



**TheraYouth Foundation**

therayouth.org | Email: info@therayouth.org | Phone: 908-662-1000 | Fax: 973-385-8226

Patient's First Name: \_\_\_\_\_ Patient's Last Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

## **HIPAA Privacy Practices and Client Acknowledgement**

### **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. The privacy of your medical information is important to us.

### **OUR LEGAL DUTY**

We are required by applicable federal and state laws to maintain the privacy of your protected health information (PHI). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of your notice effective for all PHI that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### **Use and disclosures of Protected Health Information**

We will use and disclose your PHI about you for treatment, payment, and healthcare operations. Following are examples of the types of uses and disclosures of your PHI that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

*Treatment:* We may disclose PHI including physical examination and history about you to medical providers involved in your care. We may also disclose medical information about you, with your permission, to people who may be involved in maintaining your health or wellbeing such as family members, friends, home health services, support agencies, clergy, or others.

*Payment:* Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services, we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for protected health necessity, and undertaking utilization review activities

*Health Care Operations:* We may use or disclose, as needed, your PHI in order to conduct certain business and operational activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. When we do this, information that identifies you may be removed from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. For example, we may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your PHI, as necessary, to contact you by telephone or mail to remind you of your appointment. You will be asked to provide us with the phone numbers you want us to call.

We will share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract with them that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact us to request that these materials not be sent to you.

*Uses and Disclosures based on your Written Authorization:* Other uses and disclosures of your PHI will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your PHI except as described in this notice.

*Others Involved in Your Health Care:* Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your general condition or death.

*Marketing:* We may use your PHI to contact you with information about treatment alternatives that may be of interest to you. We may disclose your PHI to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

*Research Death; Organ Donation:* we may use or disclose your PHI for research purposes in limited circumstances. We may disclose the PHI of a deceased person to a coroner, protected health examiner, funeral director or organ procurement organization for certain purposes.

*Public Health and Safety:* We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your PHI to a government agency authorized to oversee the health care system or government programs or its contractors and to public health authorities for public health purposes.

*Health Oversight:* We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, benefit programs, other government regulatory programs and civil rights laws.

*Abuse or Neglect:* We may disclose your PHI to public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

*Food and Drug Administration:* We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

*Criminal Activity:* Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

*As Required by Law:* We may use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request for the purpose of determining whether we are in compliance with federal privacy laws. We may disclose your PHI when authorized by Workers' Compensation or similar laws.

*Process and Proceedings:* We may disclose your PHI 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 disclose your PHI to law enforcement officials.

*Law Enforcement:* We may disclose limited information to a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the PHI of an inmate or other person in lawful custody to a law enforcement official or a correctional institution under certain circumstances. We may disclose PHI where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

## CLIENT RIGHTS

**Access:** You have the right to look at or get copies of your PHI, with limited exceptions. You must make a request in writing to the contact person listed herein to obtain access to your PHI. You may also request access by sending us a letter to the address at the end of the notice. If you request copies, we will charge you for each page, per hour for staff time to locate and copy your PHI, and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your PHI for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Right to Request an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement. To obtain this list, you must submit your request in writing to our office. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to request an “accounting of disclosures” of health information in the last six years except for disclosures for Treatment, Payment and Healthcare Operations. This is a list of the disclosures we made of your medical information for which an authorization was not obtained, or which were made for purposes of treatment, payment, or healthcare operations.

To request this list or accounting of disclosures, you must submit your request in writing to TheraYouth Foundation. Your request must state a time period. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have a right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. If you have paid in full out of pocket, you have the right to request that no information be shared with your insurer, and we must honor this request.

We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. We are required to comply with your request to share no information with your insurer only if you have paid in full out of pocket. To request restrictions on your office records, you must make your request in writing to TheraYouth Foundation. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location, and continue to permit us to bill and collect payment from you.

*Amendment:* You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information, you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be amended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosures of that information.

*Electronic Notice:* If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

*Changes to this notice:* We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice at our location with its effective date in the top left-hand corner. You are entitled to a copy of the notice currently in effect.

We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at our location(s), a notice posted on our web site or other means of communication.

*Breach of health information:* We will inform you if there is a breach of your unsecured PHI.

## **QUESTIONS AND COMPLAINTS**

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about your PHI or in response to a request you made, you may complain to us using the contact information below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

We support your right to privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you have further questions about our privacy policy, please contact our office via:

Tel: (908) 662-1000

Fax: 973-385-8226

Email: [info@therayouth.org](mailto:info@therayouth.org)

Address: TheraYouth Foundation 65 Jefferson Ave, Suite 404, Elizabeth, New Jersey 07201.

## **ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received, read and understand the TheraYouth Foundation, Notice of Privacy Practices effective September 1, 2019.

Signature:

Date:

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