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.

Hackensack Meridian Health ("HMH") respects the privacy and confidentiality of your protected health information ("PHI"). The federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") sets rules about who can look at and receive your health information. This law, and applicable state law, gives you rights over your health information, including the right to get a copy of your health information, make sure it is correct, and know who has seen it.

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 OHCA are in numerous locations throughout the greater New Jersey area. This Notice applies to all of these sites.

**UNDERSTANDING YOUR HEALTH RECORD**

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 record, serves as a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. It is 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. It is 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.

**Means by which you or a third-party payer can verify that you have, or have had in the past, a relationship with you; and the disclosure must only be for one at the following purposes: (i) quality assessment or health care operations; (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 directly 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 (HIEs) 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 MyChart@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.hmh.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 out 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.

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 hospitals of HMH affiliated Foundations 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: foundation@hmn.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.

AS REQUIRED BY LAW

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.

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 08537.

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.

Effective January 2023