



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.***

We understand that health information about you and your health is personal.

We therefore are committed to and required by law to maintain the privacy of your health information and to provide you with notice of your rights and our legal duties and privacy practices with respect to your health information. We will not use or disclose your health information except as described in this Notice. This Notice applies to all of the health information maintained Patient Care Therapy Group, PC ("PCTG").

How We May Use and Disclose Your Health Information:

We may use and disclose your health information as described below. However, this Notice is only meant to give you a general overview and not to describe all specific possible uses and disclosures that may occur.

Treatment

We may use your health information to provide treatment for your physical or mental health. For example, we may disclose all or any portion of your health information to your attending physician, treating physician, consulting physician(s), nurses, technicians, medical students, other social service providers, and other health care professionals who have a need for such information for your care and treatment.

We may share health information about you in order to coordinate specific services, such as evaluations, assessments, and other rehabilitation services. We may also disclose information to any staff/members at PCTG or any other non-medical parties involved in your care. Also, our staff may discuss your care in a case conference, in supervision and to consultants.

Treatment Alternatives

We may use and disclose your health information to tell you about possible treatment options or alternatives or other health related benefits that may be of interest to you.

Payment

We may use and disclose health information about you so that we may bill and receive payment for treatment and services that you receive. Also, your health information may be disclosed to a an insurance company, third party payor or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or portions of your medical records, which are necessary for payment of your account. For example, a bill sent to an insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used. Also, your health information may be disclosed to consumer reporting and/or to collection agencies in the case of a monetary dispute.

Health Care Operations

We may use and disclose your health information for our social service operations, including quality assurance, medical review, auditing, accreditation, licensing or credentialing activities, and educational purposes. For example, we may review your health information to make sure that PCTG is providing quality care to all of its patients.

Other Health Care Providers, Health Plans, and Clearinghouses

We may use and disclose your health information to your treating provider or health plan, or a clearinghouse involved in the billing of services and treatment provided to you, for the purpose of providing you treatment, receiving or processing payment, and to conduct certain operational activities as permitted by law.

Appointment Reminders

We may use and disclose your health information to contact you as a reminder that you have an appointment at PCTG, including by leaving messages on answering machines.

Persons Involved in Your Care

Unless you object, we may disclose your health information to family members, other relatives, close personal friends, or any other person(s) you identify who are involved with your medical care, dental care, or payment.

Disaster Relief

Unless you object, we may use and disclose your health information to a public or private entity authorized by law or by charter to assist in disaster relief efforts including notifying your family about your condition, status, and location.

Health Related Benefits and Services

We may use and disclose your health information to tell you of health-related benefits or services that may be of interest to you.

Business Associates

We may use and disclose health information to business associates. A business associate is an individual or entity under contract with us to perform or assist in a function or activity which requires the use or disclosure of health information.

Examples of business associates include copy services used by us to copy medical/dental records, consultants, accountants, lawyers, and medical transcriptionists. We require the business associate to enter into an agreement to protect the confidentiality of your health information.

Research

While most uses and disclosures related to research require your authorization, in some limited situations we may use and disclose your health information for research when an Institutional Review Board or a similar privacy board has approved a waiver of the individual authorization requirement in accordance with the regulations covering this area.

De-Identified Data or Limited Data Sets

We may use and disclose health information about you if we remove all information that could be used to identify you, making it "de-identified" information. We may also use and disclose a limited amount of health information about you in a "limited data set" for the purposes of research, public health, or health care operations if we enter into a data use agreement with the recipient of the data.

Health Oversight Agencies

We may use and disclose your health information to a health oversight agency for activities authorized by law, including licensure, audits, investigations, and inspections, and including, but not limited to the Board of Social Work Examiners and the Office of the Attorney General. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights.

Law Enforcement

We may disclose your health information for law enforcement purposes to a law enforcement official if required by law, or where permitted by law, or in response to a valid subpoena. Also, we may disclose health information if it is necessary for law enforcement authorities to identify or locate an individual.

Disclosures in Judicial/Legal Proceedings

We may disclose your health information to a court or administrative agency when a judge or administrative agency orders us to do so. We may also disclose information about you in legal proceedings, such as in a response to a discovery request, subpoena, or court order. Also, PCTG may use and disclose your health information in preparation for any dispute or litigation between you and PCTG. PCTG may use and disclose your confidential information in the event they are a party defendant to a civil, criminal or disciplinary action arising from the social work services provided, in which case a waiver of the privilege accorded by this section shall be limited to that action. Additionally, PCTG may use or disclose your information if you are a defendant in a criminal proceeding and the use of the privilege would violate the defendant's right to a compulsory process or the right to present testimony and witnesses on that person's behalf.

Public Health Risk

We may use and disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required by law to report the existence of a communicable disease, such as acquired immune deficiency syndrome (“AIDS”), to the New Jersey State Department of Health to protect the health and well-being of the general public. We may have to make other uses and disclosures including:

- To report births and deaths.
- To report child or elder abuse and neglect.
- To report reactions to medications or problems with products.
- To report prenatal exposure to controlled substances
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if PCTG believes a patient has been the victim of abuse, neglect, or domestic violence.

Your or the Public's Safety

We may use and disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person, including yourself, or the public, including situations where we believe you may harm yourself.

Workers' Compensation

We may use and disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Military/Veterans

If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities.

Required by Law

We may use and disclose health information about you when required to do so by federal or state law. For example, we may disclose certain health information to those persons who have a risk exposure related to a communicable disease as required by New Jersey law.

Employers

We may use and disclose your health information to your employer to conduct medical surveillance of the workplace, or to evaluate whether you have a work-related illness or injury.

Secretary of the Department of Health and Human Services

We may use and disclose your health information when required by the Secretary of the Department of Health and Human Services for purposes of investigating or determining compliance with federal privacy regulations.

Psychotherapy Notes

We will, in accordance with federal law, obtain your written authorization to use or disclose your psychotherapy notes, if any, that are contained in your health records. However, PCTG may use and disclose your psychotherapy notes for the following: (i) to carry out the following treatment, payment, or health care operations: (A) use by the originator of the psychotherapy notes for treatment; (B) use or disclosure by PCTG for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (C) use or disclosure by PTMG to defend itself in a legal action or other proceeding brought by you; and (ii) a use or disclosure that is required or permitted by federal law.

Your Rights Regarding Your Health Records

Although your health records are PCTG's property, you have the following rights:

-Right to Confidential Communications

You have the right to request to receive confidential communications of your health information by alternative means or at alternative locations. To exercise your right, please write to the address at the end of this section.

-Right to Request to Inspect and to Obtain a Copy

You have the right to inspect and to obtain a copy of your health information. However, such requests may be denied as permitted under the law. You may have the right to appeal such denials. To exercise your right, please write to the address at the end of this section. (Copying fees may be imposed.)

-Out-of-Pocket Payments

If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

-Right to Request Amendment

You have the right to request to amend your health information. However, PCTG may deny your request to amend your health information under certain circumstances. All requests for amendments must be in writing and provide a reason supporting your request for an amendment. To exercise your right, please write to the address at the end of this section.

-Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. However, PCTG is not required to agree to such request. You must communicate your specific request in writing by using the proper form. To exercise your right, please write to the address at the end of this section.

-Right to an Accounting of Disclosures

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. This list will not include certain disclosures of your health information, including disclosures made for treatment, payment, or health care operations, made to you, or made pursuant to an authorization signed by you.

The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six (6) years and should not include dates before April 14, 2003. The first accounting you request within a twelve (12) month period will be free. For additional requests during the same twelve month period, we will charge you for costs of the accounting. We will notify you of the amount we will charge and you may choose to withdraw or change your request before you are charged any costs. To exercise your right, please write to the address at the end of this section.

-Right to Receive a Copy of this Notice

You have the right to receive a paper copy of this Notice upon request.

-Right to Revoke Your Prior Authorization

You have the right to revoke your authorization (your permission) to use or disclose your health information except to the extent that action has already been taken in reliance on your prior authorization. To exercise your right, please write to the address at the end of this section.

-Right to Receive Notification of a Breach

PCTG is required to notify you following discovery of a breach of your unsecured health information.

All requests to exercise your rights above must be made in writing to the address below:

Patient Care Therapy Group, PC
26 Main Street
Edison, NJ 08817

For More Information or to Make a Complaint

If you have questions or would like additional information, you may call **609-521-4746**. If you believe your privacy rights have been violated, you may file a complaint with PCTG or with the Secretary of the Department of Health and Human Services. To file a complaint, please contact the Privacy Officer at the above address. **There will be no retaliation for filing a complaint.**

Changes to This Notice

PCTG will abide by the terms of the Notice currently in effect. However, PCTG reserves the right to change the terms of its Notice and to make the new Notice provision(s) effective for all health information that it maintains.

Effective Date

The effective date of the Notice is 09/01/2021.