

**NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU IS USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Metropolitan Family Health Network, Inc. is dedicated to protecting your privacy, and the protected health information about you that we generate and maintain. This notice describes how we may use and share protected health information, our legal obligations related to the use and sharing of this information, and your rights related to protected health information about you. As required by the law, we must maintain the confidentiality of protected health information, provide you with this Notice of our legal duties and privacy practices with respect to such information, and abide by the terms of this Notice.

**WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We may use and disclose your health information for different purposes, including payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state and federal law. We will abide by these special protections as they pertain to applicable categories of records.

**Payment:** We may use and disclose your health information to provide you with medical and health care services. For example, we may disclose information about you to doctors, nurses, technicians, students, or other personnel involved in your care. We do not share this information about you with other agencies or facilities in order to coordinate the different things you need, such as prescriptions, lab work, and/or continuing care after you leave our facility. Sharing your information for this purpose gives providers the information they need to provide you with appropriate care.

**Insurance:** We may use and disclose your health information to obtain reimbursement for medical services you receive from us or another entity involved with your care, from an ambulance company. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, your insurance company, or another third party. For example, we may send an invoice for your health information to your insurance company or to a benefit payer that is responsible for all or part of your medical bill. If federal or state law requires us to obtain your release from you prior to disclosing health information for payment purposes, we ask you to sign a release.

**Care Operations:** We may use and disclose your health information for our health care operations. For example, your health information may be used by the members of the medical staff to evaluate the performance of our health care operations, assess patients' quality of care and case outcomes, and seek areas of improvement within our facility. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

**Appointment Reminders:** We may contact you to remind you of an appointment with a health care provider.

**Benefit Alternatives:** We may contact you to tell you about or recommend possible health alternatives or other health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose your health information to your family or friends or any other individual identified by you who they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has an authority by law to make health care decisions for you, we will treat that patient representative as if they were you.

sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

**Marketing Activities:** We may contact you as part of our marketing activities, as permitted by applicable law.

**Required by Law:** We may use and disclose your health information as required by law. For example, we may disclose health information for mandated patient registries, communicable disease reporting, and for judicial and administrative proceedings, including disclosures in response to a court order.

**Law Enforcement:** We may release your health information to assist law enforcement officials with their law enforcement duties. Examples include responding to a court order, subpoena, warrant, summons, or similar process; identifying or locating a suspect, fugitive, or missing person; and reporting criminal conduct on our premises.

**To Avert a Serious Threat to Health or Safety:** As permitted by applicable law and standards of ethical conduct, we may use and disclose health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Disaster-Relief Efforts:** When permitted by law, we may coordinate our uses and disclosures of health information with public or private entities assisting in a disaster-relief effort. If you do not want us to disclose your health information to this purpose, you must communicate this to your caregiver so that we do not disclose this information unless done so in order to properly respond to the emergency.

**Organ and Tissue Donations:** If you are an organ donor, we may release your health 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, domestic or foreign, we may release your health information to military command authorities as authorized or required by law.

**Worker's Compensation:** We may release your health information for programs that provide benefits for work-related injuries or illnesses.

**Public Health Activities:** We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may disclose health information to federal or state agencies that oversee our activities, including licensing, auditing, and accrediting agencies.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose health information to coroners, medical examiners, and funeral directors as necessary for them to carry out their duties.

**National Security and Intelligence Activities:** We may release your health information to authorized federal officials for intelligence, counterintelligence, or other

**HEALTH INFORMATION EXCHANGE**

We participate in an electronic health information exchange ("Jersey Health Connect"). Generally, an HIE is a network that allows the duplication of services (such as lab tests), and to share information through a secure network, thus providing immediate electronic access to your pertinent treatment, payment, and health care operations.

If you do not wish to have your information included in the HIE, you may opt out. Unless you opt out, your information will be included in the Jersey Health Connect HIE network to you in accordance with this Notice and applicable law. If you opt out, your information will not be shared from one authorized participating provider to another authorized participating provider, the two participating providers electronically through Jersey Health Connect's network. Your information will not be disclosed, in accordance with this Notice; how your information is shared through the HIE.

You can obtain additional information about the HIE at <http://www.jerseyhealthconnect.org/>. We will provide you a brochure about Jersey Health Connect upon request.

**HIE Opt Out:**

If you do not wish to allow otherwise authorized persons involved in your care to electronically share your information through Jersey Health Connect as explained in the *Jersey Health Connect Opt-Out Form*, you must honor your opt-out selection. The *Jersey Health Connect Opt-Out Form* is available for download directly from any of your providers participating in the HIE. If you do not download the form from [www.jerseyhealthconnect.org/](http://www.jerseyhealthconnect.org/), you may not be able to opt out. If you opt out, Jersey Health Connect HIE, shall be fully supported.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Right to Inspect and Copy:** With certain exceptions, you have the right to receive a copy of your health records. You have the right to inspect and copy your health information in an electronic form (in our computers). You may also have the right to request a copy of your health information to another company or person. Your right is subject to a few exceptions, including privacy laws, for certain legal proceedings, and any medical information that is not available for release.

In order to inspect and copy your health information, you must submit a written request to Metropolitan Family Health Network. If you are denied a request for access, you have the right to file a complaint with the HHS. In accordance with the requirements of applicable law, we may charge a fee for copying your records, as well as for the other costs of providing access, you have the right to file a complaint with the HHS.

**Right to Request a Restriction:** You have the right to request a restriction on the health information we use and disclose for health care operations. We are not required to agree to your request where the disclosure is to a health plan for payment or health care operations, and the information pertains to a health care operation for which the health care provider has been paid.