



NOTICE OF PRIVACY PRACTICES

Effective as of: November 18, 2013

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 Patient Relations Department at The Valley Hospital by calling 201-447-8169.

WHO WILL FOLLOW THIS NOTICE.

This Notice describes our hospital's practices and that of:

- Any healthcare professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff, and other hospital personnel.
- The Valley Hospital; Valley Home Care; Valley Medical Services t/a Valley Medical Group; Valley Physician Services t/a Valley Medical Group; Valley Physician Services NY, PC t/a Valley Medical Group; Valley Health Medical Group; and The Valley Hospital Foundation follow the terms of this Notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices concerning medical information about you; and
- follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

We use and disclose medical information in many ways. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, nursing and medical students, or other hospital personnel who are involved in taking care of you at the hospital and who may call after discharge to see how you are doing. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In

addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and X-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy, rehabilitation centers or others we use to provide services that are part of your care.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also 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 medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, nursing and medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Health Information Exchange:** Consistent with federal regulation, we have partnered with Jersey Health Connect, which is a Health Information Exchange (HIE). An HIE is governed by a strict set of rules designed to protect patient confidentiality, privacy and security. The purpose of an HIE is to allow physicians and healthcare facilities to share your clinical information electronically. The goals of this exchange are to reduce medical errors, eliminate redundant care and reduce unnecessary costs. Ultimately the HIE will also allow you to access your information stored in the HIE and become a more active, informed participant in your overall care. You are entitled to opt-out of this HIE by contacting Jersey Health Connect at 855-624-6542 or via the internet at <http://www.jerseyhealthconnect.org/>.

- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

- **Fundraising Activities.** We may use demographic information about you, such as name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of services, department of services, treating physician or information regarding outcome, to contact you in an effort to raise money for the hospital, home care or hospice. We may disclose medical information to The Valley Hospital Foundation so that the Foundation may contact you in raising money for the hospital, home care or hospice. You are free to opt-out of fundraising solicitation and your decision will have no impact on your treatment or payment for services. If you do not want the hospital to contact you for fundraising efforts, you must notify us. If you do not want the Foundation to contact you for fundraising and you wish to opt-out of these contacts, you may call the Foundation at 201-291-6300. You may also opt-out of these contacts by contacting the Foundation in writing at The Valley Hospital Foundation, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450-2736.

- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you

are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who call or come to the hospital and ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi. The hospital directory allows your family, friends, and clergy to visit you in the hospital and generally know how you are doing.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity helping in a disaster relief effort so that your family can be notified about your condition, status, and location.

- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

- **As Required By Law.** We will use and disclose medical information about you when required to do so by federal, state or local law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical 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. Any disclosure, however, would only be to someone able to help prevent the threat.

- **Business Associates.** We may disclose medical information about you to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract or as permitted by federal, state or local law.

SPECIAL SITUATIONS.

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;

- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

➤ **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

➤ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

➤ **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

in response to a court order, subpoena, warrant, summons or similar process;

to identify or locate a suspect, fugitive, material witness, or missing person;

about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

about a death we believe may be the result of criminal conduct;

about criminal conduct at the hospital; and

in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

➤ **Coroners, Medical Examiners, and Funeral Directors.** We may release medical 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 release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

➤ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

➤ **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

➤ **Correctional Institutions.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

➤ **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department, The Valley Hospital, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450-2736. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.

➤ **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all the information, both old and new, is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Health Information Management Department, The Valley Hospital, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450-2736. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

is not part of the medical information kept by or for the hospital;

is not part of the information which you would be permitted to inspect and copy; or

is accurate and complete.

➤ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, excluding disclosures for the purpose of treatment, payment, and healthcare operations.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management Department, The Valley Hospital, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450-2736. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request in most cases. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or as required by law. We are required by law and will agree to restrict disclosure of your medical information if your request pertains solely to a disclosure to a health plan when you have paid for services out-of-pocket and in full. For example, if you pay for a service completely out of pocket and ask us not to tell your insurance company about it, we will abide by this request.

To request restrictions, you must make your request in writing to the Patient Relations Department, The Valley Hospital, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450-2736. In your request, you must tell us (1) what information you want to limit; (2) whether you want to

limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

➤ **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.

To request confidential communications, you must make your request in writing to the Patient Relations Department, The Valley Hospital, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450-2736. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

➤ **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 this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our web site, www.ValleyHealth.com

To obtain a paper copy of this Notice, please write to the Health Information Management Department, The Valley Hospital, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450-2736.

➤ **Right to be Notified of a Breach.** You have the right and we will notify you of any breach of your unsecured protected health information.

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 medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice in the hospital. The Notice will contain on the first page, in the top left-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services at the Office of Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278. To file a complaint with the hospital, please write to the Privacy Officer, c/o Patient Relations Department at The Valley Hospital, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450-2736. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. Such information includes most (i) uses and disclosures of psychotherapy notes (if recorded by us); (ii) uses and disclosures of your protected health information for marketing purposes; (iii) disclosures that constitute a sale of your protected health information; and (iv) other uses and disclosures that may not be described in this Notice.

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

For further information, please contact the Director of Patient Relations or the Privacy Officer, c/o Patient Relations Department at The Valley Hospital, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450-2736, 201-447-8169.