



NOTICE OF PRIVACY PRACTICES

Our Privacy Commitment:

New Beginnings for Tomorrow, Inc. (NB4T) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. When we use the word “you” in this Notice, we also mean your personal representative, this may mean your guardian, your health care proxy, or your involved parent, spouse, or involved adult family member.

All people who work for NB4T will follow this notice. This includes employees, persons NB4T contracts with who are authorized to enter information in your record or need to review your record to provide services to you, and volunteers who NB4T allows to assist you.

What Information is Protected:

All information that we create or keep that relates to your health or care and treatment, including but not limited to your name, address, birth date, social security number, your medical information, your service or treatment plan, and other information (including photographs or other images) about your care in our programs, is considered protected information. In this Notice, we refer to protected information as protected health information or “PHI”. The information about you is kept in a record; it may be in the form of paper documents in a chart or on a computer.

You’re Health Information Rights:

- You have a right to see or inspect your PHI and obtain a copy of the information. Some exceptions apply, such as information compiled for use in court or administration proceedings. NOTE: NB4T requires you to make your request for records in writing. In some instances, we may charge you for copies.
- If we deny your request to see your information, you have the right to request a review of that denial.
- You have the right to ask NB4T to change or amend information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by NB4T or if after reviewing your request, we believe the record is accurate and complete.
- You have the right to request a list of the disclosures that NB4T has made of your PHI. The list, however, does not include certain disclosures, such as those made for treatment, payment, and health care operations, or disclosures made to you or made to others with your permission.



- You have the right to request a restriction on uses or disclosures of your health information related to treatment, payment, health care operations, and disclosures to involved family. NB4T, however, is not required to agree to your request.
- You have the right to request that NB4T communicates with you in a way that will help keep your information confidential. You may request alternate ways of communication with you or request that communications are forwarded to alternative locations.
- You have the right to limit disclosures to insurers if you have paid for the service completely out of pocket.
- You will be notified if there is a breach of unsecured PHI containing your information; we are required by federal law to provide notification to you.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with:

- Director of Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, Secretary of the Department of Health and Human Services. You may call them at (877) 696-6775 or write to them at 200 Independence Ave. S.W., HHH Building Room 509H, Washington D.C. 20201.
- State of New Jersey, Department of Human Services, Office of Legal and Regulatory Affairs. You may write to them at P.O. Box 700, Trenton, NJ 08625 or call them at 888-347-5345.

OR CONTACT US DIRECTLY * in writing, AT:**

DIRECTOR – NEW BEGINNINGS FOR TOMORROW, INC

20 Just Rd Fairfield NJ 07004

Phone: 973-521-5757 or **E-mail:** kbradford@nb4t.org

Our Responsibilities to You:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this Notice that tells you how we will keep your information private.
- Tell you if we are unable to agree to a limit on the use or disclosure that you request.
- Carry out reasonable requests to communicate information to you by special means or at other locations.



- Get your written permission to use or disclose your information except for the reasons explained in this notice.

How NB4T Uses and Discloses Your Health Information:

- NB4T may use and disclose information without your permission for purposes described below.
- **Treatment:** NB4T will use your information to provide you with treatment and services. We may disclose information to doctors, nurses, psychologists, social workers, and other NB4T personnel, volunteers, or interns who are involved in providing your care. We may also need to disclose your information to other providers outside of NB4T who are responsible for providing you with services.
- **Payment:** NB4T will use your information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid, or other government agencies. In addition, we may disclose your information to receive prior approval for payment for services you may need.
- **Health Care Operations:** NB4T will use clinical information for administrative operations. Those uses and disclosures are necessary to operate NB4T programs and to make sure all individuals receive appropriate, quality care.
- We may also disclose information to clinicians. We will share your health information with other NB4T staff for the purposes of obtaining legal services from our attorneys, conducting fiscal audits, and for fraud and abuse detection and compliance through our Compliance Program. We may also disclose information to our business partners who need access to the information to perform administrative or professional services on our behalf.

Uses and Disclosures that Do Not Require your Permission:

In addition to treatment, payment, and health care operations, NB4T will may use your information without your permission for the following reasons:

- When we are **required to do so by federal or state law.**
- For **public health reasons**, including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease.
- To report **domestic violence and adult abuse or neglect** to government authorities if necessary to prevent serious harm.

- For **health oversight activities**, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws. Health oversight activities do not include investigations that are not related to the receipt of health care or receipt of government benefits in which you are the subject.
- For **judicial and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose information if the judge or presiding officer orders us to share the information.
- For **law enforcement purposes**, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation, and to the district attorney in furtherance of a criminal investigation of client abuse.
- For **research** purposes when you have agreed to participate in the research and the Privacy Oversight Committee has approved the use of the clinical information for the research purposes.
- To **prevent or lessen a serious and imminent threat** to your health and safety or someone else's.
- To authorized federal officials for intelligence and other **national security** activities authorized by law or to provide **protective services to the President** and other officials.
- To **correctional institutions** or **law enforcement officials** if you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
- To **government agencies that administer public benefits** if necessary to coordinate the covered functions of the programs.

Uses and Disclosures that Require Your Agreement:

NB4T may disclose information to the following persons if we tell you we are going to use or disclose it and you agree or do not object:

- To **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of our condition and location.
- To **disaster relief organizations** that need to notify your family about your condition and location should a disaster occur.



- For **fundraising** purposes, we may disclose information to a charitable program that assists us in fundraising with your permission. You have the right to refuse or opt out if you previously agreed to communications regarding fundraising.
- For **marketing** of health-related services, we will not use your health information for marketing communications without your permission.
- To disclose **psychotherapy**

Authorization Required for All Other Uses and Disclosures:

For all other types of uses and disclosures not described in this Notice, NB4T will use or disclose information only with written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the authorization. Written authorizations are always required for the sale of PHI and use and disclosure for marketing purposes, such as agency newsletters and press releases.

Note: If you cannot give permission due to an emergency, NB4T may release information in your best interest. We must tell you as soon as possible after releasing information.

You may revoke your authorization at any time. If you revoke your authorization in writing we will no longer use or disclose your information for the reasons stated in your authorization we cannot, however, take back disclosures we made before you revoked and we must retain information that indicates the services we have provided to you.

Requests:

To request access to your clinical information or to request any of the rights listed here, you may contact:

DIRECTOR – NEW BEGINNINGS FOR TOMORROW, INC

20 Just Rd Fairfield NJ 07004

Phone: (973) 521-5757 or **E-mail:** kbradford@nb4t.org

Changes to this Notice:

We reserve the right to change this Notice. We reserve the right to make changes to terms described in this notice and to make the new notice terms effective to all information that NB4T maintains. We will post any changes on our website at, www.nb4t.org.