMH with access to your medical record at HMH. Information in your medical record at HMH can be used for treatment at non-HMH facilities if they use the same medical record system as HMH (Epic). You have the ability to opt out of providing access through Care Everywhere if you make your request in writing. To have your health information excluded from Care Everywhere you must contact Health Information Management at HMHOptOut@hmhn.org
MyChart is an online tool, available at no cost, that provides you with access to your electronic medical record throughout Hackensack Meridian *Health* and also allows you to access and pay bills. **MyChart** is a secure online account, which means your health information is safe and protected. **MyChart access** is permitted **only** to authorized users who **have** been verified through an activation process. **MyChart** users **have** a unique username and password that is known **only** to them. Refer to: https://www.hmhn.org/MyChart

BUSINESS ASSOCIATES

We may disclose your health information to contractors, agents and other associates who need this information to assist us in carrying our business operations. Our contracts with them require that they protect the privacy of your health information in the same manner as we do.

FACILITY DIRECTORY

Unless your consent is specifically required or if you notify us that you object, HMH may release your name and location to the general visiting public while you are a patient in a HMH facility. In addition, your religious affiliation may be made available to the visiting clergy.

NOTIFICATION

Unless your consent is specifically required, we may use or disclose information about your location and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

COMMUNICATION WITH FAMILY

Unless your consent is specifically required, or if you do not object, your health care provider is permitted to share or discuss your health information with your family, friends, or others to the extent that they are involved in your care or payment for your care. Your provider may ask your permission or may use his or her professional judgment to determine the extent of that involvement.

RESEARCH

We can use or share your protected health information for health research under certain conditions. All HMH research is approved through a special review process to protect patient safety, welfare (well-being), and confidentiality (privacy). In most cases, we will ask for your written permission before using or sharing your PHI to do our research. However, there are times when we're allowed to use your PHI for our research without your authorization (permission). This happens only if we get approval from a special review board. These research studies don't affect your treatment or welfare, and we will continue to protect your privacy. We can do some research using de-identified health information, which is health information that does not identify a person. We can use or share de-identified health information without your authorization.

FUNERAL DIRECTORS OR CORONERS

We may disclose health information to funeral directors, or coroners consistent with applicable law to carry out their duties.

ORGAN AND TISSUE DONATION

If you are an organ donor. We may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

TELEPHONE CONTACT/APPOINTMENT REMINDERS

Unless your consent is specifically required, we may 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. We may call you after you have been a patient to ask about your clinical condition or to assess the quality of care that you received.

FUNDRAISING

The affiliated Foundations of HMH Hospitals may contact you as part of a fundraising effort. The information used for this purpose will not disclose any health condition, but may include your name, address, phone number, email address, and allows for the use and disclosure of insurance status, department of treatment information, treating physician information, and outcome information for fundraising purposes. When contacted, you may ask that we stop any future fundraising requests if you so desire or you can opt out of Fundraising communications please email: foundationoptout@hmhn..org

IMAGES

The hospitals of HMH may record digital or film images of you, in whole or in part, for identification, diagnosis or treatment purposes and for internal purposes such as performance improvement or education. Such images may be used for documenting or planning care, teaching, or research. HMH will obtain your authorization for any other use of your identifiable image that is unrelated to treatment, payment or health care operations.

FOOD AND DRUG ADMINISTRATION ("FDA")

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

WORKERS COMPENSATION

We may disclose health information to the extent authorized and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

OCCUPATIONAL HEALTH

We may disclose your PHI to your employer in accordance with applicable law, if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or HMH as required by applicable law.

PUBLIC HEALTH & SAFETY

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

CORRECTIONAL INSTITUTION

If you are an inmate of a correctional institution or under the custody of a law enforcement official, HMH may release PHI about you to the correctional institution or law enforcement official.

LAW ENFORCEMENT

We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime under certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on our premises; and
- To report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.

Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

SUBSTANCE USE DISORDER (SUD) MEDICAL RECORDS

HMH may create, receive, or maintain health information that is subject to special protection under federal and state law regarding the confidentiality of SUD treatment records. Specifically, 42 CFR Part 2 provides enhanced privacy protections for this information.

Use and Disclosure of Your SUD Records:

We are required to obtain your written consent before we can disclose this information to others for most purposes.

General Consent: You may be asked to sign a general consent form allowing us to use and disclose your SUD information for the purposes of treatment, payment, and healthcare operations, as permitted by HIPAA. If you provide this general consent, we may share your SUD information for these purposes as described in this Notice.

Specific Consent: For disclosures not covered by a general consent, we will need your specific written authorization.

Prohibition on Redisclosure:

Any person or entity that receives your SUD information from us is prohibited from re-disclosing it without your specific written consent.

Use of SUD Records in Legal Proceedings:

Your SUD records cannot be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your specific written consent or a court order that meets the requirements of 42 CFR Part 2.

Your Rights Regarding SUD Records:

- Receive a copy of this Notice;
- Request a list of disclosures of your SUD records;
- Revoke your consent for future disclosures at any time, except to the extent that we have already acted in reliance on your consent.

CHANGES TO THIS NOTICE

HMH may change this Notice at any time. We will post a copy of the current Notice at each of our facilities and on **HackensackMeridianHealth.org.** The effective date will be indicated on the Notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe that your privacy rights have been violated, you should immediately contact the HMH Office of Patient Experience with the entity from which you received services or the HMH Privacy Office directly at 848-888-4419 or
Hackensack Meridian *Health*
Office of Privacy
343 Thornall Street
Edison, NJ 08837
You may also file a complaint with the Secretary of the Health and Human Services 877-696-6775 or visiting hhs.gov/ocr/privacy/hipaa/complaints/
There will be no retaliation for filing a complaint.