

# TRIPLE C HOUSING, INC.

## PRIVACY NOTICE

### SUMMARY

THIS NOTICE DESCRIBES THE PRIVACY POLICY OF TRIPLE C HOUSING, INC. WE MAY AMEND THIS POLICY AT ANY TIME, AND WILL ONLY DO SO TO THE EXTENT PERMITTED BY LAW. WHEN AMENDED, THIS NOTICE WILL BE MADE READILY AVAILABLE, AS WELL AS POSTED IN PLAIN VIEW TO ALL INDIVIDUALS RECEIVING AND/OR SEEKING SERVICES FROM US. WE COLLECT PERSONAL INFORMATION ONLY WHEN APPROPRIATE AND NECESSARY TO PROVIDE SERVICES. WE MAY USE OR DISCLOSE YOUR INFORMATION TO PROVIDE YOU WITH SERVICES. WE MAY ALSO USE OR DISCLOSE IT TO COMPLY WITH LEGAL AND OTHER OBLIGATIONS. YOUR SPECIFIC CONSENT WILL BE REQUESTED FOR SPECIFIC INFORMATION RELEASES EXCEPT AS REQUIRED BY LAW. YOU CAN INSPECT PERSONAL INFORMATION ABOUT YOU THAT WE MAINTAIN. YOU CAN ALSO ASK US TO CORRECT INACCURATE OR INCOMPLETE INFORMATION. YOU CAN ASK US ABOUT OUR PRIVACY POLICY OR PRACTICES. WE RESPOND TO QUESTIONS AND COMPLAINTS WITHOUT RETALIATION. READ THE FULL NOTICE FOR MORE DETAILS. ANYONE CAN HAVE A COPY OF THE FULL NOTICE UPON REQUEST.

# TRIPLE C HOUSING, INC.

## PRIVACY NOTICE

### FULL NOTICE

Triple C Housing, Inc. is dedicated to creating permanent supportive housing opportunities coupled with innovative support services empowering individuals to live with dignity and fulfill their utmost potential. In order to fulfill this mission we must maintain a commitment to ensure that all individuals who are involved in our services are treated with respect and that all information is treated with the utmost confidentiality and privacy. As such, this notice is designed to inform you about Triple C Privacy Practices. These privacy practices are followed by our employees, staff and all office personnel.

We are required by law to give you this notice. Under the Health Insurance Portability and Accountability Act of 1996(HIPAA), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), the Confidentiality Law (Part 2), 42 U.S.C. 290dd-2, 42 C.F.R. Part 2, and the laws of the State of New Jersey as provided for in the Community mental Health Services Act, N.J.A.C. 10:37-1.1 et seq. place certain obligations upon us with regard to how we may use and disclose your **protected health information (PHI)**. PHI is any information oral, recorded or demographic data that may identify you (i.e. name, address, diagnosis etc.) or that may relate to your past, present or future physical or mental health conditions and related health care services. When we need to use or disclose this information, we will comply with the full terms of this Notice. In cases where we are permitted to or required to share your PHI with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request unless otherwise permitted by law.

Triple C is required to abide by the terms of this Notice of Privacy Practices, which went into effect as of April 14, 2005

IF YOU HAVE ANY QUESTIONS OR ISSUES IN REGARD TO THIS NOTICE,

PLEASE CONTACT:

TRIPLE C HOUSING's PRIVACY OFFICER

Judith Gnad

(732) 297-5840

**YOUR RIGHTS:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act, the federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations at 42 C.F.R. Part 2 (Part 2), and the laws of the State of New Jersey as provided for in the Community Mental Health Services Act, N.J.A.C. 10:37-1.1 et seq., place certain obligations upon us in regards to your PHI. Under these laws, we may not disclose any information to anyone outside our facility that would, directly or indirectly, identify you as an alcohol or drug treatment patient, or as having received mental health services. Nor may we disclose any other PHI except as permitted by law. Triple C is bound to the terms of this Notice of Privacy Practices, as well as committed to protecting your protected health information.

**Triple C requires your prior authorization/permission, in writing, to use protected health information for the following reasons:**

**Services/Treatment**

We may use your protected health information to better serve your treatment/services needs. We may disclose this information in an attempt to coordinate or manage your care and any related services. This may include sharing information with other mental health or community providers to better assist you in achieving your personal goals. For example you may ask for some assistance with securing housing, organizing your benefits or perhaps finding a new therapist or psychiatrist. With your permission we would share information in an attempt to assist you with securing the services you need. It is also important for you to be aware that at times your case record may be reviewed as part of an on-going process to ensure that Triple C is providing quality service and care. Specific agency staff is assigned to review records as part of Quality Management and they may have access to your record in an attempt to verify that agency standards are being met and that we are in compliance with all applicable state and federal laws.

**Payment**

Triple C may disclose protected health information about you in order to obtain payment for health care services. For example, we may need to give your health plan information about a service, your diagnosis, your name/address, or type of treatment received in an effort to secure payment from your insurance. We may also need to tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Health Care Operations**

We may use and disclose health information about you in order to run the office and make sure that you and other individuals involved with Triple C receive quality care. For example, we may use your health information to evaluate the performance of our staff in working with you. We may also share PHI with our attorneys, consultants and others in order to ensure that Triple C is in compliance with applicable New Jersey Laws.

### **Progress Notes**

Before disclosing any progress notes, we must obtain your written authorization, unless otherwise permitted by law. When progress notes involve family therapy and the records for all participants have been integrated, no single family member shall have access to those records unless all participants agree through a signed authorization form.

### **HIV/AIDS, Sexually Transmitted Disease and Tuberculosis Information**

Before disclosing any information that would identify you as having or being suspected of having HIV/AIDS, a sexually transmitted disease and/or tuberculosis, we must obtain your written authorization prior to releasing such information. We may disclose the aforementioned information where authorized by law, to the New Jersey Department of Health or otherwise authorized by court order.

### **Drug/Alcohol and Mental Health Information**

Triple C must obtain your written authorization before disclosing any information pertaining to certain mental health information, unless otherwise permitted by law. Also, written authorization is needed before disclosing information related to drug and alcohol treatment or rehabilitation, unless otherwise permitted by law.

### **Genetic Information**

Your written authorization is required prior to obtaining or retaining your genetic information, or using or disclosing it for treatment, payment of health care operations purposes. We may use or disclose your genetic information without your written authorization only where authorized by a court order.

### **Triple C does not require your prior authorization to use your Protected Health Information in the following circumstances:**

Triple C may use PHI in an effort to notify you or remind you about an upcoming or scheduled appointment for treatment. In an effort to provide you with the most comprehensive treatment available we may discuss with you possible treatment options/alternatives or health-related products or services that may be of interest to you. We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are. In addition, we may use or disclose PHI about you without your permission in the following special situations.

### **Serious Threat to Health or Safety**

Triple C may use or disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

### **Required by Law/ Court Order**

Triple C will disclose health information about you when required to do so by federal, state, or local law.

### **Workers' Compensation**

Triple C may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health matters**

Triple C may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may require Triple C to report information about births, deaths, or suspected child/elder abuse or neglect.

### **Health Oversight Activities**

Triple C may disclose health information to individuals/agencies for the purpose of audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor Triple C Housing and ensure compliance with government and civil rights laws.

### **Research**

Any research conducted at Triple C would first require approval from Triple C's Board of Directors to ensure that it meets the mission and ethical standards of the agency and is in the best interest of the individuals we serve. Any research that may be conducted at Triple C shall not identify any individual patient in any report of research or otherwise disclose individual identities.

### **Military, Veterans**

If you are or were a member of the armed forces, or part of the national security, Triple C may be asked by military or government authorities to release protected health information about you.

### **Lawsuits/ Law Enforcement**

Triple C may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

### **Food and Drug Administration (FDA)**

Triple C may disclose health information about you to the FDA, or to an entity regulated by the FDA for example, in order to report an adverse event or a defect related to a drug or medical device.

### **Victims of Abuse, Neglect, or Domestic Violence**

Triple C may notify the appropriate government authorities if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make such disclosure if you agree or when required or authorized by law.

### **Death/ Organ Donation**

Triple C may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your health information to people involved with obtaining, storing or transplanting organs or tissue donations.

### **Emergencies**

Triple C may use or disclose your protected health information in an emergency treatment situation. If an emergency occurs and treatment is given by law, your provider will notify you and will attempt to get your authorization as soon as possible. In case of a disaster, we may be required to notify the appropriate disaster relief organizations; authorities; family; care givers; friends, to keep them aware of your health status, condition or location.

### **Friends/Family/Caregivers**

Triple C may disclose important health information about you to your family member, friend, caregiver, partner, relative, legal guardian or foster parent. We would make every attempt to gain your permission prior to disclosing information, but may need to notify any of the above persons responsible for your care in regards to your location, general condition or death. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. You have the right to object to such disclosure at any point in your care/treatment with Triple C, again unless there in an emergency.

### **Disaster Relief**

Triple C may disclose health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts. If you are available, we will provide you an opportunity to object before disclosing any such information. If

you are unavailable because, for example, you are incapacitated, we will use our professional judgment to determine what is in your best interest and whether a disclosure may be necessary to ensure an adequate response to the emergency circumstances.

### **Other Uses and Disclosures of Health Information**

Except for the above outlined areas, Triple C would request your written **Authorization** to release protected health information (PHI).

**YOUR RIGHTS:** **You have the following rights regarding health information we maintain about you.**

### **Right to Inspect and Copy**

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. If you request a copy of the information, Triple C may charge a fee for the costs of copying, mailing or other associated supplies. We may also deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. Please contact Triple C's Privacy Officer if you have any questions about how to access your records.

### **Right to Request Amendment**

If you believe Triple C has health information about you that is incorrect or incomplete, you may ask Triple C to make changes to correct the information. We ask that you contact Triple C's Privacy Officer in writing and provide as much detail as possible as to what information needs to be changed and why. We may deny your request if you ask us to amend information that Triple C did not create, or if Triple C believes the information is complete and accurate.

### **Notices of Breach of Health Information**

In the unlikely event that your health information is inadvertently acquired, accessed, used by or disclosed to an unauthorized person, we will provide you with written notice of such breach. The notice will be sent without unreasonable delay and in no case later than 60 calendar days after discovery of breach. The notice will be written in plain language and will contain the following information: 1) a brief description of what happened, the date of the breach, if known, and the date of discovery; 2) the type of PHI involved in the breach; 3) any precautionary steps you should take; 4) a description of what we are doing to investigate and mitigate the breach and prevent future breaches; and 5) how you may contact us to discuss the breach. The written notice of breach will be sent by regular mail or by email if you indicated that you prefer to receive communications from us by email. If the contact information we maintain for you is insufficient or out-of-date, we may attempt to provide notice to you by telephone or

other permissible alternate method. Triple C will also report the breach to the U.S. Department of Health and Human Services.

#### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. We are not required to grant your request unless your request relates solely to disclosure of your PHI to a health plan or other payor for the sole purpose of payment or health care operations for a health care item or service that you or your representative have paid us for in full and out-of-pocket.

#### **Triple C is Not Required to Agree to your Request**

If Triple C agrees, we will comply with your request, unless the information is needed to provide you emergency treatment.

#### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

#### **Right to a Paper Copy of this Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

#### **Right to Revoke Authorization**

At any time during your treatment or care with Triple C, you may revoke your authorization in writing. If you would like to withdraw your authorization, please contact Triple C's Privacy Officer, who will provide you with the necessary paperwork to complete this withdrawal of authorization. Once completed, all written paperwork requests should be mailed to the Privacy Officer at Triple C Housing, Inc. , 1 Distribution Way, Monmouth Junction, NJ 08852.

#### **Right to Accounting of Disclosures**

You may request an accounting of certain disclosures we have made of your PHI within the period of six years from the date of your request of the accounting. The first accounting you request within a period of 12 months is free. Any subsequently requested accountings may result in a reasonable charge for the accounting statement. Please



contact the Privacy Office if you wish to request an accounting of disclosures. We will generally respond to your request in writing within thirty (30) days from receipt of the request.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Office of Civil Rights of the U.S. Department of Health Services. You will not be penalized for filing a complaint. If you would like to file a complaint please contact Triple C Housing's Privacy Officer. We will not retaliate against you if you file a complaint with us or the Office of Civil Rights.

### **If you have any questions about this notice, please contact:**

Judith Gnad  
Privacy Officer  
1 Distribution Way  
Monmouth Junction, NJ 08852  
(732) 297-5840  
(732) 297-5851  
jgnad@triplechousing.org