

**D. Alcohol or Drug Abuse Programs.** If Protected Health Information contains information related to treatment provided in one of our alcohol or drug abuse programs, that information is confidential and shall not be disclosed without your authorization, except as follows: Under certain circumstances, such information may be released without Your Authorization: (1) for internal communications; (2) if there is no patient-identifying information; (3) for medical emergencies; (4) in order to report and/or investigate crimes committed at the Program or against its personnel; and (5) as may otherwise be allowed or required by law or court order.

**E. Marketing Communications.** We will obtain your authorization for the use or disclosure of your Protected Health Information for marketing purposes. However, this does not apply to communications that are made: (1) face-to-face by our staff to you; (2) to describe a health-related product or service that is offered by us; (3) for your treatment; or (4) for your care management or to direct or recommend alternative treatments, health care providers, etc.

## V. Your Rights:

**A. For Further Information, Complaints.** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to Protected Health Information, you may contact our Privacy Officer. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with the Director or us.



**B. Right to Request Additional Restrictions.**

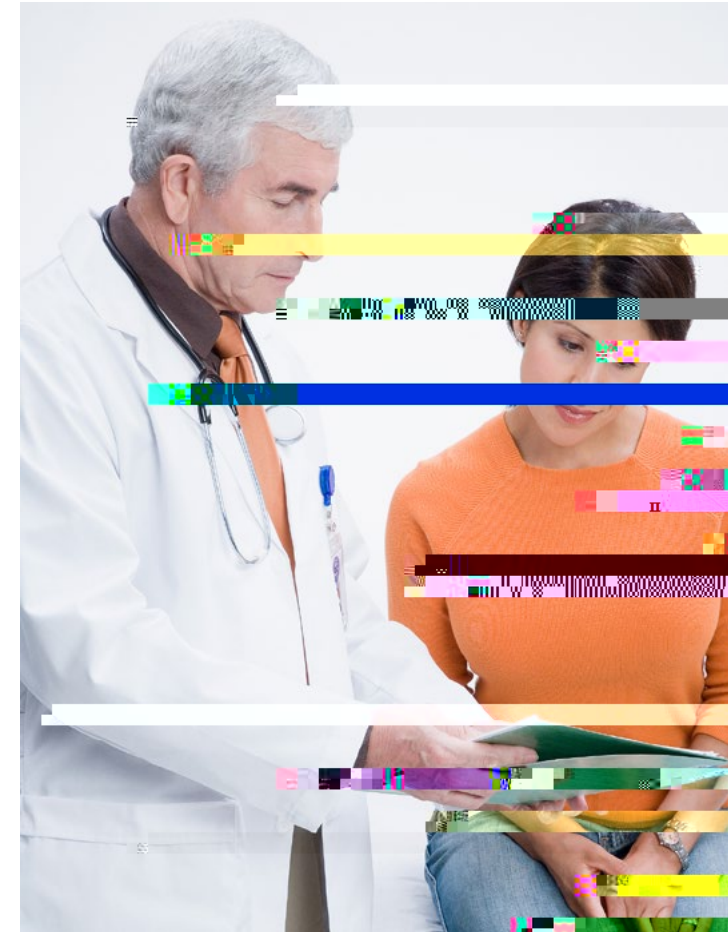
You may request restrictions on our use and disclosure of Protected Health Information: (1) for treatment, payment and health care operations;

(2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you choose to pay in-full out-of-pocket, and request that information, that would normally be submitted to obtain payment, not be shared with your health care plan, such requests will be honored. If you wish to request additional restrictions, please obtain a request form from, and submit the completed form to, our Privacy Officer. We will send you a written response.

**C. Right to Opt Out of Jersey Health Connect.** With regard to Jersey Health Connect only, if you do not wish to allow otherwise authorized doctors, nurses and other clinicians

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## NOTICE OF PRIVACY PRACTICES



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.

*the care you trust*

## I. What We Are:

This Notice describes the privacy practices of Robert Wood Johnson University Hospital Hamilton, and the physicians, nurses, technologists, and other individuals that work at Robert Wood Johnson University Hospital Hamilton (“RWJ HAMILTON”, “we” or “us”). This Notice also describes how authorized health care providers may use and disclose your Health Information electronically through Health Information Organizations.

Health Information Organizations (HIOs) are groups of healthcare facilities established to help patients and their authorized healthcare providers, treating the same patient, share – or exchange – relevant healthcare information. Only patients and caregivers who are authorized – including physicians, hospitals, labs, etc. – have secure, immediate, electronic access to your vital medical information. This helps your caregiver have access to needed medical information to provide you with the best care possible. We may disclose your medical information for treatment, payment and health care operations purposes as part of these health information organizations. You may opt out of these health information organizations as set forth below under “Your Rights.” If you *do not* opt out, your medical information will be available through these networks to authorized participating providers in accordance with this Notice and applicable law. If you do opt out, your medical information will continue to be used in accordance with this Notice and applicable law, but will not be made electronically available through these health information organizations.

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## II. Our Privacy Obligations:

We are required by law to maintain the privacy of medical and health information about you and to provide you with this Notice of our legal duties and privacy practices with respect to Protected Health Information. “Protected Health Information” generally includes individually identifiable information about your past, present, or future physical or mental health, the health care you have received, or payment for your health care. We are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

**L. Health or Safety.** We may use or disclose Protected Health Information to prevent or lessen a serious and imminent threat to a person’s or the public’s health or safety.

**M. Specialized Government Functions.** We may use and disclose Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

**N. Workers’ Compensation.** We may disclose Protected Health Information as authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs.

**O. Inmates.** If you are an inmate of a correctional institution or under custody of law enforcement, we may (under certain specific circumstances) release health information about you to the correctional facility or law enforcement official.

## IV. Use and Disclosure with Your Authorization:

**A. Use or Disclosure with Your Authorization.** Except as indicated in Section III above, we may use or disclose Protected Health Information only when: (1) you give us your authorization on our authorization form; or (2) such use or disclosure is consistent with the consent you signed upon admission. Further, you may revoke your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below.

**B. Genetic Information.** Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements, or pursuant to a court order), we will obtain your authorization prior to obtaining or retaining your genetic information (for example, your DNA sample). We may use or disclose your genetic information for any reason only when your authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order).

**C. AIDS or HIV Related Information.** If Protected Health Information contains AIDS or HIV- related information, that information is confidential and shall not be disclosed without your authorization, except as follows. Such information may be released without your authorization to medical personnel directly involved in your medical treatment. If you are deemed to lack decision-making capacity, we may release such information (only if necessary and unless you request otherwise) to the person responsible for making health care decisions on your behalf (spouse, primary caretaking partner, an approved representative).