

Bancroft
Notice of Privacy Practice

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.

Effective Date: April 14th 2003

Understanding Your Health Record/Information

While you are at Bancroft, we are required by law to keep a written record of the services you are provided, no matter what program or programs you are in. This record contains what is known as your Protected Health Information, or “PHI” for short, which we are legally required to protect. We are providing you with this Notice in order to assist you in understanding what is in your record and how your health information is used. This helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Bancroft’s record of your PHI may generally be used in the following ways:

- as a basis for planning your care and treatment
- as a means of communication among the program/programs you are in so that all members of the team can assist in your care, this includes education, medical records from your doctors, residential records, vocational and others.
- as a legal document describing the care you received
- as a means by which you or a third-party payer can verify that services billed were actually provided
- as a tool in educating health professionals
- as a source of data for medical research
- as a source of information for public health officials charged with improving the health of the residents of this state or the U.S.
- as a source of data for facility planning and marketing
- as a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Your Rights:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- ***Request a restriction*** on certain uses and disclosures of your health information as provided by 45 CFR 164.522. We are not required to agree with your request.
- ***Obtain a copy of our Notice of Privacy Practices*** upon request.
- ***Inspect and request a copy*** of your medical and treatment records. We may charge you a reasonable cost-based fee to cover copying and postage costs. Under certain circumstances, we may deny your request. If denied, you may have the denial reviewed by another official designated by us. We will honor the results of that review.

- **Request an amendment to** your health information in the six years prior to your request as provided in 45 CFR 164.528. We are not required to change your health information and will provide you with information about our decision.
- **Obtain an accounting of disclosures** of your health information made by us as provided in 45 CFR 164.528. The accounting will not include the allowed common uses and disclosures, or the uses and disclosures that you authorized.
- **Receive confidential communications** of your health information by an alternative means or location. An example of an alternative means of communication is e-mail.
- **Revoke your authorization** to use or disclose health information in writing except to the extent that action has already been taken.

To exercise any of your rights listed above, you may contact the Bancroft Privacy Officer at (856) 524-7250 or e-mail at privacy@bnh.org.

Our Responsibilities:

With regard to your health information, we are required by law to have the following responsibilities:

- To maintain the privacy of your health information.
- To provide notice of our legal duties and privacy practices.
- To abide by the terms of the Notice of Privacy Practices currently in effect.
- To notify you if we are unable to agree to a requested restriction
- To accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Changes To Our Privacy Practices:

We reserve the right to change our privacy practices at any time in the future and to make the revised practice effective for all protected health information we maintain (health information we already have as well as health information that we create or receive in the future). Each time there is a material change to uses or disclosures, your rights, our legal duties, or other privacy practices outlined in our Notice of Privacy Practices, we will provide you with a copy of the revised notice, if you are still being served at Bancroft. If you are no longer being served, you will be able to view the amended Notice on our website at www.bancroft.org. It will also be posted in public areas of our facility. We will also provide you with a copy of our Notice of Privacy Practices, at anytime, upon request.

Uses and Disclosures Of Your Health Information Without Specific Authorization:

Certain uses or disclosures of your PHI are permitted by law without specific authorization, in the manner we list below. We have not listed every use or disclosure in each category, but have provided some examples for the purpose of increasing your understanding.

Treatment. We may use and disclose your health information to our staff and others who are involved in your case in order to provide your treatment and services at Bancroft. We may also provide your physician and other health care providers with copies of your health information that may assist in your care after you are discharged from Bancroft. For example: Information obtained by a member of your team will be recorded in your record and used to determine the course of treatment that should work best for you. This information is shared with other members of your health care team so that your care is coordinated among the providers. In that way, the team will know how you are responding to treatment.

Payment. We may use and disclose your health information so that the treatment and services you receive at Bancroft may be billed to an insurance company or a third party payer on your behalf. We may also provide your health insurer with

information to obtain prior approval for coverage of diagnostic and treatment services. We may also disclose your information to family members, guardians, or other individuals who pay for your care. For example: A bill may be sent to your health insurance company or another third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and the medications and supplies used in your care.

Health Care Operations. We may use and disclose your health information for routine health operations necessary to run Bancroft, which ensure that our persons served receive high quality care. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business Associates. There are some clinical, business or quality management services that Bancroft provides through contracts with business associates. Examples include radiology and laboratory services, physical and speech therapy providers, quality management experts, our billing services, and our consultants and attorneys. When these services are contracted, we may disclose your health information to the extent necessary to our business associates so they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to sign a contract stating that your health information will be appropriately safeguarded.

Directory. If you consent and have signed an authorization, we will list your name, home address, phone number, email address, full name of the individual served and their program in the directory. This directory gets sent to all families/guardians who participate in this directory service.

Individuals Involved In Your Care. Unless you tell us in advance not to do so, we may disclose your health information, using our best judgment, to a family member or friend who is involved in your care. Upon inquiry, we may disclose to others that you are being served in one of Bancroft's facilities, and we may provide a summary of your condition or status if requested.

Research.

We may use or disclose your health information for medical research purposes. However, for most uses or disclosures for research, your written authorization will be required.

Appointment Reminders. We may use and disclose health information to contact you to provide an appointment reminder for services at Bancroft.

Treatment Alternatives. We may use and disclose your health information to inform you about possible treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund Raising and Marketing. We may contact you or your family as part of a Bancroft fund-raising effort but we shall only utilize general demographic information such as your name and address in any such communications.

Worker's Compensation. We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public Health. As required by law, we may use and disclose your health information for public health activities including: disease, injury, or disability prevention or control; disease or infection exposure reporting; birth and death reporting; child abuse or neglect reporting; domestic violence reporting; medication reactions; problems with products or adverse events.

As Required By Law. We may use and disclose your health information in other ways when required by federal, state or local laws. Also, when state law concerning protecting health information provides you with more protection than the federal laws, we will follow those laws.

Governmental and Accreditation Body Oversight. Your health information may be released or disclosed to an authorized federal, state, or local licensing, public safety, investigative agency, or to an external accrediting body. Such agencies may review PHI during the course of their investigations, surveys, licensure inspections, and other related activities to ensure the health and safety of our premises and services.

Averting Serious Threat To Health Or Safety. We may use and disclose your health information when necessary to prevent a serious health or safety threat to you or others. We will only disclose the information to someone able to help prevent the threat.

Funeral Directors, Coroners, And Medical Examiners. We may disclose your health information to funeral directors, coroners, and medical examiners to identify a deceased person or determine the cause of death. We may also disclose your health information to funeral directors as necessary to comply with applicable law and to carry out their duties.

Military. If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

Law Enforcement. We may disclose your health information for law enforcement officials or federal security agencies for purposes such as: responding to a valid court order, subpoena, warrant or similar process; identifying or locating a suspect, fugitive, material witness, or missing person; reporting a death that we believe may be the result of criminal conduct; and other law enforcement purposes, including national security activities.

Uses And Disclosures Of Your Health Information With Your Authorization:

We will make other uses or disclosures of your health information only with your written permission (called “authorization”). When you provide authorization for use or disclosure of your health information, you may revoke that authorization in writing at any time.

For More Information Or To Report A Problem

If you have questions and would like additional information, you may contact the Privacy Officer by writing to: Bancroft, Office of Compliance, 1255 Caldwell Road, Cherry Hill, NJ 08034, or e-mail at privacy@bancroft.org.

If you believe your privacy rights have been violated, you can register a complaint with us or the Department of Health and Human Services (DHHS). You can register a complaint with us by calling our Compliance Line 24 hours a day, 7 days a week at 1-800-385-4652. Your anonymity will be protected and your confidentiality will not be compromised. There will be no retaliation for filing a complaint. You may contact DHHS at OCRComplaint@HHS.org.

This Notice of Health Information Practices is also available on our web page at www.bancroft.org.