



Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW PROTECTED HEALTH INFORMATION (“PHI”) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

EFFECTIVE DATE: APRIL 14, 2003 (revision effective date: February 24, 2026)

This notice is to help you to understand what PHI is, how we may use and disclose it, and what your rights are. PHI includes any electronic, paper, or oral identifying information (such as name, date of birth, social security number) we have received from you or other 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 or the type of payment received in the past, present or future for your health care services.

By law we are required to:

- Maintain the privacy and security of your PHI
- Provide you with a notice of our legal duties and privacy practices
- Notify affected individuals following a breach of unsecured PHI
- Abide by the terms of this notice

Disclosures and use of PHI that do not require your written Authorization:

Treatment. Examples include but are not limited to coordination of care and consultation (e.g.; If you are receiving services from more than one Oaks program, staff in both programs coordinate with each other to maintain continuity of care.)

Payment. Examples include but are not limited to program staff sharing minimum necessary information with Oaks Accounting Department for Oaks to bill for services Oaks has provided to you

Healthcare Operations. Examples include but are not limited to quality improvement activities, utilization reviews, and internal and external (e.g.; licensing, accreditation, etc.) compliance assurance activities.

There are other limited circumstances where the HIPAA Privacy Rule permits use of and disclosure of PHI without obtaining written authorization. This includes but is not limited to:

- **As required by law.** We will share minimum necessary PHI when required by federal, state or local law.
- **To lessen or prevent a serious threat to health or safety.** We may share minimum necessary PHI if there is a threat to your or the public’s health or safety. We will only share PHI with someone who is able to help prevent or lessen this threat.

- **Public Health Activities.** We may share minimum necessary PHI 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 that contain PHI 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 minimum necessary PHI with law enforcement officials for specific purposes which include but are not limited to: in response to a court order or if a similar legal process requires us to do so; to identify or locate a suspect, fugitive, material witness or missing person.

- **Protective Services for Government Officials, National Security and Intelligence Activities.** We may release minimum necessary PHI to authorized federal officials for intelligence, security and protective services as authorized by law.

Disclosures and use of PHI that require your written Authorization:

Other uses and disclosures of PHI not described in this notice will be made only with your written Authorization

You may revoke an Authorization provided that the revocation is in writing. Revocation will not apply to any information Oaks already released, discussed and/or obtained based on the original Authorization.

Important Note

Disclosure of PHI carries with it the potential for an unauthorized redisclosure by the recipient and the PHI may no longer be protected by HIPAA law.

Your Rights Regarding Your PHI

You have the following rights with respect to your PHI:

1. **You have the right to request restrictions on the uses and disclosures of your PHI in the following areas:**
 - to carry out treatment, payment, or health care operations
 - to make disclosures about your general condition or location to family members, friend or others involved in your care or payment for your care
 - for disaster relief purposes

Requests for restrictions must be in writing, describe what information you wish to restrict and to whom the restriction applies.

Oaks must agree to your request to restrict disclosure of your PHI to a health plan if the disclosure is for carrying out payment or health care operations that is not otherwise required by law and the PHI pertains solely to a health care item or service for which you or a person on your behalf (other than the health plan) has paid Oaks in full.

We are not required to agree to other requests for restrictions. If we do agree, then we must comply with the agreed restrictions, except if you are in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment. If restricted PHI is disclosed to a health care provider for emergency treatment, Oaks will request that the health care provider not further use or disclose the information.

2. **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 through a designated address or phone number. We will accommodate reasonable requests.
3. **You have the right to inspect and/or receive a paper or electronic copy your Oaks PHI.** Your request must be in writing. We will respond to requests within 30 days.
4. **You have the right to request that we amend your PHI 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 the information was not created by Oaks, or the information is accurate and complete in the professional judgment of your Oaks service provider.
5. **You have the right to receive an accounting of disclosures we have made of your PHI.** We will include all the disclosures we made in the six years prior to the date on which the accounting is requested, except for disclosures excluded by 45 CFR 164.528.
6. **You have the right to request a paper copy of this notice even if you agreed to receive this notice electronically.** You can request a paper copy from your Oaks service provider or the Oaks Privacy Officer.
7. **You have the 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 Development Department at (609) 267-5928.

If Oaks creates or maintains records about you that are subject to [42 CFR part 2](#), we will give you clear and obvious opportunity in advance to elect not to receive any fundraising communications.

Substance use disorder treatment records received from a program subject to [42 CFR part 2](#) or testimony relaying the content of such records:

Substance use disorder treatment records received from a program subject to [42 CFR part 2](#) or testimony relaying the content of such records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in [42 CFR part 2](#). A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Complaints

If you believe your privacy rights have been violated, or you disagree with a decision we made about access or amendment to your PHI, you may file a written complaint with the Oaks 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, Office for Civil Rights, 200 Independence Ave, S.W., Washington D.C. 20201, calling 1-877-696-6775 or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> We will take no retaliatory action against you if you file a complaint.

Oaks Integrated Care Privacy Officer

(609) 267-5928

770 Woodlane Road

Mt. Holly, NJ 08060

We May Change This Notice

As per the HIPAA Privacy Rule, we have the right to make changes to this notice and to make the revised notice provisions effective for all PHI that Oaks maintains. We will post a copy of the revised notice in all of our Oaks facilities. The notice will contain, on the first page, the effective and revision dates. In addition, each time you are admitted to Oaks for treatment we will offer you a copy of the current notice that is in effect.