

# NOTICE OF PRIVACY PRACTICES SHORE HEALTH WELLNESS CENTER (SHWC)

This notice is effective August 01, 2024

## 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

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area and on our website.
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at [732-244-8666](tel:732-244-8666) to obtain a copy of the current Notice).

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at [732-244-8666](tel:732-244-8666).

### USES AND DISCLOSURES OF YOUR PHI:

This section describes how we may use and disclose your PHI without your consent or authorization.

#### 1. Treatment

We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. **Example:** The health care administrative and professional staffs in our office may access your information for the purpose of providing care to you. Our staff may send, mail, fax or courier your formal report and/or films to/from other healthcare providers, including your referring physician, for the sole purpose of providing a continuum of care.

#### 2. Payment

We may use and disclose medical information about you to obtain payment for health care services that you received. This means that our billing department may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service. **Example:** Our staff will contact the patient's insurance company before the office visit to determine whether the plan would pay for the office visit and services.

#### 3. Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." **Example:** Working with others (such as lawyers, accountants and other providers) who assist us in complying with this Notice and other applicable laws.

#### 4. Communications

We will be communicating with you relating to various aspects of your medical visits by standard SMS messaging and/or e-mail unless you advise us you do not want to be contacted by one or both of those methods. E-mail and standard SMS messaging are not confidential methods of communication and may be insecure and read by a third party. You may opt out of receiving communications by this method. **Example: Sending a patient a text message for an appointment reminder.**

#### 5. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor.

**If you are a Minor (i.e., under 18 and not "emancipated"),** your parent will be deemed to be your authorized representative *except where you are married, or the condition being treated relates to pregnancy, sexually transmitted disease or sexual assault or substance abuse.* Your parent will NOT be deemed to be your authorized representative if you are 12 years old or older, and the information relates to AIDS or HIV infection. *However, even if one of the above exceptions applies to you, the ultimate decision to provide or deny access to a parent may be made by your treating physician, in the exercise of professional judgment.*

#### 6. Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services.

We will comply with those state laws and with all other applicable laws.

7. We participate in the electronic sharing of health information with other healthcare providers, health plans, and other healthcare-related entities, and others, through **OneHealth New Jersey**, a health information exchange (HIE). Your electronic health records, including sensitive health information, may be accessible through the HIE to properly authorized users for purposes of treatment, payment, and healthcare operations, as well as other purposes permitted or required by law unless you submit an opt-out request online: <https://www.onehealthnewjersey.com/Patient-Resources/Opt-Out.aspx>

#### 8. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.

**Health oversight activities:** We may disclose medical information about you to a health oversight agency - which is basically an agency responsible for overseeing the health care system such as New Jersey Department of Health, as required during the course of audits, investigations, inspections, accreditations, licensure and other proceedings as authorized by law:

- **Court Proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an
- **Law Enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' Compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.

- **Research Organizations:** If you are enrolled in a research study and your clinical evaluation is related to the research study, we may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain Government Functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.
- **Research and Product Development:** We may only use or share health information after the information is de-identified by removing over eighteen (18) different pieces of information.

#### 9. Authorizations

Other than the uses and disclosures described above (#1-7), we will not use or disclose medical information about you without the "authorization" - or signed permission - of you or your personal representative. In some instances, we may wish to use or disclose medical information about you, and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. The letter must include your name, address, telephone number, date of this authorization and your signature and you should send it to:

Shore Health Wellness Center  
137 Atlantic City Blvd.  
Beachwood, NJ 08722-2935  
Attn: Privacy Officer

If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

#### Your Rights:

##### 1. Right to a Copy of This Notice:

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area and on our website.

##### 2. Right of Access to Inspect and Copy.

You have the right to inspect and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing.

We may refuse your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy and/or preparation of a summary of the information. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. We will advise you of these fees in advance.

##### 3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend the information, you must provide us with a request in writing and explain why you would like us to amend the information.

We may refuse your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

##### 4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting of disclosures that we have made for the previous six (6) years. The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or health care operations. The accounting will also not include disclosures made prior to April 14, 2003. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

##### 5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

- Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of health care operations (and is not for purposes of carrying out treatment); and,
- The medical information pertains solely to a health care item or service for which the health care provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

##### 6. Right to Request an Alternative Method of Contact

You have the right to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

##### 7. Right to Notification if a Breach of Your Medical Information Occurs

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened.
- A description of the health information that was involved.
- Recommended steps you can take to protect yourself from harm.
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

##### 8. Right to Opt-Out of Fundraising/Marketing Communications

SHWC does not participate in fundraising activities. If we conduct marketing campaigns and we use communications like the U.S. Postal Service or electronic email for marketing campaigns, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt out of marketing communications if you choose to do so.

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

**We will not take any action against you or change our treatment of you in any way if you file a complaint.**

You may contact us about our privacy practices by calling the Privacy Officer at: 732-244-8666 or in writing at: Shore Health Wellness Center, 137 Atlantic City Blvd., Beachwood, NJ 08722-2935 Attention: Privacy Officer.

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W. Room 509F, HHH Building Washington, D.C. 20201

**Toll-Free Phone:** (800) 368-1019 **TDD Toll-Free:** (800) 537-7697

**Website:** <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> **Email:** [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)