YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information, however, HMH is not required to agree to such a request if the facts do not warrant it.
- Obtain a copy of the Notice of Privacy Practices upon request
- Inspect and obtain a paper or electronic copy of your health record usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Request an amendment (correction) to your health record if you believe information is incorrect or incomplete
- Obtain a list (an accounting of disclosures) of the times we have shared your health information for six years prior to the date you asked, who we shared it with, and why. Exceptions: treatment, payment and health care operations.
- Request communications of your health information by alternative means or at alternative locations. For example, you may request that we send correspondence to a post office box rather than your home address.

Revoke your authorization to use or disclose health information except to the extent that action has already been taken if you pay for a service out-of-pocket in full, you can request that information not be shared for the purpose of payment or our operations with your health insurer.

You will be asked to sign an acknowledgment that you have received this Notice. We are required by law to make a good faith effort to provide you with the Notice and to obtain your acknowledgment. Your refusal to accept the Notice or to sign the acknowledgment will in no way affect your care or treatment in our facility.

HACKENSACK MERIDIAN HEALTH’S RESPONSIBILITIES

- Maintain the privacy and security 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
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative location
- Notify you if a breach occurs that may have compromised the privacy or security of your information

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, revisions will be available at HackensackMeridianHealth.org and you may request a revised copy from the Office of Privacy, the Office of Patient Experience or any patient registration areas. The Hackensack Meridian Health, Chief Compliance Officer is responsible for maintaining the Notice of Privacy Practices and for archiving previous versions of the Notice.

We will not use or disclose your health information without your authorization, except as described in this Notice and for treatment, payment, or health care operations.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records or other specially protected health information may have additional confidentiality protections under applicable State and Federal law. We will obtain your specific authorization before using or disclosing these types of information where we are required to do so by such applicable State and Federal laws. However, we may be permitted to use and disclose such information to our physicians to provide you with treatment.

EXAMPLES OF PERMITTED DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

We may use your health information for Treatment, unless your specific consent is required.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment. Members of your health care team will record the actions they took, their observations, and their assessments. In that way, your health care team will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility.

We will use your health care information for Payment. For example: A bill will be sent to you and/or a third-party payer (insurance company). The information on the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may provide copies of the applicable portions of your medical record to your insurance company in order to validate your claim.

We will use your health care information for regular Health Care Operations. For example: We will use or disclose your health information for our regular health operations. For example, members of the medical staff, the risk or quality improvement department, or members of the quality improvement team who may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity’s relationship with you; and the disclosure must only be for one at the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management or 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 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.

HEALTH INFORMATION EXCHANGES

Health Information Exchanges (HIE) and Personal Health Record (PHR) 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 patients 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 or Health Information Exchanges (i.e., HMH as required by applicable law). You have the ability to opt out of providing access to the HMH. To offer you the ability to opt-out of providing access through Care Everywhere if you make your request in writing. To have your request honored, you must contact Health Information Management at HMH Opt-Out@hackensackmeridian.org.

PERSONAL HEALTH RECORD

A personal health record (PHR) is an electronic application used by patients to maintain and manage their health information in a private, secure, and confidential environment.

- Are managed by patients
- Can include information from a variety of sources, including health care providers and patients themselves
- Can help patients securely and confidentially store and monitor health information, such as diet plans or data from home monitoring systems, as well as patient contact information, diagnosis lists, medication lists, allergy lists, immunization histories, and much more
- Are separate from, and do not replace, the legal record of any health care provider
- Are distinct from portals that simply allow patients to view provider information or communicate with provider.

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.HackensackMeridianHealth.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.

OCCUPATIONAL HEALTH

We may disclose your PHI to your employer in accordance with applicable law, if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or HMH as required by applicable law.

PUBLIC HEALTH & SAFETY

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 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 work force 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 08837

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.