



Notice of Privacy Practices (NPP) Acknowledgment

Consumer's Name: _____ **DOB:** _____ **Program:** _____

This Notice of Privacy Practices (NPP) describes how health information about you may be used and shared and how you can get a copy of this information. Please review this carefully.

This notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996.

- Oaks Integrated Care is committed to protecting your personal information. We create a record of the treatment and services you receive at Oaks Integrated Care. We need this record to ensure the quality, continuity and effectiveness of your care. In keeping with our caring culture, Oaks Integrated Care strives to maintain a balance between protecting your privacy, providing quality treatment and ensuring your health and safety. This notice describes how we may use and disclose your protected health information to carry out treatment, payment, healthcare operations, ensure your health and safety, and for other purposes that are permitted or required by law.
- This notice also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information such as gender, ethnicity, date of birth, diagnosis and telephone number that may identify you and that relates to your past, present or future physical or mental health, condition and related healthcare services.
- Oaks Integrated Care is required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. A new notice will be effective for all protected healthcare or service information that we maintain at that time.
- A copy of the Notice of Privacy Practices will be given to you at the time you first enroll at Oaks Integrated Care (for enrollments on or after 4/14/2003). Upon request, we will provide you with any revised Notice of Privacy Practices. Copies are also available from your program or the agency's Privacy Officer.

Oaks Integrated Care Privacy Officer
(609) 267-5928
770 Woodlane Road
Mt. Holly, NJ 08060

Acknowledgement of Receipt

My signature indicates I have read (or had read to me) and understand the Notice of Privacy Practices.

Signature of Individual

Print Name

Date

Signature of Parent/Guardian/Individual Rep. & Relationship (Required if individual is under 18)

Print Name

Date

Signature of Witness

Print Name

Date

2nd Witness Signature (Required if individual is unable to sign but gives verbal consent)

Print Name

Date



Notice of Privacy Practices (NPP)

This Notice of Privacy Practices (NPP) describes how health information about you may be used and shared and how you can get a copy of this information. Please review this carefully.

If you have any questions or if you do not understand any part of this Privacy Notice please call the Oaks Integrated Care Privacy Officer at (609) 267-5928.

EFFECTIVE DATE: APRIL 14, 2003 (revised July 12, 2013)

This notice is to help you to understand what your health information is, how we may use it and share it with others, and it briefly describes what your rights are. We are required by law to give you this notice. Within certain limits, we must also maintain your privacy about your medical information. This notice will describe for you examples of how your information may be used or shared.

Personal Health information (PHI) includes identifying information (such as name, date of birth, social security number) that we have received from you or other health care providers. It may include information about your past, present or future physical and/or mental health or condition. It may also concern how you received health care treatment and the type of payment received in the past, present or future for your health care services.

All Oaks Integrated Care programs and locations follow the terms of this notice. All Oaks Integrated Care services, sites and locations may share health information with each other for treatment, payment or company operations. This notice also applies to the following:

- Any service provider authorized to enter or review information in your records.
- All Oaks Integrated Care departments and units.
- All employees, staff and other paid company personnel.

Privacy Policy Pledge:

We understand that your health information is personal and we want to protect your privacy. Our records will have information about you such as, your appointments, your planned treatment, services you receive, your insurance information, etc. We need this information to provide you with care and receive payment for the services we provide. The information that you provide to us is confidential and private within the requirements of various state and federal laws. Where exception is not permissible by law, release of this information for purposes other than conducting business or providing treatment within this company require that you or your authorized representative sign an authorization for the release of the information. Prior written authorization is required and will be obtained for *most* uses and disclosures of PHI: (1) that are psychotherapy notes; (2) for marketing purposes; (3) in cases where Oaks Integrated Care receives remuneration in exchange for disclosing such PHI; and (4) any other uses and disclosures of PHI not described in the NPP.

By law we are required to:

- Keep your medical information private.
- Provide you with a notice of our duties and policies concerning your personal data.
- Comply with the policies protecting your personal data.

Disclosures and Use of your Personal Health Information:

Disclosure for the following purposes can and will only be conducted with an authorization to release information that is signed by you or your legal representative:

- Marketing
- Disclosure of psychotherapy notes
- Other uses and disclosures not described in this NPP

There are other limited circumstances where we may use and disclose your information without obtaining your consent or prior authorization. Examples are as follows:

- Emergencies.** We may use and share your information in an emergency treatment situation.
- As required by law.** We will share information about you when required by federal, state or local law.
- To lessen or prevent a serious threat to health or safety.** We may share information about you when necessary if there is a threat to your health or safety or to the public's health or safety. We will only share information with someone who is able to help prevent or lessen this threat.
- Public Health Activities.** We may share information about you as necessary for Public Health activities such as the following:
 - Report of death;
 - Report of abuse, neglect or domestic violence as required by law;
 - Report to public health authorities to control or prevent disease, injury or disability.
- Health Oversight Activities.** Oversight agencies include government agencies that manage the health care system and civil rights laws. We may share reports as required by law to government programs, such as the Division of Mental Health and Addiction Services or the Office of Legislative Services, for monitoring of our company.
- Legal Proceedings and Law Enforcement Activities.** We may share health information with law enforcement officials for specific purposes such as a court order or if a similar legal process requires us to do so.
- Protective Services for Government Officials, National Security and Intelligence Activities.** We may release health information to authorized federal officials for intelligence, security and protective services as authorized by law.
- Research.** We may share your health information with Oaks Integrated Care researchers only when the Executive Management Team privacy board has approved their research. The privacy board will ensure that the research protects your private health information.

Your Rights Regarding Your PHI

You have the following rights with respect to your personal health information:

- You have the right to request restrictions on the uses and disclosures of your healthcare and service information.** Requests for restrictions must be in writing, describe what information you wish to limit and to whom the limit applies. For example, you may request we limit disclosures to your treating physician or your personal psychiatrist. We will always balance your requests against the goal of providing you with quality treatment and ensuring your health and safety. We are not required to comply with your request for restrictions in regard to treatment, payment or healthcare operations. If your service provider believes it is in your best interest to permit use and disclosure of your information, your information will not be restricted.

Requests for restrictions with regard to treatment that is paid for out-of-pocket and in full will be honored for PHI when the disclosure would be solely for payment or health care operations purposes to a health care plan.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** For example, you can request that we only contact you at work or on your cell phone. We will accommodate reasonable requests.

3. **You have the right to inspect and/or receive a copy your information.** Your request must be in writing. We will respond to requests within 30 days. We will charge you a reasonable cost-based fee to cover copying and/or preparation.
4. **You have the right to request that we amend your information that is incorrect or incomplete.** Requests for amendments must be in writing and must provide a reason to support the request that explains why you believe the information is incorrect. We may deny your request if it is not in writing, the information specified was not created by Oaks Integrated Care, or the information specified is accurate and complete in the professional judgment of your service provider.
5. **You have the right to receive an accounting of disclosures we have made of your healthcare and service information for purposes other than those listed in the above sections.** You may not request an accounting of disclosures made prior to April 14, 2003. Note, that by law, we are not required to account for disclosures that you have given written permission or authorization for the release of information.
6. **You have the right to obtain a paper copy of this notice from us.** Contact your service provider or the Privacy Officer.
7. **You have the right to be informed of a security/privacy breach.** In the event of a security/privacy breach, Oaks Integrated Care will make every reasonable effort to notify you of said breach.
8. **Right to opt-out of fundraising communications.** We may contact you in conjunction with specific fundraising activities. You have the right to “opt out” of such fundraising communications. To do so, contact the Marketing Department at (609) 267-5928.

Complaints

If you believe your privacy rights have been violated, or you disagree with a decision we made about access or amendment to your information, you may file a written complaint with the Agency’s Privacy Officer at the address listed below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

Oaks Integrated Care Privacy Officer
(609) 267-5928
770 Woodlane Road
Mt. Holly, NJ 08060

We May Change This Notice

We have the right to make changes to this notice. We have the right to make changes in this notice effective for health information we already have about you as well as any information we may receive in the future. We will post a copy of the current notice in all of our Oaks Integrated Care facilities. The notice will contain, on the first page, the effective and revision dates. In addition, each time you register at or are admitted to Oaks Integrated Care for treatment we will offer you a copy of the current notice in effect.