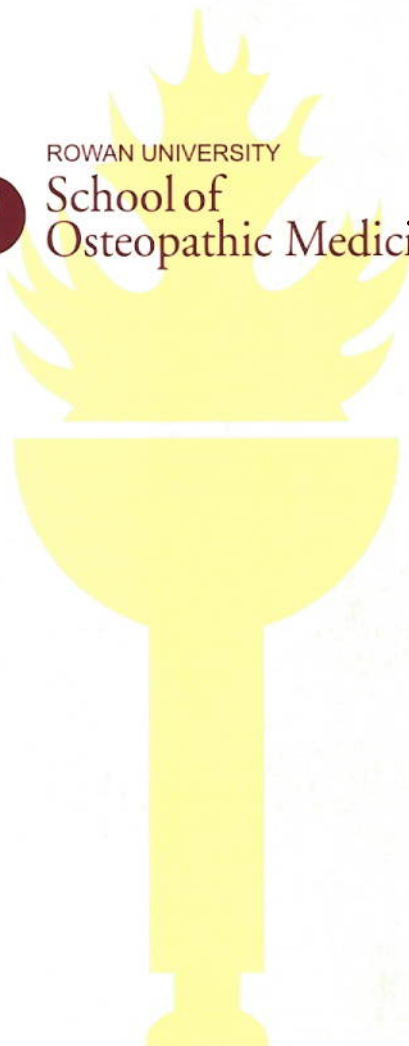




ROWAN UNIVERSITY

School of  
Osteopathic Medicine



**Rowan University**

*School of Osteopathic Medicine (SOM)*

*Corporate Compliance and Privacy*

*42 East Laurel Road*

*Rowan Medicine; Suite 1300*

*Stratford, NJ. 08084*

*Phone: 856-566-6136*

*Fax: 856-566-6492*

*Ethics HOTLINE 1-855-431-9967*

*<https://www.rowan.edu/compliance>*



ROWAN UNIVERSITY

School of  
Osteopathic Medicine

**PRIVACY  
PRACTICES  
FOR PROTECTED  
HEALTH  
INFORMATION**

RowanSOM

**PRIVACY OFFICER**

**Tel: 856-566-6136**

## **Notice of RowanSOM Privacy Practices for Protected Health Information**

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. We, at RowanSOM, understand that health information about you and your health is personal. We therefore are committed to and required by law to maintain the privacy of your health information and to provide you with notice of legal duties and privacy practices with respect to your health information. We will not use or disclose your health information, without your authorization, except as described in this Notice. This Notice applies to all of the health information maintained by our units, and our Centers and Institutes, which are collectively referred to as RowanSOM. For a complete listing of the Centers and Institutes of RowanSOM, please go to our web site: <https://www.rowan.edu/compliance>

### **Rowan University Units:**

- New Jersey Cares Institute (CARES)
- Wellness Center at Winans Hall

### **How We May Use and Disclose Your Protected Health Information (PHI):**

We may use and disclose your health information as described below. However, this is only meant to give you a general overview and not to describe all specific possible uses and disclosures that may occur.

#### **Treatment**

We may use your health information to provide medical treatment, items or services. For example, we may disclose all or any portion of your health information to your attending physician, treating physician, consulting physician(s), nurses, technicians, medical students, and other health care professionals who have a need for such information for your care and treatment. Also, different departments may share health information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. We may also disclose your health information to people outside RowanSOM who may be involved in your medical care, such as family members, social service, clergy and others that

provide services that are part of your care. Also, our staff may discuss your care in a case conference.

#### **Treatment Alternatives**

We may use and disclose your health information to tell you about possible treatment options or alternatives or other health related benefits that may be of interest to you.

#### **Payment**

We may use and disclose health information about you so that we may bill and receive payment for treatment and services that you receive. Your information may also be necessary for purposes of determining coverage, medical necessity, preauthorization or certification and for utilization management. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or portions of your medical record, which are necessary for payment of your account. For example, a bill sent to an insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used. Also, your health information may be disclosed to consumer reporting and/or to collection agencies.

#### **Healthcare Operations**

We may use and disclose your health information for our health care operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, social services certification, licensing or credentialing activities of RowanSOM, certain medical research, and educational purposes. For example, RowanSOM may review your health information to make sure that RowanSOM is providing quality care to all of its patients.

#### **Other Health Care Providers, Health Plans, and Clearinghouses**

We may use and disclose your health information to your treating provider or health plan, or a clearinghouse involved in the billing of services and treatment provided to you, for the purpose of providing you treatment, receiving or processing payment, and to conduct certain operational activities as permitted by law.

#### **Activities of Organized Health Care Arrangements in Which We Participate**

For certain activities, the various components of RowanSOM (listed earlier in this Notice) and other independent providers are called an Organized Health Care Arrangement. We may disclose information

about you to health care providers participating in our Organized Health Care Arrangements as necessary to carry out our treatment, payment, or health care operations. All participants in our Organized Health Care Arrangements have agreed to abide by the terms of this Notice with respect to your health care information created or received as part of the delivery of health care services to you at RowanSOM.

#### **Appointment Reminders**

We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at RowanSOM.

#### **Persons Involved in Your Care**

You have the right to request in writing, a limit on your medical information that we can disclose to a family member or friend. In your written request, you must include which specific medical information that you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

#### **Disaster Relief**

Unless you object, we may use or disclose your health information to a public or private entity authorized by law or by charter to assist in disaster relief efforts including notifying your family about your condition, status and location.

#### **Health Related Benefits and Services**

We may use and disclose your health information to tell you of health-related benefits or services that may be of interest to you.

#### **Business Associates**

We may use and disclose health information to business associates. A business associate is an individual or entity under contract with us to create, receive, maintain or transmit protected health information on behalf of RowanSOM in a function or activity which requires the use or disclosure of health information. Examples of business associates, include, but are not limited to, copy services used by us to copy medical records, consultants, accountants, lawyers, and medical transcriptionists. We require the business associate to enter into an agreement to protect the confidentiality of your health information.

#### **Research**

While most uses and disclosures related to research require your authorization, in some limited situations

we may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has waived the individual authorization requirement in accordance with the regulations covering this area.

#### **De-Identified Data or Limited Data Sets**

We may use or disclose health information about you if we remove all information that could be used to identify you, i.e. "de-identified" information. We are required to remove over eighteen (18) different pieces of information that could be used to possibly identify you. We may also use or disclose a limited amount of health information about you in a "limited data set" for the purposes of research, public health, or health care operations if we enter into a data use agreement with the recipient of the data.

#### **Organ Procurement Organizations**

We may use and disclose your health information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

#### **Fundraising**

We may use and disclose certain health information to contact you in an effort to raise money for RowanSOM and or its units. We may disclose certain health information to a foundation related to RowanSOM so that the Foundation may contact you in its effort to raise money. The information released would only be contact information, such as your name, address, phone number, and the dates you received treatment or services at RowanSOM. If you do not want RowanSOM to contact you for fundraising efforts, you must notify, in writing,; Privacy Officer, Rowan University SOM, UEC Bldg. Suite #1031, Stratford, NJ 08084.

#### **Health Oversight Agencies**

We may use and disclose your health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.

### **Law Enforcement**

We may use and disclose your health information for law enforcement purposes to a law enforcement official if required by law, or where permitted by law, or in response to a valid subpoena. Also, we may disclose health information if it is necessary for law enforcement authorities to identify or locate an individual.

### **Safety of a Person or the Public**

We may use and disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

### **Disclosures in Judicial/Legal Proceedings**

We may use and disclose your health information to a court or administrative agency when a judge or administrative agency orders us to do so. We may also use and disclose information about you in legal proceedings, such as in a response to a discovery request, subpoena, court order, etc. Also, RowanSOM may use or disclose your health information in preparation for any dispute or litigation between you and RowanSOM.

### **Public Health Risk - Safety of a Person or the Public**

We may use and disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required by law to report the existence of a communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to the New Jersey State Department of Health to protect the health and well being of the general public. Other activities generally disclosed include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse and neglect.
- To report reactions to medications or problems with products.
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if RowanSOM believes a patient has been the victim of abuse, neglect or domestic violence.

### **Worker's Compensation**

We may use and disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

### **Military/Veterans**

We may use and disclose your health information as required by military command authorities, if you are a member of the armed forces.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical/dental record information 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 and that of others;
- (3) for the safety and security of the correctional institution.

### **Required by Law**

We may use and disclose health information about you when required to do so by State or Federal law. For example, we may disclose certain health information to those persons who have a risk exposure related to a communicable disease, as required by New Jersey law.

### **National Security and Intelligence Activities**

We may use and disclose your medical information about you to authorized federal officials for intelligence, counterintelligence, and other National Security activities as authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President or other authorized persons.

### **Coroners, Medical Examiners, Funeral Directors**

We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. RowanSOM may also release your health information to funeral directors as necessary to carry out their duties.

### **Employers**

We may use and disclose your health information to your employer to conduct medical surveillance of the workplace, or to evaluate whether you have a work-related illness or injury.



## **Secretary of the Department of Health and Human Services**

We may use and disclose your health information when required by the Secretary of Health and the Department of Health and Human Services for purposes of investigating or determining compliance with the privacy law.

### **Other Uses**

Any other uses and disclosures of your health information will be made only with your written authorization.

### **Special Notice for Licensed Psychologists and Licensed Family and Marriage Therapists**

If you are receiving care from or by a Licensed Psychologist or Licensed Family or Marriage Therapist, to protect your confidentiality and the confidentiality of your mental health records, most of the time we will not disclose information about you and/or your treatment here without obtaining your written consent. If you provide us with written consent to release your mental health record (s), you may revoke that consent, in writing, at any time. If you revoke the consent, we will no longer dispense any of your mental health information, but we will be unable to take back any information dispensed prior to your written revoke of consent.

RowanSOM wants to inform you that in limited situations, we will be required to release your mental health information, without your consent, in the following circumstances;

- If you require emergency treatment
- To prevent a serious or imminent threat to your health and safety, or the health and safety of the public.
- As required by New Jersey or Federal laws; such as to Medicare, Medicaid, Inspector General's office and reporting communicable diseases, neglect or abuse.
- As directed by a court order, signed by a judge.

### **Your Rights Regarding Your Health Records**

Although your health records are RowanSOM property, you have the following rights:

#### **Right to Confidential Communications**

You have the right to receive confidential communications of your health information by alternative means or at alternative locations. To exercise your right, please write to the address at the end of this section. RowanSOM will not use your PHI, unless specified by Federal or state laws without your written authorization. Your authorization will be required

for disclosure of psychotherapy notes, disclosures for marketing purposes, disclosures that are considered a sale of PHI and any other use not described in RowanSOM Notice of Privacy Practices.

#### **Right to Request to Inspect and to Obtain a Copy**

You have the right to inspect and to obtain a copy of your health information. You have a right to direct copies be sent to a third party. You have the right to request an electronic copy of your PHI, in a format that you and the provider agree upon. When the format cannot be agreed upon, the provider must provide you with a readable paper copy of your PHI. However, such requests may be denied as permitted under the law, but you will receive a written denial notification. You have the right to appeal such denials. To exercise your right, please write to the doctor's office. (Copying fees may be imposed.) The physician practice must provide you with a copy of your PHI (all formats), within thirty (30) days or sooner and when necessary, within a thirty (30) day extension period, at the most.

#### **Right to Request Amend**

You have the right to request to amend your Protected Health Information (PHI). However, RowanSOM may deny your request to amend your health information under certain circumstances. All requests for amendments must be in writing and provide a reason supporting your request for an amendment to your PHI. To exercise your right, please write to the address at the end of this section.

#### **Right to an Accounting of Uses and 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. 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 or electronically, if available). The first list you request within a 12 month period will be complimentary. 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.

To exercise your right, please contact the address below.

#### **Right to Receive Notification of a Breach**

RowanSOM is required to notify you by first class mail or secure e-mail (if you have authorized) of any breaches of Unsecured PHI, as soon as possible, or no later than

sixty (60) days, following the discovery of the breach. The Breach Notification will include; the date of the breach and date the breach was discovered, specific Unsecured PHI involved in the breach, steps you should take to protect yourself from potential harm, description of actions RowanSOM is taking to investigate the breach, mitigate losses and prevent against further breaches and our contact information, so you may obtain more information.

#### **Right to Receive a Copy of this Notice**

You have the right to receive a paper copy of this Notice, upon request. Physician practices and providers are required to post the revisions to this notice, in a prominent office location and have available copies of this notice for individuals, requesting a copy of this notice. You may also obtain a copy of this notice at our website; <https://www.rowan.edu/compliance>.

#### **Right to Revoke Your Prior Authorization**

You have the right to revoke your authorization (your permission) to use or disclose your health information except to the extent that action has already been taken in reliance on your prior authorization. All requests to exercise your rights above must be made in writing to the address below:

#### **For More Information or to Make a Complaint**

If you have questions and would like additional information, you may call the HIPAA hotline: 1-855-431-9967, or contact:

Rowan University School of Osteopathic Medicine  
(RowanSOM)  
Privacy Officer  
42 East Laurel Road  
Rowan Medicine; Suite 1300  
Stratford, New Jersey 08084.  
Contact (856) 566-6136.

If you believe your privacy rights have been violated, you may file a complaint with RowanSOM or with the Secretary of the Department of Health and Human Services. To file a complaint, please contact: the HIPAA hotline: 1-855-431-9967. There will be no retaliation for filing a complaint.

#### **Changes to This Notice**

RowanSOM will abide by the terms of the Notice currently in effect. However, RowanSOM reserves the right to change the terms of its Notice and to make the new Notice provision(s) effective for all health information that it maintains. RowanSOM will promptly post the revised Notice on the RowanSOM web site: <https://www.rowan.edu/compliance>.

#### **Reliance on this Notice by Other Healthcare Entities**

RowanSOM may sometimes participate in an organized healthcare arrangement with providers and entities that may not be employed by RowanSOM, but participate in your health care. Any providers or entities participating in this arrangement may rely on this Notice as providing you with notice of their **privacy practice**.

**Effective Date** of this Notice is July 1, 2013.