



Notice of Privacy Practices

This notice describes how medical information about you may be used and shared and how you can get access to this information. Please review it carefully.

1. **Overview:**

This notice describes the privacy practices of Liberty Health Care System (its hospitals, other medical facilities and companies), our doctors, nurses and others who care for you, or perform payment activities and/or business operations.

If you should have questions about any part of this notice or would like to discuss our privacy practices, please contact:

Shani Newell, Privacy Officer
Liberty Health Care System
355 Grand Street
Jersey City, NJ 07302
(201)915-2789

2. **Our Commitment to Your Privacy:**

We are dedicated to protecting the privacy of your health information that is collected during your medical treatment; this can include records relating to psychiatric treatment, drug and alcohol treatment or abuse and HIV/AIDS status, if they relate to your medical conditions. The health information that is collected during the time that you receive medical care and treatment is documented in a medical record. This record may either be stored as a paper document or in a computer file. The record itself is the property of Liberty Health Care System ("Liberty Health"); however, the health information belongs to you. We are required by law to maintain the privacy of your personal medical and health information ("PHI"), and to provide you with this Notice of our legal duty and privacy practices with respect to your PHI. When we are required to use or share your PHI, Liberty Health must comply with the terms of this Notice and the law that applies.

3. Authorized Uses And Sharing Of Your Health Information:

In some cases, the law permits the use and sharing of your health information without your approval. Below is a list of areas in which your health information may be used or shared. This list does not include every specific way your PHI may be shared or used; however, the ways in which we are allowed by law to share your PHI will fall into one of these areas:

a. Treatment, Payment and Health Care Operations (TPO):

Treatment: In order to treat and provide you with the appropriate medical care, we may use or share PHI. An example is a doctor or other care provider may use information in your medical record to diagnose and treat your condition. Also, we may share your information with health care providers outside Liberty Health so that they may help treat you.

Payment: We may use or share PHI so that we, or other health care providers, may obtain payment for treatment provided to you. For example we may share information from your medical records with your health insurance company to obtain pre-authorization for treatment or submit a claim for payment.

Health Care Operations: We may share your medical information in order to run Liberty Health and ensure that our patients receive quality care. For example, we may use information from your medical records to review the performance of physicians and other people who work at the hospital, educate employees or make business decisions that can affect Liberty Health and the services we provide.

b. Liberty Health Patient Directory:

If you agree, information about yourself will be included in our directory of in-patients for the time you are admitted to the hospital. The information may include: Your name, location within the hospital, general health condition and religious affiliation. Information may be shared with anyone who asks for you by name. Your religious affiliation will only be shared with members of the clergy, for example, priest, minister, or rabbi, as appropriate.

c. Sharing Information with Relatives and Close Friends:

Your PHI may be used or shared with a family member, close personal friend or any other person identified by you when you are present and able to agree to do so.

If you are not present, or not able to communicate due to a serious medical situation or other emergency, we will provide information to your legal next of kin or representative as determined by New Jersey State law. The information shared would directly relate to that person's involvement with your healthcare. No additional information will be shared.

- d. Fundraising Communications:
We may use and share information to raise funds for Liberty Health or its programs. The information we may use and share is your name, age, gender, date of service and insurance. If you do not wish to be called or get mail as part of our fundraising you must put your request in writing and mail or e-mail it to the Privacy Officer.
- e. Public Health and Safety Activities:
We may share your PHI for the following public health concerns or safety issues:
- i) Reporting illnesses/diseases to the health department to prevent or control disease, injury or disability,
 - ii) Reporting child abuse and neglect to the police and other authorities,
 - iii) Reporting information about product and equipment recalls, which were used in your treatment and care, to the US Food and Drug Administration,
 - iv) Alerting anyone who may be at risk of catching or spreading your illness,
 - v) Reporting information to your employer as required under laws for work related illnesses and injuries or review of medical issues in the workplace,
 - vi) To protect the public from the spread of a very serious disease.
- f. Legal Proceedings:
We may share your PHI if we are ordered to do so by a court that is handling a lawsuit or other legal proceedings.
- g. Law Enforcement Officials:
For specific reasons, we may share your PHI with police, FBI Officers and others who enforce laws to comply with a court order, legal demand, or other legal order. We may also share information to help find someone who is a suspect, fugitive, or missing person, and to provide information related to any criminal activities.
- h. Medical Examiner/Funeral Director:
We may share your health information with a coroner or medical examiner. This may be necessary to decide a cause of death or to identify someone who has died. We may also share your health information with a funeral director as necessary to carry out his/her duties.
- i. Organ and Tissue Donations:
We may share your PHI with organizations that harvest and/or bank organs and tissues for future transplantation.

j. Research:

Before we may use your PHI for research project, an internal review must be completed. A committee called the Institutional Review Board (IRB) must rate the project and determine the level of risk to you and your privacy. If you will be seen or provided care as part of the research project, you will be asked to sign a consent form to participate in the project that includes your written permission for use and possible sharing of your information. However, there are times when we may use your health information without written permission, such as, when a researcher plans a project. He or she will review medical information to identify people who might be a fit for the study. This person must sign a document stating that they will maintain the privacy of all information they review.

k. The United States Government:

Under specific conditions, we may be required to release your PHI to government agencies such as the military or the Department of State.

4. ***Use and Sharing of Your Health Information that Requires your Written Permission:***

Special privacy protections apply to specific types of health information such as:

- HIV/AIDS related information
- Alcohol/drug abuse and treatment information
- Mental health information
- Genetic health information

If your treatment involves any of these specialized services, we will ask you to give us written approval to share this information. You have the right to take back the written approval at any time. If you do withdraw your approval we will no longer use or share your health information for these specific conditions.

5. *Your rights to review and manage your health information:*

a. Your Right To Inspect And Copy Your Health Information:

For as long as the information is kept in our records, you have the right to inspect and request a copy of your health information. This includes medical and billing records, but does not include psychotherapy notes. There is a fee associated with copying of your records.

b. Your Right to Add an Addendum to Amend Your Records:

You have the right to insert an addendum to your PHI if you believe that the information we have about you is incomplete or wrong. You have a right to request an addendum be inserted for as long as the information is kept in our records. Your request will be granted unless we believe that the information that would be added is correct and complete or other special conditions apply.

c. Your Right To Request Extra Restrictions:

You have the right to request a limit on the health information we use or share for treatment, payment or Liberty Health operations. You also have the right to request a limit on the health information we share about you with someone who is involved in your care or the payment for your care, like a family member or friend. Any request to limit the use of PHI must be sent in writing to the Medical Records Department.

d. Right to receive confidential information:

You have the right to request that we confidentially discuss or forward your medical care to you in a certain way or at a specific location. We will grant reasonable requests for different ways to communicate confidentially. In order to do so, you submit your request in writing to the Privacy Officer.

e. Your Right to Request an Accounting of Sharing of Information:

You have the right to request the list of people or organizations that we have shared your PHI with and the dates it was given to them.

f. Right to receive a paper copy of this Notice:

You will receive a copy of this notice at the time of your first visit to Liberty Health, if you would like another copy, please send your request to the Privacy Officer.

g. To file a complaint:

If at any time you believe that there has been an issue relating to maintaining your privacy, please contact the Privacy Officer at (201)915-2789.

6. *Effective Date and Duration of this Notice:*

a. Effective Date: 04/1/2011

b. Right to change terms of this notice

Liberty Health reserves the right to change the terms of this notice at any time.

