



**CITY OF PASSAIC
DIVISION OF HEALTH**
330 Passaic St., Passaic NJ 07055

*Notice of Privacy Practices
Effective date April 14, 2003*

****Please Note: YOUR BENEFITS OR ELIGIBILITY WILL NOT BE AFFECTED BY THIS NOTICE.****

This notice applies to individuals, or legal guardians or parents of minor children receiving services from the City of Passaic Division of Health.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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, and make more informed decisions when authorizing disclosure to others.

OUR RESPONSIBILITIES: The City of Passaic Division of Health is required by law to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

In addition, the City of Passaic Division of Health is required to abide by the terms of the version of this Notice currently in effect.

GENERAL PRIVACY RULE

We will not use or disclose your health information without your written authorization, except as described in this notice.

Revoking Your Authorization: If you provide us with a written authorization to release your health information, you may revoke that authorization at any time. A revocation must be in writing. A written revocation will not revoke your prior authorization if we have already released information pursuant to your prior authorization or if your insurance coverage requires your written authorization.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

- **For Treatment.** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your medical information to other health care professionals who are either part of the Department of Human Services or out of the department of Human services to diagnose and treat you via radio or telephone to hospital or dispatch center.
- **For Payment.** This includes any activities we must undertake in order to get reimbursed for services we provided to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- **For Health Care Operations:** This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.
- **Family and Friends Involved in Your Care.** If you do not object, we may share your health information with a family member, a relative or close personal friend who is involved in your care or payment related to your care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us to notify those persons.
- **Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.



- **Funeral Directors.** We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
- **Organ Procurement Organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking of organs, or transplantation of organs for the purpose of tissue donation and transplant.
- **Contacts.** 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.
- **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 by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health.** 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.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- **Law Enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Abuse, Neglect Or Domestic Violence.** We may disclose your health information to the extent provided by law to an authority, social service agency or protective services agency if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will notify you of this disclosure promptly unless it would place you at risk of serious harm.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law such as audits, civil

administrative or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for oversight of the health care system, government benefit programs, government regulated programs, or compliance with civil rights laws.

- **Judicial And Administrative Proceedings.** We may disclose your health information in response to an order of a court or administrative tribunal, or in response to a valid subpoena if we receive satisfactory assurances from the party seeking the information that the party has made an attempt to notify you or to secure a protective order for your information.
- **National Security And Intelligence Activities.** We may disclose your health information to authorized federal officials for national security activities.

Any other use or disclosure, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the City of Passaic Division of Health, the information in your health record belongs to you. You have the following rights:

The right to access, copy or inspect your health records.

This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your medical information and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your medical records. If you wish to inspect and copy of medical information, you should contact our privacy officer.

The right to amend your medical information. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.



The right to request an accounting. You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our privacy officer.

The right to request that we restrict the uses and disclosures of your medical information. You have the right to request that we restrict how we use and disclose your medical information that we have about you. The City of Passaic, Division of Health is not required to agree to any restrictions you request, but any restrictions agreed to by City of Passaic Health Division in writing are binding on the City of Passaic Division of health.

Internet, electronic mail, and the right to obtain copy of paper notice on request. If we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you the Notice by electronic mail instead of on paper of the Notice.

Revisions to the notice. The City of Passaic, Division of health reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. If we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

Your legal rights and complaints. You also have the right to complain to us or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints, you may direct all inquiries to our privacy officer.

PRIVACY OFFICER CONTACT INFORMATION:

**CITY OF PASSAIC
DIVISION OF HEALTH
PRIVACY OFFICER
300 Passaic St., Passaic NJ 07055**

**Telephone Number (973) 365-5803
Fax Number (973) 365-2242**

Patient's Name (printed) Date

Patient Signature Date

If patient is under 18,
Parent/Legal Guardian Signature Date

