I. WHO AND WHAT ARE COVERED BY THIS NOTICE?

A. This Notice applies to all of SMC’s activities, programs, employees, volunteers, medical residents, and members of our staff and allied health professionals.

B. SMC understands that information about you and your health is sensitive and private.

II. HOW SMC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

A. SMC May Use or Disclose Your Health Information for Purposes of Treatment, Payment, or Healthcare Operations without Obtaining Your Prior Authorization.

1. Treatment.
   - SMC may use and disclose Health Information for purposes related to your treatment.
   - SMC may electronically access and use your Health Information with your Health Information will continue to be used, accessed and disclosed/released by SMC as needed (in accordance with this Notice and applicable law).
   - Typically, this record contains, among other information, your name, symptoms, health history, examination and test results, diagnoses, treatment and future treatment, and billing-related information.
   - This Health Information is used to provide you with quality care and to comply with certain legal requirements.
   - This Notice applies to Health Information about you that is maintained or transmitted by us, including any such information that is maintained in paper or electronic form, or spoken.

C. SMC’s Participation in a Health Information Exchange.

Consistent with federal law, SMC has partnered with Jersey Health Connect, a New Jersey nonprofit company that provides a Health Information Exchange (the “HIE”).

The purpose of the HIE is to provide an electronic information system through which physicians, healthcare facilities and other healthcare providers (collectively “Healthcare Providers”) can share clinical and other patient information electronically in connection with their provision of healthcare services to patients. The HIE is governed by a strict set of rules designed to protect patient confidentiality and the privacy and security of patient health information.

SMC will participate in the HIE and may disclose Health Information through the HIE for purposes of treatment.

This Notice describes how SMC and other Healthcare Providers who participate in New Jersey Health Connect's HIE may use and disclose your Health Information for purposes of treatment, unless you Opt-Out (as described below).

Any Healthcare Provider who is authorized to participate in the HIE can electronically access and use your Health Information if needed to provide treatment to you, unless you Opt-Out (as described below). For example, if you receive a blood test result from SMC (which participates in the HIE) and also receive care from another Healthcare Provider (who also participates in the HIE) SMC and your other treating Healthcare Provider can share your blood test result electronically through the HIE, as long as they are otherwise authorized to do so.

III. HOW SMC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

A. SMC May Use or Disclose Your Health Information for Purposes of Treatment, Payment, or Healthcare Operations without Obtaining Your Prior Authorization and Here are Some Examples:

1. Treatment.
   - SMC may use or disclose your Health Information to provide you with quality care and to comply with certain legal requirements.
   - SMC may disclose your Health Information to provide you with quality care and to comply with certain legal requirements.
   - SMC may disclose your Health Information to provide you with quality care and to comply with certain legal requirements.

2. Payment.
   - SMC may use or disclose your Health Information to allow it to obtain payment for services rendered to you.

   - SMC may use or disclose your Health Information for Healthcare Operations without obtaining your prior authorization, as required by law, to prevent or contain fraud, abuse, or waste, to allow it to obtain payment for services rendered to you.
   - SMC may use or disclose your Health Information for Healthcare Operations without obtaining your prior authorization, as required by law, to prevent or contain fraud, abuse, or waste, to allow it to obtain payment for services rendered to you.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

Your right to “Opt-Out”: If you do not wish to allow Healthcare Providers involved with your care to electronically access and use your Health Information if needed to provide treatment to you, you may submit a “Jersey Health Connect Opt-Out Form” directly to Jersey Health Connect or by calling the Jersey Health Connect toll-free at 855-624-6542. According to Jersey Health Connect protocols, any Opt-Out selection you make will be honored within three (3) business days of receipt.

Effective Date: April 14, 2003

Date this Notice Last Revised: September 16, 2013
About an individual who is a student or prospective student if the health information is limited to proof of immunization; the school is required by State or other law to have proof of immunization prior to admiring the individual, and SMC obtains agreement to the disclosure from either the parent, guardian, or other person acting on behalf of an unemancipated minor, or the individual.

For Health Oversight Activities. SMC may use or disclose your Health Information to health oversight agencies during the course of audits, investigations, certification and other proceedings.

In Response to Civil Subpoenas or for Judicial and Administrative Proceedings. SMC may use or disclose your Health Information, as directed, in the course of any civil administrative or judicial proceeding. However, in general, SMC will attempt to ensure that you have been made aware of the use or disclosure of your Health Information prior to providing it to another person.

To Law Enforcement Personnel. SMC may use or disclose your Health Information to a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person, comply with a court order or grand jury subpoena and other law enforcement purposes.

To Coroner or Medical Examiner. SMC may use or disclose your Health Information for purposes of communicating with coroners, medical examiners and funeral directors.

For Purposes of Organ Donation. SMC may use or disclose your Health Information for purposes of communicating with organ donors, medical examiners and funeral directors.

For Public Safety. SMC may use or disclose your Health Information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To Aid Specialized Government Functions. If necessary, SMC may use or disclose your Health Information for military or national security purposes.

For Worker’s Compensation. SMC may use or disclose your Health Information as necessary to comply with worker’s compensation laws.

To Correctional Institutions or Law Enforcement Officials, if you are an Inmate. SMC may disclose your Health Information to correctional institutions or law enforcement officials if you are an inmate.

3. To the Jersey Health Connect Health Information Exchange (HIE). As described in Section I.C. above.

C. You Should Be Advised that SMC May Also Use or Disclose Your Health Information for the Following Purposes:

1. Appointment/Program Reminders. To contact you with appointment reminders or to provide information on other treatments or health-related benefits and services that may be of interest to you. We may use or disclose your Health Information to communicate with you about SMC’s programs and services including disease management, health promotion, preventive care, and wellness programs.

2. Change of Ownership. In the event that SMC is sold or merged with another organization, your Health Information will become the property of the new owner.

3. Fundraising. SMC may use certain information (name, address, telephone number or email information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for SMC and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, SMC may provide your name to SMC’s institutionally related foundation. The money raised will be used to expand and improve the services and programs SMC provides to the community. You are free to opt out of fundraising solicitations, and your decision will have no impact on your treatment or payment for services at SMC.

D. For All Other Circumstances, SMC May Only Use or Disclose Your Health Information After You Have Signed an Authorization.


a. Psychotherapy Notes, except:
   i. To carry out the following treatment, payment, or health care operations:
   ii. Use by the originator of the psychotherapy notes for treatment;
   iii. Use or disclosure by the covered entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
   iv. Use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual; and
   v. A use or disclosure that is required by § 164.502(a)(2)(ii) or permitted by § 164.512(a) with respect to the oversight of the originator of the psychotherapy notes; § 164.512(b) with respect to the oversight of the originator of the psychotherapy notes; or § 164.512(b)(1).

b. Marketing. Marketing means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service and may also include certain communications made for health care operations and treatment purposes where financial remuneration is received by SMC for making the communications, except if the communication is in the form of:
   i. A face-to-face communication made by a covered entity to an individual; or
   ii. A promotional gift of nominal value provided by the covered entity.

c. Sale of your Health Information.
   i. Use or disclosure of your Health Information which may result in financial remuneration to SMC.

2. If you authorize us to use or disclose your Health Information for another purpose, you may revoke your authorization in writing at any time provided that the revocation is in writing, except to the extent SMC has taken action in reliance on the authorization.

III. Your Rights.

A. Right to Request Restrictions on Certain Uses and Disclosures. You have the right to request restrictions on the uses and disclosures of your Health Information, but SMC is not obligated to abide by those restrictions unless your requested restriction is with regard to uses and disclosure of your Health Information to a health plan for purposes of carrying out payment or health care operations and the Health Information pertains solely to a health care item or service for which you have paid for out-of-pocket in full to SMC.

B. In the Event of Breach. In the event of an unauthorized disclosure of your Health Information which constitutes a breach under HIPAA, you have the right to be notified of the breach and SMC will make every reasonable effort to
inform you of such breach and the extent thereof, in conformance with applicable law.

C. Right to Choose How to Receive Your Health Information. You have the right to receive your Health Information through confidential means through a reasonable alternative means or at an alternative location. This means that you have the right to request that we communicate with you in a certain way, such as by mail or fax, or at a certain location, such as a home address or post office box. We will try to honor your request if we reasonably can. Your request must be in writing to SMC’s HIPAA Privacy Officer, and it must specify how or where you wish to be contacted.

D. Right to See and Copy Your Health Information. You have the right to inspect and receive a copy of your Health Information. In addition, you also have the right to a copy of your Health Information in an electronic format, but only if it is contained in an Electronic Health Record (“EHR”). SMC may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary, and in the case of a request for a copy of your Health Information maintained in an EHR (or a summary or explanation of such information) in an electronic format, SMC may charge you the amount of our labor costs in responding to your request.

E. Right to Update Your Health Information. You have a right to request that SMC amend your Health Information which is incorrect or incomplete. SMC is not required to change your Health Information and will provide you with information about our denial and how you can disagree with the denial.

F. Right to Receive a List of Certain Disclosures of Your Health Information. You have a right to receive an accounting of disclosures of your Health Information made by SMC, except that SMC does not have to account for disclosures: authorized by you; made for treatment, payment, health care operations, except if such disclosures of your Health Information are made through an EHR, in which case you have the right to an accounting of such disclosure made through an EHR.

G. Right to Obtain a Copy of this HIPAA Notice of Privacy Practices. You have a right to a paper copy of this Notice. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact us using the information provided below.


IV. Our Duties.
SMC is required by law to maintain the privacy of your Health Information and to provide you with a copy of this Notice. SMC is also required to abide by the terms of this Notice. SMC reserves the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information – even if it was created prior to the change in the Notice. SMC will provide you with another copy of this Notice at any time, upon request.

V. Complaints to the Government.
You may make complaints to the Secretary of the Department of Health and Human Services if you believe your rights have been violated. SMC promises not to retaliate against you for any complaint you make to the government about our privacy practices.

VI. Contact Information.
You may contact SMC about its privacy practices by writing or calling SMC’s HIPAA Privacy Officer at:
Jennifer Clineinst, RHIA, CCS
Director, Health Information Management & HIPAA Privacy Officer
Somerset Medical Center
110 Rehill Avenue
Somerville, NJ 08876
Telephone: (908) 685-2914
Fax: (908) 685-4553
TDD: (212)264-3313

You may contact the Department of Health and Human Services at:
Office for Civil Rights
Department of Health and Human Services
Jacob Javits Federal Building
20 Federal Plaza - Suite 3312
New York, NY 10278
Telephone: (212)264-3313
Fax: (212)264-3039
TDD: (212)264-2365

VII. Electronic Notice.
This Notice is also available on SMC’s website at the following web address: