

# 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.***

## I. Who We Are:

We are Atlantic Health System, Inc. This Notice describes the privacy practices of Atlantic Health (its hospitals, other medical facilities and companies) and the physicians, nurses, technicians and other individuals who work at or in conjunction with Atlantic Health (“Atlantic Health,” “we” or “us”). Atlantic Health participates in an Organized Health Care Arrangement (“OHCA”). An OHCA is an arrangement or relationship that allows two or more covered entities to use and disclose “Protected Health Information” or “PHI” (as defined in Section II below). The separate covered entities and service delivery sites which comprise Atlantic Health’s OHCA are its hospitals, clinics, physician practices, affiliated physician practices, members of Atlantic Health’s clinically integrated network, participants in Atlantic Health’s and its affiliates’ accountable care organizations, outpatient centers, urgent care centers, walk-in clinics, imaging centers, ambulatory surgery centers, integrative medicine facilities, skilled nursing facilities, rehabilitation facilities, visiting nurses and home health associations, mobile health company, members of employer’s health plan consortium, and insurance companies that have chosen to participate in the OHCA. These entities may share PHI among themselves as necessary to carry out treatment, payment and health care operations relating to the OHCA and for other purposes as permitted or required by law. The entities participating in the 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.

## II. Our Commitment to Your Privacy:

We are dedicated to maintaining the privacy of your medical information. In conducting our services, we will create records regarding you and the treatment and services we provide to you (including records relating to psychiatric treatment, drug and alcohol treatment or abuse or HIV status, if any). These records are our property; however, we are required by law to maintain the privacy of individually identifiable medical and health information about you (“Protected Health Information” or “PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

## III. Uses and Disclosures With Your Authorization:

**Use or Disclosure with Your Authorization.** We may use or disclose PHI only when: (1) you give us your written authorization on a form (“Your Authorization”) that complies with (a) the Health Insurance Portability and Accountability Act (“HIPAA”), and (b) if applicable, to your records that are subject to 42 CFR Part 2 (“Part 2 Records” as set forth in C of this Section), including for certain marketing activities, sale of health information, and (with some exceptions) the disclosure of psychotherapy notes about you; or (2) there is an exception to the authorization requirement as described in Section IV. Further, except to the extent that we have taken action in reliance upon it, you may revoke Your Authorization by delivering a written revocation statement to the Privacy Officer identified in Section VII.

## Special Circumstances

**A. 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 State 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).

**B. Information about AIDS or HIV and Certain Sexually Transmitted Infections (“STIs”).** If PHI contains AIDS or HIV related information or information concerning certain STIs, that information is confidential and generally will not be disclosed without Your Authorization expressly releasing such information. However, such information may be released without Your Authorization to medical personnel directly involved in your medical treatment or as required by law to relevant oversight agencies such as the New Jersey Department of Health. 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 appropriate family member, etc.). Under certain circumstances, such information may also be released without Your Authorization for scientific research, certain audit and management functions, and as may otherwise be allowed or required by law or court order.

**C. Substance Use Disorder (“SUD”) Treatment Information. You have additional rights and protections for SUD records that are protected under 42 CFR Part 2 (“Part 2 Records”).**

### 1. Permitted Uses and Disclosures of Part 2 Records Without Consent:

- To medical personnel in a medical emergency under certain conditions.
- For research purposes consistent with applicable laws and regulations.
- To qualified personnel for audit or program evaluation purposes who have agreed in advance to protect the information.
- For public health purposes, if the information has been de-identified and the disclosure is made to a public health authority.

### 2. Permitted Uses and Disclosures that Require Consent:

- For treatment, payment and health care operations we may require that you provide a single consent for all future uses or disclosures. Once your Part 2 Records are disclosed to a HIPAA covered entity (such as your health insurance company or another provider) or a business associate (described in Section IV(T) below), the recipient may disclose your information consistent with HIPAA and this Notice.

- To a central registry under certain conditions.
- If the use or disclosure is related to a civil, criminal, administrative or legislative proceeding against you, you will need to sign a separate, specific consent.
- Your consent is required for any uses or disclosures we may make that are not described in this Notice.

3. You may revoke your consent at any time by providing written notice. After revocation, we will no longer use or disclose any of your Part 2 Records, except to the extent we have already relied on your consent.

**4. Legal Proceedings.** If we receive or maintain your Part 2 record through a specific consent that you provide to us or another third party, we will use and disclose your Part 2 record only as expressly permitted by you in your consent provided to us. In no event will we use or disclose your Part 2 record, or provide testimony that describes the information contained in your Part 2 record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your specific written consent or required by the order of a court of competent jurisdiction after it provides you or the holder of the record with notice of the court order where required by 42 CFR Part 2. A court order authorizing use or disclosure of Part 2 record must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

5. In addition to the Individual Rights set forth in Section V of this Notice, you are also entitled to a list of disclosures of your Part 2 Record made by an intermediary, for the prior three years, such as a research organization. This request should be submitted directly to the intermediary.

**D. Reproductive Health Care Services.** With regard to PHI concerning your reproductive health care services, which includes all medical, surgical, counseling, or referral services related to pregnancy, contraception, or termination of a pregnancy, except as provided below, we will not disclose that PHI 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, if you provide a written request to us for such PHI to not be so disclosed. We may, however, provide PHI related to your reproductive health care services regardless of Your Authorization in civil actions, investigations, or other proceedings as follows:

- If required by state or court rule;
- To our attorneys, professional liability insurers or their agents, if a claim is filed against us or there is a reasonable belief of such a claim, in order to defend ourselves against such claim;
- If requested by the New Jersey Commissioner of Health, Human Services, or Banking and insurance, or any professional licensing board in connection with an investigation of a complaint; or
- If related to suspected child abuse, elder abuse, abuse of an incapacitated person, or abuse of an individual with a disability.

In all other situations, we will follow our privacy practices regarding the disclosure of PHI as set forth herein. For example, without Your Authorization, we may share your PHI with other medical professionals who are treating you (as described further in Section IV(A) below).

#### IV. Uses and Disclosures Without Your Authorization:

**A. Use and/or Disclosure for Treatment, Payment and Health Care Operations.** Except as noted in Sections III (B), (C), and (D), we may use and/or disclose PHI without Your Authorization

for treatment provided to you, obtaining payment for services provided to you and for health care operations (e.g., internal administration, quality improvement, customer service, etc.) as detailed below:

- **Treatment.** We use and disclose your PHI to provide treatment and other services to you – for example, a doctor treating your injury or illness may allow another doctor to review your PHI for assessment of your overall health condition. We may also disclose your PHI to a health care provider outside of Atlantic Health or receive your PHI from a health care provider outside of Atlantic Health for that health care provider's and/or our treatment activities.

In addition, unless you opt out (e.g., disagree or object) as described in Section V, any authorized health care provider who agrees to participate in a Health Information Exchange (“HIE”), can also electronically access and use your PHI to provide treatment to you. If you opt out of each HIE as described in Section V, your PHI will not be shared electronically through the HIE network; however, it will not impact how your information is otherwise typically accessed, used and released in accordance with this Notice and the law.

- **Payment.** We may use and disclose your PHI to obtain payment for services that we provide to you – for example, we may disclose your PHI to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (“Your Payor”) and to verify that Your Payor will pay for your health care. We may also disclose your PHI to another health care provider or covered entity for the payment activities of that health care provider or covered entity.
- **Health Care Operations.** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you (including operating and troubleshooting our health information technology). For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. In addition, we may disclose your PHI to external licensing or accrediting bodies for purposes of hospital licensure and review. We may disclose your PHI to our patient representatives in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

In some cases, we may use or disclose your PHI to arrange for or conduct legal services that relate to our health care provider functions. Under certain circumstances, we may disclose your PHI to another health care provider for the health care operations of that health care provider if they either have treated or examined you and your PHI pertains to that treatment or examination.

**B. Use or Disclosure for Directory of Individuals in Atlantic Health's Facilities.** Unless you opt out (e.g., disagree or object), we may include your name, location in Atlantic Health's facility, general health condition and religious affiliation in a patient directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy (provided, however, that religious affiliation will only be disclosed to members of the clergy). You may opt out of the directory by notifying our Privacy Officer. If you opt out, we cannot tell members of the public or your family and friends that you are admitted to the hospital. Please think carefully about the consequences of the decision to opt out.

**C. Disclosure to Relatives and Close Friends.** We may disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we: (1) obtain your agreement; (2) provide you with the opportunity to object

to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative, a close personal friend or other person identified by you, we would disclose only information that is directly relevant to the person's involvement with your health care, payment related to your health care or needed for notification purposes.

**D. Fundraising Communications.** We may contact you to request a tax-deductible contribution to support fundraising activities of Atlantic Health. In connection with any fundraising without Your Authorization, we may disclose to our related foundation/fundraising staff the following information about you: demographics (e.g., your name, address, other contact information, age, gender and date of birth), dates on which we provided health care to you, department of service information, treating physician, outcome information and health insurance status. **You have a right to opt out of receiving any fundraising communications from us, and in any fundraising communication you receive from us, you will be provided with information on how to opt out of receiving further fundraising communications from us if you so choose.**

**E. Public Health Activities.** We may disclose PHI for public health activities and purposes, including, without limitation: (1) to report health information, including but not limited to information concerning disease, injury and vital events such as birth or death, to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and (6) to report your immunization status to your school if your school is required to have proof of your immunization and you or your parent or guardian agrees to the disclosure.

**F. Health Oversight Activities.** We may disclose your PHI to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

**G. Judicial and Administrative Proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**H. Law Enforcement Officials.** We may disclose your PHI to the police or other law enforcement officials, including as required by law; in compliance with a court order; in response to a request for information about a victim of a crime, suspect, fugitive, witness, or missing person; to report evidence of criminal conduct on Atlantic Health's premises; to report a death that Atlantic Health suspects may have resulted from criminal conduct; or to report a crime in an emergency situation.

**I. Decedents.** We may disclose your PHI to a coroner or medical examiner as authorized by law. We may also release medical information about patients at Atlantic Health to a funeral director as necessary to carry out his or her duties.

**J. Organ and Tissue Procurement.** We may disclose your PHI to organizations engaged in organ, eye or tissue procurement, banking or transplantation for the purpose of facilitating organ, eye or tissue donation and transplantation.

**K. Research.** We may use or disclose your PHI without your consent or authorization for research where permitted by law.

**L. Health or Safety.** We may use or disclose your PHI 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 or disclose your PHI for certain government functions as permitted by law, including as required by military command authorities if you are a member of the armed forces, and to authorized federal officials for certain national security and intelligence activities and for presidential protection.

**N. Workers' Compensation.** We may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

**O. Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe that you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a government authority, including social service or protective services agencies, authorized by law to receive reports of such abuse, neglect or domestic violence. We will inform you if any such disclosure has been made except in cases where, in the exercise of our professional judgment, informing you would place you at risk of serious harm or would not be in your best interests.

**P. Inmates.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official, provided that such disclosure is necessary:

- for the provision of health care to you,
- to protect your health and safety or the health and safety of other inmates, or
- for the safety and security of the correctional institution

**Q. Health Information Exchange ("HIE").** Atlantic Health and other health care providers participate in certain HIEs as Atlantic Health and such other health care providers may determine from time to time. These HIEs allow patient information to be shared electronically through a secured connected network. HIEs give your health care providers who participate in the HIE networks immediate electronic access to your pertinent medical information for treatment, payment and certain health care operations. If you do not opt out of a HIE, your information will be available through such HIE network to your authorized participating providers in accordance with this Notice and the law. If you opt out of a HIE (as described in Section V), this will prevent your information from being shared electronically through the HIE network; however, it will not impact how your information is otherwise typically accessed, used and released in accordance with this Notice and the law.

Any exception that denies an individual from opting out of having their information transmitted through the HIE shall be in accordance with applicable federal and state law.

**R. As Required by Law.** We may use and disclose your PHI when required to do so by any other law or regulation not already referenced above.

**S. Incidental Disclosures.** We may disclose your PHI incident to a use or disclosure that is otherwise permitted as described in this Notice. For example, if one of our physicians discloses your PHI in confidential conversation with you for treatment purposes, another provider or a patient may overhear the conversation. Atlantic Health has implemented reasonable safeguards as well as policies and procedures regarding minimum necessary use and disclosure of PHI in an effort to minimize such incidental disclosures and protect your privacy.

**T. Business Associates.** We may disclose your PHI to business associates, which are companies that provide services to us in our capacity as a covered entity.

## **V. Your Individual Rights:**

**A. For Further Information / How to File a Complaint Concerning a Violation of the Privacy or Security of Your Health Information.** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or security rights including, but not limited to, the privacy or security of your health information, would like to file a HIPAA-related complaint or disagree with a decision that we made about access to your PHI, 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 us or the Director.

**B. Right to Request Privacy Protections/Additional Restrictions.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to grant your request, and we may deny your request if it would affect your care. However, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer and in those circumstances, we will not share your information per your request unless a law requires us to share that information. 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 Receive Confidential Communications.** You may request that we communicate with you about your PHI by alternative means or at alternative locations. To make such a request, you must submit your request in writing to our Privacy Officer.

**D. Right to Inspect and Copy Your Health Information.** You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records and in such case, we will inform you of the specific basis for the denial and will explain your rights. If you desire access to your records, please obtain a record request form from, and submit the completed form to, our Privacy Officer.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you in accordance with applicable law (for example, records relating to pregnancy, abortion, STIs, substance use and abuse, contraception and/or family planning services).

**E. Right to Amend Your Records.** You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from, and submit the completed form to, our Privacy Officer. In some cases, we have the right to deny your request for amendment. If we deny your request for an amendment, we will provide you with a written explanation of why we denied the request and will explain your rights.

**F. Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request, in accordance with applicable laws and regulations, provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you

request an accounting more than once during a twelve (12) month period, we may charge you the cost of providing the accounting statement. To request an accounting of disclosures, please obtain a form from, and submit the completed form to, our Privacy Officer.

**G. Right to Receive Notice of a Breach.** You have a right to be notified by us if you have been affected by a breach of unsecured PHI and we are required by law to provide you with such notice.

**H. Right to Receive a Copy of This Notice in Paper or Electronic Form and Discuss it With the Privacy Officer (see Section VII) if you Have any Questions.** Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such Notice electronically. You can also access this Notice on our website at: [www.atlantichealth.org](http://www.atlantichealth.org).

**I. Right to Opt Out of HIEs.** We may participate in certain HIEs, whereby we may disclose your health information, as permitted by law, to other health care providers or entities that participate in the HIE for treatment, payment, or health care operations. Other participating health care providers, such as physicians, hospitals and other health care facilities, may also have access to your information in the HIE for similar purposes to the extent permitted by law. If you do not wish to allow otherwise authorized physicians, nurses, clinicians and other healthcare providers involved in your care to electronically share your PHI with each other through an HIE, you have the right to opt out of the HIE. To exercise this opt out right, please contact our Privacy Officer.

## **VI. Effective Date and Duration of This Notice:**

**A. Effective Date:** This Notice is effective as of April 13, 2003.

**Revision Dates:** October 1, 2011, June 1, 2012, June 7, 2013, July 15, 2014, April 1, 2017, December 1, 2019, December 1, 2022, February 1, 2023, November 1, 2023, February 16, 2026.

**B. Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in waiting areas around Atlantic Health and on our Internet site at [www.atlantichealth.org](http://www.atlantichealth.org). You also may obtain any new Notice by contacting our Privacy Officer.

## **VII. Privacy Officer:**

You may contact the Privacy Officer at:

Chief Compliance Officer, Privacy Officer  
Atlantic Health  
465 South Street  
Morristown, New Jersey 07962  
Telephone Number: (973) 660-3143  
E-mail: [compliance@atlantichealth.org](mailto:compliance@atlantichealth.org)