



## **Bancroft**

# **Notice of Privacy Practices**

**This notice describes how your medical information may be used and disclosed and how you can get access to this information.**

**Please review it carefully.**

### **Understanding Your Health Record and Information**

**Bancroft NeuroHealth, its subsidiary and affiliated entities (collectively, "Bancroft")** are required by law to provide you with this Notice of Privacy Practices ("Notice") so that you will understand how we may use or share information in your treatment or medical record (including records related to psychiatric treatment, drug and alcohol treatment or abuse or AIDs or HIV status if any). This treatment or medical record contains health and financial information referred to in this Notice as Protected Health Information, "PHI," or simply "health information." Health information may consist of paper, digital or electronic records and could also include photographs, videos, and other electronic transmissions or recordings that are created during your care and treatment.

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 and serves as a:

- Basis for planning your care and treatment
- Means of communication among the program or 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
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source for data of medical research

- Source of information for public health officials charged with improving the health of the residents of this state or the U.S.
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

## How We May Use and Disclose Protected Health Information About You

### Uses and Disclosures Of Your Health Information Without Your Specific Authorization or Consent

Certain uses or disclosures of your PHI are permitted by law without specific authorization or consent, 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 care in order to provide your treatment and services at Bancroft. We may also provide your physician and other healthcare 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 healthcare 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 health care team, 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 may include radiology and laboratory services, physical and speech therapy providers, quality management experts, some 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.

**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, personal representative 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.** Under certain circumstances, 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 you by telephone, email, or text message and 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.

**Fundraising 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. You have a right to choose not to receive these communications and we will tell you how to cancel them or opt-out of receiving future solicitations.

**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.

**Occupational Health.** We may disclose your PHI to your employer in accordance with applicable law, if we are retained by your employer to conduct an evaluation related to occupational health or safety. You will be notified of these disclosures by your employer or Bancroft as required by law.

**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. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, you understand that we cannot take back any disclosures we have already made with your permission.

**Confidentiality of Alcohol and Drug Abuse Patient Records, AIDS or HIV-Related Information and Mental Health/Psychiatric Care/Treatment Records.** The confidentiality of alcohol and drug abuse treatment records, AIDS or HIV related information, and mental health records maintained by us is specifically protected by state and/or federal law and regulations. Generally we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances. However, such information may be released without your authorization to medical personnel involved in your medical treatment.

### **Your Rights Regarding Your Health Information**

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

You have the right to:

- **Inspect and request a paper and/or electronic copy** of your medical and treatment records usually within 30 days of your request. We may charge you a reasonable cost-based fee to cover copying and postage costs in accordance with federal and state law. 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 a restriction** on certain uses and disclosures of your health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Also, if you pay out of pocket and in full for a health care item or service, and you ask us to not disclose to your health plan that you received that service, we will agree to your request to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law. You must submit your request in writing to the Privacy Officer (see below for contact information). In your request, you must tell us (i) 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.
- **Obtain a paper copy of our Notice of Privacy Practices** upon request. You may ask us to give you a copy of this Notice at any time.
- **Request an amendment (correction)** to your health information if you feel that the health information in your record is incorrect or incomplete. You have this right for as long as the information is kept by or for this facility. We are not required to change your health information and will provide you with information about our decision. You must submit your request in writing to the Privacy Officer (see below for contact information).
- **Obtain an accounting of disclosures** of your health information made by us. The accounting will not include the allowed common uses and disclosures, or the uses and disclosures that you authorized. You must submit your request in writing to the Privacy Officer (see below for contact information). Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates prior to April 14, 2003.
- **Receive Alternate Form of Communication** of your health information by an alternative means or location to keep your information confidential. For example, you may ask that we only contact you via mail or a certain telephone number. You must submit your request in writing to the Privacy Officer (see below for contact information).
- **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) 348-1190 or by email at [privacy@bancroft.org](mailto:privacy@bancroft.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
- Provide notice of our legal duties and privacy practices
- Abide by the terms of the Notice of Privacy Practices currently in effect.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you if there is a breach of your unsecured protected health information no later than 60 days after we discover the breach.

## **Changes To Our Privacy Practices**

**Effective Date:** This notice is effective as of April 13, 2003

**Revision Date:** January 6, 2020

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 at your request. The Notice will also be posted on our public website and public areas of our facility.

### **For More Information Or To Report A Problem**

If you have questions and would like additional information, you may contact the Privacy Officer by telephone at 856- 348-1190, or in writing to: Bancroft, 1255 Caldwell Road, Cherry Hill, NJ 08034, or by email at [privacy@bancroft.org](mailto: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 at your request and your confidentiality will be maintained to the extent possible to resolve the investigation. There will be no retaliation for filing a complaint. You may contact DHHS at: 1-800-368-1019, TDD: 1-800-537-7697 or email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) This Notice of Health Information Practices is also available on our web page at [www.bancroft.org](http://www.bancroft.org).