

JEWISH FAMILY SERVICE OF METROWEST
Notice of Privacy Practices

JEWISH FAMILY SERVICE OF METROWEST HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). This notice describes how your PHI may be used and disclosed and how you can access this information. All employees and volunteers of JFS of MetroWest (JFS) are legally required to abide by the policies set forth in this notice, and to protect the privacy of your health information.

Your PHI includes any information that can be used to identify you. We collect or receive health information about your past, present or future health condition to provide treatment or other social work services to you and for certain administrative purposes. Your protected health information may be used only for these purposes unless JFS obtains your written authorization or the use or disclosure is permitted by HIPAA privacy regulations or state law.

We must maintain the privacy of your protected health information. We are required by both state and federal law to provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the need for the information.

We are required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to PHI already in existence. Before we make any change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice by contacting our Reception Desk at any time.

JFS can use or disclose your PHI for purposes of treatment and health care operations.

- 1. For treatment:** Your PHI may be shared among our agency staff for coordination of treatment. Your PHI may also be used to contact you concerning appointment scheduling.
- 2. For healthcare operations:** Your PHI may be shared to support JFS operations related to treatment, such as quality assurance activities, case management, receiving and responding to client comments or complaints, compliance programs and /or licensing or accrediting organizations, audits, management and administrative activities.
- 3. For payment:** Your PHI may be shared with your source of healthcare coverage for the purpose of reimbursement and/or preapproval for services.

Other Types of Uses or Disclosures of PHI That Can Be Made Without your Consent:

1. If you make a threat to your own safety and/or make a threat against a specific individual or group, that individual or the person responsible for the group may be notified (e.g. school principal if the threat was made against a school). Police may be notified if the intended victim cannot be contacted. This is in accordance with JFS's duty to warn others of potential threats against them.
2. The Department of Child Protection and Permanency (DCP&P) may be notified of information regarding child abuse or neglect.
3. The appropriate County Welfare Agency may be notified of information regarding abuse or neglect that occurred in a rooming/boardng/nursing home.
4. Information may be shared with another mental health agency in accordance with HIPAA rules.
5. Information may be released in accordance with a court order signed by a judge or to comply with any Federal or State law requiring the release of the information.
6. Information may be released to a psychiatric screening center to facilitate an evaluation.
7. Your records may be disclosed to clinical records audit teams, monitoring and site review staff designated by the New Jersey Department of Human Services, the Office of Legislative Services, the New Jersey Department of Health and Senior Services, and the Centers for Medicaid & Medicare Services.
8. Information may be released to a person participating in a Professional Standards Review Organization.
9. Information may be released to the offices of the State Medical Examiner or County Medical Examiner for purposes of making investigations and conducting autopsies.
10. Information regarding your current medical condition may be released to a family member or friend if you do not object. (NJAC 10:37-6.79 (e))
11. Information may be released to your personal physician or other healthcare provider, for your benefit.
12. Medication information may be released to your pharmacy.
13. The records of a deceased individual who has received services or for whom services were sought may be released to the estate's administrator or executor, or if no administrator or executor, to the next of kin

USES AND DISCLOSURES THAT REQUIRE YOUR CONSENT MAY ONLY BE MADE UPON YOUR PRIOR WRITTEN AUTHORIZATION. If you choose to sign an authorization to release your PHI, you may later cancel that authorization in writing. Release of information about any

consumer under the age of 18 that requires authorization must be authorized by the consumer's parent or guardian. Unless otherwise ordered by a court, when the consumer is 14 years of age or older, but has not yet reached the age of majority, an authorization shall be signed by the consumer and the consumer's parent or legal guardian.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

- 1. You have the right to request limits on how we use and release your health information.** We are not required to agree to a requested restriction, but if we accept your request, we will abide by it except in emergency situations. You may not limit health information that we are legally required to release. To request a limitation, please contact our Privacy Officer.
- 2. You have the right to choose how we communicate PHI to and about you.** All of our communications to and about you are considered confidential. You have the right to ask that JFS provide information to you using an alternative means. To make a confidential communications request, please submit your request in writing to our Privacy Officer.
- 3. You have the right to inspect and copy your PHI.** You must make this request in writing. Psychotherapy notes and information contained in a record that is prepared in response to a court order are specifically excluded. If you request a copy of your PHI, a fee may be imposed for copying and mailing. In certain situations, JFS may deny your request. If so, we will tell you in writing why we denied your request. You may appeal this decision in writing and are entitled to a second review by a licensed healthcare professional not connected to the first denial.
- 4. If you pay in full for services and your insurance company is not billed, you may request JFS not provide information to health insurance companies.**
- 5. You have the right to get a list of instances of when and to whom JFS has disclosed your PHI with the exceptions provided by law, those you specifically authorized and those relating to payment and healthcare operations.** The list will include dates when your PHI was released and why; to whom your PHI was released (including their address if known), and a description of the information released. You must put this request in writing, and you will receive a response in sixty days. For a report of disclosures, please contact our Privacy Officer.
- 6. If your PHI is released inadvertently, JFS must notify you in writing regarding the circumstances of such a breach.**
- 7. You have the right to request a correction or update to your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we attach an explanation provided by you explaining your desired correction to the record as a medical record is considered a legal document. You must provide the request and reason for it in writing. We will respond within 60 days. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, (iv) not part of our usual record. JFS has the right to refuse this addition to your file

and will provide you with a written response stating the reason for denial and explaining your right to file a written statement of disagreement according to applicable law. Any agreed upon amendment will be included as an addition to, and not a replacement of already existing records. To request an update or correction, please contact the JFS Privacy Officer with your written documentation.

- 8. JFS cannot sell your PHI without explicit authorization and you may opt of receiving information about JFS fundraising activities.**

CONCERNS ABOUT OUR PRIVACY PRACTICES: If you think that we may have violated your privacy rights, or you disagree with the decision we made about access to your health information, you may file a complaint with our Privacy Officer. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, SW, Washington, D.C. 20201

**You will not be penalized for filing a complaint.
FOR INFORMATION ABOUT THIS NOTICE, TO
EXERCISE YOUR RIGHTS, TO FILE A COMPLAINT,
OR TO VOICE YOUR CONCERNS ABOUT OUR
PRIVACY PRACTICES,
PLEASE CONTACT:
JFS Privacy Officer
Jewish Family Service of MetroWest
30 Vreeland Ave Building A Suite 301
Florham Park, NJ 07932
973-765-9050**

EFFECTIVE DATE OF THIS NOTICE: March 9, 2009
Revised November 2021
Revised May 2026
