

Resa Treatment Center Notice of Privacy Practices

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

If you have any questions about this Notice, you may ask a member of the staff. You may also contact our Privacy Officer at (732) 495-1474.

We value your trust and we strive to continue to maintain the privacy of your protected health information. We are also required by law to maintain the privacy of your protected health information and to provide you with this Notice of our privacy practices with respect to your protected health information. We are also required to abide by the terms of our Notice.

We may change this Notice at any time. If we make material changes in our policies regarding our use or disclosure of your protected health information, changes in your rights or our privacy practices, we will promptly revise and distribute our changed Notice. Our changed Notice will be effective for all of your protected health information that we have as of the effective date of such changed Notice.

You may obtain a copy of the most current Notice by visiting our website at www.resatreatmentcenter.com or by calling or writing to our Privacy Officer to request that a copy be sent to you in the mail, or by asking for our most current Notice when you come in for an appointment or when you are admitted to Resa Treatment Center. The address for our Privacy Officer is provided on the last page of this Notice.

USES AND DISCLOSURES WE ARE PERMITTED OR REQUIRED TO MAKE

The following is a description of the types of uses and discloses of your protected health information that we are permitted or required to make. Not every use or disclosure possible is listed, but all of the ways that we are permitted to use and disclose your protected health information will fall within one of these general categories.

Treatment

We will use and disclose your protected health information (with your written consent as appropriate) to provide your health care and any related services. This includes disclosure of your protected health information to doctors, hospitals, pharmacies and other third parties who are involved in your care. For example, we will disclose your protected health information to another physician to whom you have been referred. We will use your PHI during our master treatment plan reviews which may include physicians, physician’s assistants, nurses, counselors, recreation therapists and others who are involved in your care.

Payment

We will use and disclose your protected health information only with your proper written consent so that we may bill and payment may be collected for the health care services you receive. This includes activities such as communicating your protected health information to an insurance company or managed care company.

Health Care Operations

We will use and disclose your protected health care information as necessary for health care operations. For instance, we serve the region by participating in education programs. We may disclose your protected health information to the students of such programs while they are participating in an internship. We may call your name in our waiting room when your doctor or other provider is ready to see you.

Appointment Reminders

We may call you on the telephone to remind you of an upcoming appointment. We may send you an appointment reminder in the mail.

Patient Reunions

We may hold patient reunions from time to time to celebrate success in treatment. We may use your name and address to invite you, unless you tell us that you do not wish to be invited.

Newsletters and Other Resa Treatment Center Information and Updates

We may send you newsletters and other Resa Treatment Center information and updates from time to time. We may use your name and address to do so, unless you tell us that you do not wish to receive such information and updates.

Treatment Alternatives/Other Health-Related Benefits and Services

We may contact you to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care

We may release your protected health information to those people who you indicate you would like to involve in your care, such as family members and friends (with your proper written consent, as appropriate).

As Required By Law

We will disclose your protected health information when we are required to do so by local, state or federal law.

To Avert a Serious Threat to Health or Safety

We may use or disclose your protected health information to prevent a serious threat to your health and safety, or the health and safety of others.

Military and Veterans

If you are or were a member of the military, we may release your protected health information as required by military authorities (with your proper written consent, as appropriate).

Workers' Compensation

We may release your protected health information for purposes of handling your workers' compensation claims (with your proper written consent, as appropriate).

Public Health Activities

We may disclose your protected health information to public health entities as authorized by law. Such disclosures include (but are not limited to) reports of child or elder abuse and neglect.

Health Oversight Activities

We may disclose your protected health information to agencies of the government for activities authorized by law. These activities include monitoring health care systems and participation in government programs.

Lawsuits and Disputes

If you are involved in a lawsuit or other dispute, we may disclose your protected health information in response to appropriate lawful requests.

Law Enforcement

We may release your protected health information if asked to do so by a law enforcement official in response to appropriate lawful requests.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner only with your proper written consent of executor of the patient's estate. We may also release protected health information about deceased patients to funeral directors so that they may carry out their duties (with your proper written consent, as appropriate).

YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.**Your Right to Inspect and Copy**

You have the right to inspect and copy your protected health information that may be used to make decisions about your care. To do so, you must complete the appropriate authorization form and present it to Medical Records. We have provided the address for Medical Records on the last page of this Notice. You may be charged a fee for photocopying.

We may deny your request to inspect and copy your protected health information in very limited circumstances. If you are so denied, in some cases, you may request that such denial be reviewed. We will comply with the outcome of such review.

Your Right to Amend

If you feel that personal health information that we have about you is incorrect or incomplete, you may ask us to amend or change such incorrect information. You have the right to request an amendment for so long as your protected health information is kept by or for us. You should contact Medical Records at (732)-495-1474 to make such a request.

Your Right to Request Restrictions

You have the right to request limitations on the protected health information we use or disclose about you for treatment, payment and health care operations.

Your Right to Request Confidential Communications

You have the right to make a reasonable request that we communicate with you regarding your protected health information in a certain way or at a certain location. Such reasonable requests are limited to, when appropriate, how information as to payment for services we provide to you will be handled, or an alternative address or other way to contact you. We may require you to make this request in writing to Medical Records.

Your Right to a Paper Copy of this Notice

You have a right to obtain a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may obtain a paper copy of this Notice at the admissions office of Resa Treatment Center.

Your Right to Restrict

If you have paid out-of-pocket for a healthcare service or item, you have the right to ask us not to tell your insurance company about such service or item for purposes other than treatment.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any protected health information we receive in the future. We will post a current copy of this Notice. On the first page of the Notice, in the top right corner, you will find the effective date of that Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or the Secretary of Health and Human Services. We have provided both addresses on the last page of this Notice. To file a complaint with our Privacy Officer, please call (732)-495-1474.

RESA TREATMENT CENTER VALUES YOUR RIGHT TO PRIVACY. YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your protected health information not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization.

If you provide us with such written permission, you may revoke it at any time. If you do so, we will not use or disclose your protected health information for the purpose that was stated in your authorization.

We are unable to take back any uses or disclosures that we already made with your authorization.

We are required to retain your protected health information regarding the care and treatment that we provided to you.

Addresses

The address for our Privacy Officer is:

Privacy Officer
199 Main Street, 2A
Keansburg NJ, 07734

The address for Medical Records is:

Resa Treatment Center Medical Records Department
199 Main Street, 2A
Keansburg, NJ 07734

The address for the Department of Health and Human Services is:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

New Jersey Department of Health:

369 S Warren St, Trenton, NJ 08608
<https://www.nj.gov/health/>

New Jersey Department of Mental Health and Addiction Services

120 N Stockton St UNIT 3, Trenton, NJ 08618
(609)-292-5760
<https://www.state.nj.us/humanservices/dmhas/home/>