



**NOTICE OF PRIVACY PRACTICES**

**FOR**

**CENTER FOR CHILDREN’S SUPPORT**

**LICENSED PSYCHOLOGISTS**

**AND**

**LICENSED MARRIAGE AND FAMILY**

**THERAPISTS**

**An Operating Unit of the University of Medicine and Dentistry of  
New Jersey (“UMDNJ”), a body corporate and politic of the State of  
New Jersey, a public entity**

**UMDNJ-SCHOOL OF OSTEOPATHIC MEDICINE  
NOTICE OF PRIVACY PRACTICES**

**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 Privacy Notice, please contact our Privacy Officer at :**  
**1 Medical Center drive**  
**Suite 210**  
**Stratford, NJ 08084**

To protect your confidentiality and the confidentiality of your mental health records, in most circumstances we will not disclose information about you and your treatment here without first obtaining your consent. If you provide us with permission to disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer disclose health information about you, although we will be unable to take back the disclosures we made with your permission.

It is important for you to know that in limited situations we must release the information without your prior consent. These situations are as follows:

- to secure emergency treatment for you
- to prevent serious and imminent threat to your health and safety or the health and safety of another person or to the public
- as required by Federal or New Jersey Law, such as responding to requests from Medicare, Medicaid, Attorney General's office and from the coroner's office and reporting communicable diseases and child abuse and neglect
- as directed by a court order signed by a judge

Your rights as a client here are outlined in the paragraphs below. Should you have any questions about this notice, contact our Privacy Officer at 856-566-6031

**1. Right to Inspect and Copy**

You have the right to request an opportunity to inspect or obtain a copy of health information in our possession. Usually, this will include clinical and billing records, but not psychotherapy notes. You must submit your request in writing on a form specified by us. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and supplies associated with complying with your request.

We may deny your request to inspect or obtain a copy of your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by another health care professional chosen by us and who was not directly involved in the original decision to deny access. If you are denied access, we will inform you in writing if the denial of your request may be reviewed. If it is reviewable and you request a review in writing, when the review is completed, we will comply with the outcome of the review.

## **2. Right to Amend**

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care or payment for your care. To request an amendment, your request must be in writing on a form specified by us.

We may deny your request under certain circumstances. If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request) to all future disclosures of the health information that is the subject of your request.

## **3. Right to an Accounting of Disclosures**

You have the right to request that we provide you with an accounting or list of disclosures we have made of your health information. This list will not include disclosures of your health information made as a result of an authorization signed by you.

To request an accounting of disclosures, you must submit your request in writing on a form specified by us. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six (6) years and not include dates before April 14, 2003.

The first accounting you request within a twelve (12) month period will be free. For additional requests during the same twelve (12) month period, we will charge you for costs of the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

## **4. Right to Request Restrictions**

You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are **not** required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, inform us at time of registration or in writing on a form specified by us addressed to the Privacy Officer.

## **5. 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, or at a specified telephone number. To request confidential communications, you must notify us at the time of registration or in writing on a form specified by us. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

## **6. 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 paper copy of this Notice by contacting the Privacy Officer.

## **7. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer. Filing a complaint will not result in any change or reduction in services or benefits to which you are otherwise entitled.

## **8. Changes to this Notice**

We reserve the right to change the terms of our Notice of Privacy Practices. We will post a copy of the current Notice of Privacy Practices at all of our locations where we provide care. You may also obtain a copy of our current Notice of Privacy Practices by accessing our website at [www.undnj.edu](http://www.undnj.edu) or by contacting our Privacy Officer, or by asking for one any time you are at our offices.