



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

If you have any questions about this notice, please contact the Hospital's Privacy Officer at the following address and number:

Osborn Family Health Center
1601 Haddon Avenue
Camden, NJ 08103
Telephone number: 856-757-3700

Federal legislation effective April 14, 2003 guarantees patients rights that are described in detail within the privacy notice. The notice describes how medical information that identifies you is kept private; and how we use and disclose medical information about you.

You also have a right to:

- *Inspect and copy medical information that may be used to make decisions about your care*
- *Request an amendment of medical information if you believe it is incorrect or incomplete*
- *An accounting of disclosures - a list of some of the medical information made known about you*
- *Request restrictions on the medical information we use or disclose about you*
- *Request confidential communications from us by alternative location or means of communication*



If you believe your privacy rights have been violated, you may file a complaint with Osborn Family Health Center's Privacy Official or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing directly to Osborn Family Health Center's Privacy Official. Osborn Family Health Center assures you that there will be no retaliation for filing a complaint. **You will not be retaliated against for filing any complaint.**

X. Privacy Official – Questions / Concerns / Additional Information.

If you have any questions, concerns, or want further information regarding the issues covered by this Notice of Privacy Practice or seek additional information regarding Osborn Family Health Center's privacy policies and procedures, please contact the Osborn Family Health Center's Privacy Official:

XI. Electronic Notice.

This Notice is also available on Osborn's website at the following address: <https://www.osbornfamilyhealthcenter.com>

Family Health Center is not obligated to abide by those requested restrictions unless it is with regard to uses and disclosure of your PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care item or service for which you have paid for out-of-pocket in full to SMC.

E. Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Osborn Family Health Center only contact you at work or by mail.

F. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

G. "Opt-Out" of HIE: As described in Section I.F. above.

VI. Breach of Unsecured PHI

If a breach affecting your PHI occurs, Osborn Family Health Center is required to notify you of the breach.

VII. Sharing and Joint Use of Your Health Information

In the course of providing care to you and in furtherance of Osborn Family Health Center's mission to improve the health of the community, Osborn Family Health Center will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. Medical Staff. The medical staff and Osborn Family Health Center participate together in an organized health care arrangement to deliver health care to you. Both Osborn Family Health Center and medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care to you by Osborn Family Health Center. Physicians and allied health care professionals who are members of Osborn Family Health Center's medical staff will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within Osborn Family Health Center. Osborn Family Health Center will disclose your PHI to the medical staff and allied health professionals for treatment, payment and health care operations.

B. Business Associates. Osborn Family Health Center will share your PHI with business associates and their Subcontractors contracted to perform business functions on the Osborn Family Health Center's behalf.

VIII. Changes to this Notice.

Osborn Family Health Center will abide by the terms of the Notice currently in effect. Osborn Family Health Center reserves the right to make material changes to the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. Osborn Family Health Center will distribute / provide you with a revised Notice at your first visit following the revision of the Notice in cases where it makes a material change in the Notice. You can also ask Osborn Family Health Center for a current copy of their Notice at any time.

IX. Complaints.

A. Right to Inspect and Copy: Subject to certain limited exceptions, you have the right to access your PHI and to inspect and copy your PHI as long as we maintain the data.

If Osborn Family Health Center denies your request for access to your PHI, Osborn Family Health Center will notify you in writing with the reason for the denial. For example, you do not have the right to psychotherapy notes or to inspect the information which is subject to law prohibiting access. You may have the right to have this decision reviewed.

You also have the right to request your PHI in electronic format in cases where Osborn Family Health Center utilizes electronic health records. You may also access information via patient portal if made available by Osborn Family Health Center.

You will be charged a reasonable copying fee in accordance with applicable federal or state law.

B. Right to Amend: You have the right to amend your PHI for as long as Osborn Family Health Center maintains the data. You must make your request for amendment of your PHI in writing to Osborn Family Health Center, including your reason to support the requested amendment.

However, Osborn Family Health Center will deny your request for amendment if:

- Osborn Family Health Center did not create the information;
- The information is not part of the designated record set;
- The information would not be available for your inspection (due to its condition or nature); or
- The information is accurate and complete.

If Osborn Family Health Center denies your request for changes in your PHI, Osborn Family Health Center will notify you in writing with the reason for the denial. Osborn Family Health Center will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that Osborn Family Health Center include your request for amendment and the denial any time that Osborn Family Health Center subsequently discloses the information that you wanted changed. Osborn Family Health Center may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

C. Right to an Accounting: You have a right to receive an accounting of the disclosures of your PHI that Osborn Family Health Center has made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- To you;
- To persons involved in your care;
- For national security or intelligence purposes; or
- To correctional institutions or law enforcement officials.

You must make your request for an accounting of disclosures of your PHI in writing to Osborn Family Health Center.

You must include the time period of the accounting, which may not be longer than 6 years. In any given 12-month period, Osborn Family Health Center will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

D. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI, but Osborn

Osborn Family Health Center required by the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) (collectively referred to as “HIPAA”), as amended from time to time, to maintain the privacy of individually identifiable patient health information (this information is “protected health information” and is referred to herein as “PHI”). We are also required to provide patients with a Notice of Privacy Practices regarding PHI. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

Osborn Family Health Center understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI.

This Notice applies to the delivery of health care by Osborn Family Health Center and its medical staff. This Notice also applies to the utilization review and quality assessment activities of Osborn Family Health Center.

I. Permitted Use or Disclosure

A. Treatment: Osborn Family Health Center will use and disclose your PHI to provide, coordinate, or manage your health care and related services to carry out treatment functions. The following are examples of how Osborn Family Health Center will use and/or disclose your PHI:

- To your attending physician, consulting physician(s), and other health care providers who have a legitimate need for such information in your care and continued treatment.
- To coordinate your treatment (e.g., appointment scheduling) with us and other health care providers such as name, address, employment, insurance carrier, etc.
- To contact you as a reminder that you have an appointment for treatment or medical care at our facilities.
- To provide you with information about treatment alternatives or other health-related benefits or services.
- If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the Osborn Family Health Center will disclose your PHI to the correctional institution or law enforcement official.

B. Payment: Osborn Family Health Center will use and disclose PHI about you for payment purposes. The following are examples of how Osborn Family Health Center will use and/or disclose your PHI:

- To an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) for payment purposes such as determining coverage, eligibility, pre-approval / authorization for treatment, billing, claims management, reimbursement audits, etc.
- To collection agencies and other subcontractors engaged in obtaining payment for care.

C. Health Care Operations: Osborn Family Health Center will use and disclose your PHI for health care operations purposes. The following are examples of how Osborn Family Health Center will use and/or disclose your PHI:

- For case management, quality assurance, utilization, accounting, auditing, population based activities relating to improving health or reducing health care costs, education, accreditation, licensing and credentialing activities of Osborn Family Health Center.

- To consultants, accountants, auditors, attorneys, transcription companies, information technology providers, etc.

D. Other Uses and Disclosures: As part of treatment, payment and health care operations, Osborn Family Health Center may also use your PHI for the following purposes:

- **MEDICAL RESEARCH:** Osborn Family Health Center will use and disclose your PHI without your authorization to medical researchers who request it for approved medical research projects. Researchers are required to safeguard all PHI they receive.
- **INFORMATION AND HEALTH PROMOTION ACTIVITIES:** Osborn Family Health Center will use and disclose some of your PHI for certain health promotion activities. For example, your name and address will be used to send you general newsletter or specific information based on your own health concerns.

E. More Stringent State and Federal Laws: The State law of New Jersey is more stringent than HIPAA in several areas. Certain federal laws also are more stringent than HIPAA. Osborn Family Health Center will continue to abide by these more stringent state and federal laws.

i. More Stringent Federal Laws: The federal laws include applicable internet privacy laws, such as the Children’s Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

ii. More Stringent State Laws: State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. In cases where Osborn Family Health Center provides treatment to a patient who resides in a neighboring state, Osborn Family Health Center will abide by the more stringent applicable state law. Refer below for more stringent state law protections in states in which Osborn Family Health Center conducts business:

HIV/AIDS RELATED INFORMATION. Your Authorization must expressly refer to your HIV/AIDS related information in order to permit us to disclose your HIV/AIDS related information. However, there are certain purposes for which we may disclose our HIV/AIDS information, without obtaining Your Authorization: (1) your diagnosis and treatment; (2) scientific research; (3) management audits, financial audits or program evaluation; (4) medical education; (5) disease prevention and control when permitted by the New Jersey Department of Health and Senior Services; (6) to comply with a certain type of court order; and (7) when required by law, to the Department of Health and Senior Services or another entity. You also should note that we may disclose your HIV/AIDS related information to third party payors (such as your insurance company or HMO) in order to receive payment for the services we provide to you.

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 written consent prior to obtaining or retaining your genetic information (for example, your DNA sample), or using or disclosing your genetic information for treatment, payment or health care operations purpose. We may use or disclose your genetic information for any other 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.

VENEREAL DISEASE INFORMATION. Your Authorization must expressly refer to your venereal disease information in order to permit us to disclose any information identifying you as having or being suspected of having a venereal disease. However, there are certain purposes for which we may disclose your venereal disease information, without obtaining Your Authorization, including to a prosecuting officer or the court if you are being prosecuted under New Jersey law, to the Department of Health and Senior Services, or to your physician or a health authority, such as the local board of health. Your physician or a health authority may further disclose your venereal disease information if he/she/it deems it necessary in order to protect the health or welfare of you, your family or the public. Under New Jersey law, we may also grant access to your venereal disease information upon the request of a person (or his/her insurance carrier) against whom you have commenced a lawsuit for compensation or damages for your personal injuries.

TUBERCULOSIS INFORMATION. Your Authorization must expressly refer to your tuberculosis information in order to permit us to disclose any information identifying you as having tuberculosis or refusing/failing to submit to a tuberculosis test if you are suspected of having tuberculosis or are in close contact with a person with tuberculosis. However, there are certain purposes for which we may disclose your tuberculosis information, without obtaining Your Authorization, including for research purposes under certain conditions, pursuant to a valid court order, or when the Department of Health and Senior Services determines that such disclosure is necessary to enforce public health laws or to protect life or health of a named person.

F. Health Information Exchange/Patient Portal: Consistent with federal law, Osborn Family Health Center maintains a Health Information Exchange (the “HIE”). The purpose of the HIE is to provide an electronic information system through which physicians, healthcare facilities and other healthcare providers (collectively, “Healthcare Providers”) can share clinical and other patient information electronically in connection with their provision of healthcare services to patients, thereby improving the overall quality of health care services provided to patients and to avoid duplication and inefficiencies. The HIE is governed by a strict set of rules designed to protect patient confidentiality and the privacy and security of patient information.

Osborn Family Health Center electronically shares your PHI with the HIE, including information regarding sensitive diagnoses (such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse). This Notice describes how Osborn Family Health Center and other Healthcare Providers who participate in the HIE may use and disclose your PHI through the HIE, and how you may “Opt-Out” (as described below) from having your information automatically shared through the HIE. Any Healthcare Provider who is authorized to participate in the HIE can electronically access and use your PHI if needed to provide treatment to you, unless you Opt-Out (as described below). For example, if you receive a blood test result from Osborn Family Health Center (which participates in the HIE) and also receive care from another Healthcare Provider (who also participates in the HIE), Osborn Family Health Center and your other treating Healthcare Provider can share your blood test result electronically through the HIE, as long as they are otherwise authorized to do so. However, if you Opt-Out (as described below), your PHI will not be made electronically available through the HIE, but

will continue to be used, accessed and disclosed/released by Osborn Family Health Center as needed (in accordance with this Notice and applicable law).

If you do not wish to allow Healthcare Providers involved with your care to electronically share your PHI with one another through the HIE as explained in this Notice, you must submit an “HIE Opt-Out Form” to Osborn Family Health Center. You may obtain an “HIE Opt-Out Form” from the Osborn Family Health Center. Your Opt-Out request will be processed within two (2) business days of receipt by Osborn Family Health Center.

II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

A. Family/Friends: Osborn Family Health Center will disclose PHI about you to a friend or family member who is involved in or paying for your medical care. You have a right to request that your PHI not be shared with some or all of your family or friends. In addition, Osborn Family Health Center will disclose PHI about you to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.

B. Media Reports: Osborn Family Health Center will release facility directory information to the media (excluding religious affiliation) if the media requests information about you using your name and after we have given you an opportunity to agree or object.

III. Use or Disclosure Requiring Your Authorization

A. Marketing: Subject to certain limited exceptions, your written authorization is required in cases where Osborn Family Health Center receives any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

B. Research: Osborn Family Health Center will obtain your written authorization to use or disclose your PHI for research purposes when required by HIPAA.

C. Sale of PHI: Subject to certain limited exceptions, disclosures that constitute a sale of PHI requires your written authorization.

D. Other Uses and Disclosures: Any other uses or disclosures of PHI that are not described in this Notice of Privacy Practices require your written authorization. Written authorizations will let you know why we are using your PHI.

If you authorize Osborn Family Health Center to use or disclose your PHI for any of these purposes, **you may revoke your authorization in writing** at any time except to the extent Osborn Family Health Center has taken action in reliance on the authorization or, if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

IV. Use or Disclosure Permitted or Required by Public Policy or Law without your Authorization

A. Law Enforcement Purposes: Osborn Family Health Center will disclose your PHI for law enforcement purposes as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

B. Required by Law: Osborn Family Health Center will disclose PHI about you when required by federal, state or local law. Examples include disclosures in response to a court order / subpoena, mandatory state reporting (e.g., gun shot wounds, victims of child abuse or neglect), or information necessary to comply with other laws such as workers’ compensation or similar laws. Osborn Family Health Center will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.

C. Public Health Oversight or Safety: The Osborn Family Health Center will use and disclose PHI to avert a serious threat to health and safety of a person or the public. Examples include disclosures of PHI to state investigators regarding quality of care or to public health agencies regarding immunizations, communicable diseases, etc. Osborn Family Health Center will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA regulated products or activities, including collecting and reporting adverse events, tracking and facilitating in product recalls, etc.

D. Coroners, Medical Examiners, Funeral Directors: Osborn Family Health Center will disclose your PHI to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. Osborn Family Health Center may also disclose your medical information to funeral directors as necessary to carry out their duties.

E. Organ Procurement: Osborn Family Health Center will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.

F. Specialized Government Functions: Osborn Family Health Center will disclose your PHI regarding government functions such as military, national security and intelligence activities. Osborn Family Health Center will use or disclose PHI to the Department of Veterans Affairs to determine where you are eligible for certain benefits.

G. Immunizations: Osborn Family Health Center will disclose proof of immunization to a school where the state or other similar law requires it prior to admitting a student.

V. Your Health Information Rights

You have the following individual rights concerning your PHI: