V. Your Individual 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 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 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 or treatment. If you agree to receive PHI by alternative means or at alternative locations. To make such a request, you must submit your request in writing to our Privacy Officer.

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 for the period of time that you specify. We will respond to your request in writing. We may charge a fee for this service, and you will be billed for the cost of the record in question. Upon your request, we will provide a copy of the record requested.

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 medical record, you must submit a written request to the Privacy Officer. In some cases, we will not amend your record, for example if: the information is accurate and complete; or it is not our record (for example, if the record was created by another health care provider); or the revision would be meaningless or unreadable; or the amendment would affect information that is not current and relevant to an existing medical condition or situation.

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. We will send you a written response.

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

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such Notice electronically. You will also access this Notice on our website at: 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 health care 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.


VII. Privacy Officer:

You may contact the Privacy Officer at:

Sheila O’Halloran, Esq.
Chief Privacy Officer, Atlantic Health System, Inc.
475 South Street
Montville, New Jersey 07962
Telephone Number: (973) 660-3179
E-mail: sheila.o.halloran@atlantichealth.org

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 System (its hospitals, other medical facilities and companies) and the physicians, nurses, technicians and other individuals who may work for or in conjunction with Atlantic Health System ("Atlantic," "we" or "us"). Atlantic 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" (as defined in Section II below). A "covered entity" is any organization that directly handles PHI. The separate covered entities and service delivery sites which comprise Atlantic's OHCA are its hospitals, clinics, physician practices, affiliated physician practices, members of Atlantic's clinically integrated network, participants in Atlantic's and its affiliates' accountable care organizations, outpatient centers, urgent care centers, walk-in clinics, imaging centers, ambulatory surgery centers, integrated medicine facilities, skilled nursing facilities, rehabilitation facilities, visiting nurses and home health associations, mobile health company, members of employers health, quality and cost information companies that have chosen to participate in the OHCA. These entities may use and disclose 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 relating to your care and use and disclose "Protected Health Information" or "PHI" (as defined below) in a manner that does not disclose more information about you than is necessary for the purpose of the use or disclosure. We may share your PHI with each other through an HIE, you have the right to opt out of the HIE. To exercise this right, please contact our Privacy Officer.

We may use or disclose your genetic information for any reason only when You have authorized us to do so, for example, when disclosing information is necessary for the purpose of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order.

C. Information about AIDS or HIV and Certain Venereal Diseases. If PHI contains AIDS or HIV related information or information concerning certain venereal diseases, that information is confidential and generally will not be disclosed without Your Authorization. If PHI contains information about a sexual assault or rape, that information is confidential and generally will not be disclosed. You should note that, if you are a parent or legal guardian of a minor, certain portions of your minor's medical record will not be accessible to you in accordance with applicable law.

D. Alcohol or Drug Abuse Programs. If PHI contains alcohol or drug related information, Your Authorization may be obtained from a treating physician or other health care provider, or from a court order.

E. Responsibility for Making Decisions. 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, parent, legal guardian, or other person with authority over you). Under certain circumstances, such information may be kept from persons to whom You have given written permission to receive it. Your written permission is effective at the time of the use or disclosure.

III. Uses and Disclosures With Your Authorization:

A. 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 the Health Insurance Portability and Accountability Act ("HIPAA"), 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 exemption to the authorization requirement as described in Section IV.

F. Right to Request Access to a Portion of Your Records. You may request access to a portion of your records and in such case, we will provide you with access to your records. 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, parent, legal guardian, or other person with authority over you). Under certain circumstances, such information may be kept from persons to whom You have given written permission to receive it. Your written permission is effective at the time of the use or disclosure.

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

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such Notice electronically. You will also access this Notice on our website at: www.atlantichealth.org.
E. Reproductive Health Care Services. With regard to PHI concerning pregnancy or reproductive health care services, which includes all medical, surgical, counseling, or referral services related to pregnancy, contraception, or termination of pregnancy, except when required by law, we may disclose PHI in any civil action or proceeding to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

F. Violence or Abuse. We may disclose PHI to a person for purposes of an investigation conducted by appropriate federal, state, or local authorities to determine whether to intervene to prevent or lessen a serious and imminent threat to the safety of other inmates, or

G. Public Health Activities. We may disclose PHI for public health activities and purposes, including, without limitation, to a health care provider for the health care operations of that health care provider or covered entity for the payment activities of that health care provider or covered entity.

H. Use or Disclosure for Directory of Individuals in Atlantic’s Facilities. If you opt out (e.g., disagree or object) to the release of any directory information of your choice, we will not disclose information in the directory about you (including an investigation for a state or federal agency) or in any proceeding as follows:

I. Judicial and Administrative Proceedings. We may disclose PHI to a coroner or medical examiner as necessary to carry out his or her duties. We may also disclose PHI to another health care provider for the health care operations of that health care provider or covered entity for the payment activities of that health care provider or covered entity.

J. Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law. We may also disclose PHI to other individuals as necessary to carry out his or her duties. We may also disclose PHI to other individuals as necessary to carry out his or her duties.

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. 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 has implemented policies and procedures to protect your health and privacy in such situations.

N. Workers’ Compensation. We may disclose your PHI as required 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. We may disclose your PHI to a public health agency, statechod or any professional licensing board in connection with an investigation of a complaint; or

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:

Q. Health Information Exchange (“HIE”). Atlantic and other health care providers participate in certain HIEs as

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 or required by law. 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 has implemented policies and procedures to protect your health and privacy in such situations.

T. Authorization. We may use and disclose your PHI only when you have provided written authorization in a form specified by law that authorizes officials to use and disclose your PHI for national security and intelligence activities and for presidential protection.

U. Use or Disclosure for Treatment, Payment and Health Care Operations. We may use your PHI for treatment provided to you, obtaining payment for our services provided to you, and carrying out Atlantic’s Facilities.

V. Use or Disclosure for Other Purposes. We may use your PHI for any purpose permitted by law or with your authorization in accordance with this Notice and the law. If you opt out of a HIE (as described in Section V), your information will be available through such HIE network to other health care providers for the health care operations of that health care provider or covered entity for the payment activities of that health care provider or covered entity.