



State of New Jersey
Department of Human Services
P.O. BOX 700
Trenton, NJ 08625-0700

NOTICE OF PRIVACY PRACTICES

Effective Date: October 1, 2016

This Notice applies to individuals receiving services from the Department of Human Services' (DHS) Division of Aging Services and does not require your response. **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.**

YOUR RIGHTS

- **Right to see and copy your records.** In most cases, you have a right to view or get copies of your records. You must make your request in writing. We will provide a response to your request within thirty (30) days. You may be charged a fee for the cost of copying your records.
- **Right to an electronic copy of your medical records.** If your information is maintained in an electronic format, you may request that your electronic records be transmitted to you or another individual or entity. We will respond to your request within thirty (30) days.
- **Right to correct or update your records.** You may ask us to correct your health information if you think there is a mistake. You must make your request in writing and provide a reason for your need to correct the information.
- **Right to choose how we communicate with you.** You may ask us to share information with you in a certain way. For example, you can ask us to send information to your work address instead of your home address. You must make this request in writing. You don't have to explain a reason for the request. We may deny unreasonable requests.
- **Right to get a list of disclosures.** You have a right to ask us for a list of disclosures made after April 14, 2003. You must make a request in writing. This will not include information shared for treatment, payment or health operation purposes. We will provide one accounting a year free of charge, but may charge a cost for additional lists provided within the 12 month period.
- **Right to get notice of a breach.** You have a right to be notified upon a breach of any of your protected health information.
- **Right to request restrictions on uses or disclosures.** You have a right to ask us to limit how your information is used or shared with others. You must make the request in writing and indicate what information should be limited. We are not required to agree to a requested restriction. If you paid out-of-pocket expenses in full for a specific item or service, you have a right to ask that your information with respect to that item or service not be disclosed. We will always honor that request.

- **Right to revoke authorization.** If we ask you to sign an authorization to use or disclose your information, you can cancel that authorization at any time. You must make that request in writing. Your request will not affect information that has already been shared.
- **Right to get a copy of this notice.** You have a right to ask for a paper copy of this notice at any time
- **Right to file a complaint.** You have a right to file a complaint if you don't agree with how we have used or disclosed your information.
- **Right to choose someone to act for you.** If someone has been legally designated as your personal representative, that person can exercise your rights and make choices about your health.

OUR DUTIES

The Department of Human Services functions as a health care provider for you and your family. Consequently, we must collect information about you to provide these services. We are required to protect your information according to federal and state law and will abide by the terms of this notice. We may use and disclose information without your authorization for the following purposes:

- **Treatment Purposes.** We may use or disclose your information to health care providers who are involved in your health care.
- **Payment.** We may use or disclose your information to get payment or pay for health care services you received or will receive.
- **Health Care Operations.** We may use or disclose your information in order to manage our business, improve your care and contact you when necessary.
- **As Required by Law.** We will disclose information to a public health agency that maintains vital records, such as births, deaths and some diseases.
- **Abuse and Neglect Investigations.** We may disclose your information to report all potential cases of abuse and/or neglect.
- **Health Oversight Activities.** We may use or disclose your information to respond to an inspection or investigation by state officials.
- **Government Programs.** We may use and disclose your information for the management and coordination of public benefits under government programs.
- **To Avoid Harm.** We may use and disclose information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** We may use and disclose your information for studies and to develop reports. These reports will not specifically identify you or another person.
- **Business Associates.** We may use and disclose your information to our business associates that perform functions on our behalf, if necessary to complete those functions.

- **Organ and Tissue Donation.** If you are an organ donor, we may use and disclose your information to organizations engaged in procuring, banking or the transportation of organs, eyes, or other tissues to facilitate organ transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose your information to the appropriate military authority.
- **Workers Compensation.** We may use or disclose your information for workers compensation or similar programs providing benefits for work-related injuries or illnesses.
- **Data Breach Notification Purposes.** We may use or disclose your information to provide legally required notices of unauthorized access or disclosure of your health information.
- **Lawsuits and Disputes.** We may use or disclose your information in response to a Court or Administrative Order, subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose your information to law enforcement if the information: 1) is in response to a court order, subpoena, warrant or similar process; 2) limited to identify or locate a suspect, fugitive, material witness or missing person; 3) about a victim of a crime under very limited circumstances; 4) about a death potentially resulting from a crime; 5) about criminal conduct on any DHS property and; 6) is needed in an emergency to report a crime or facts surrounding a crime.
- **Coroner, Medical Examiners and Funeral Directors.** We may disclose your information to a Coroner or Medical Examiner to identify a deceased person or determine the cause of death. We may release your information to a Funeral Director as necessary for their duties.
- **National Security and Intelligence.** We may disclose your information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose your information to authorized federal officials so that they can provide protection to the U.S. President; other authorized persons or foreign heads of state, or to conduct special investigations.
- **Inmates or Individuals in Custody.** If you are an inmate, we may release your information to a correctional institution if that information would be necessary for the institution to: 1) provide you with health care; 2) protect your health and safety or the health and safety of others or; 3) for the safety and security of the correctional institutions.
- **Disclosure to Family, Friends and Others.** We may disclose your information to your family members, friends or other persons who are involved in your medical care. You may object to the sharing of this information. We may also share your information with someone legally designated as your personal representative.
- **Hospital Directory.** Unless you notify us that you object, we may include certain information about you in the hospital directory in order to respond to inquiries from friends, family, clergy and others who inquire about you when you are a patient in the hospital.

Other Uses and Disclosures that Require Your Written Authorization

- **For All Other Situations.** We will ask for your written authorization before using or disclosing information for any other purpose than what is mentioned above. Special circumstances that require an authorization include most uses and disclosures of your psychotherapy notes, certain disclosures of your test results for the human immunodeficiency virus or HIV, uses and disclosures of your health information for marketing purposes and for the sale of your health information with some exceptions. If you give us authorization, you can withdraw this written authorization at any time. To withdraw your authorization, please contact us at the number below. If you revoke your authorization, we will no longer use or disclose your health information as allowed by your written authorization, except to the extent that we have already relied on your authorization.
- **As Required by Other Laws.** We will ask for your written authorization to comply with other laws protecting the use and disclosure of your information.

FILING A COMPLAINT

You may use the contact information below if you want to file a complaint or to report a problem regarding the use or disclosure of your health information. Treatment or services being provided to you will not be affected by any complaints you make. DHS opposes any retaliatory acts resulting from participation in an HIPAA investigation.

State of New Jersey
Department of Human Services
Division of Aging Services
P.O. Box 807
Trenton, NJ 08625-0807
609-588-2102
MAHS.Privacy@dhs.state.nj.us

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Ave, S.W., Room 509H
Washington DC, 20201
Phone: 866-627-7748/ TTY: 886-788-4989
www.hhs.gov/ocr

CHANGES TO THIS NOTICE

In the future, DHS may change its Notice of Privacy Practices. Any change could apply to medical information we already have about you, as well as information we receive in the future. A copy of a new notice will be posted in our facilities/offices and provided to you as required by law. You may ask for a copy of our current notice or get it online on our website.

Nondiscrimination Statement

Discrimination is against the law.

The New Jersey Department of Human Services, Division of Aging Services (DoAS), complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DoAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

In order for you to effectively communicate with DoAS, DoAS:

- Provides free aids and services to people with disabilities to communicate, such as:
 - ✓ Qualified sign language interpreter
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services to communicate with DoAS, please contact 1-877-222-3737.

If you believe that DoAS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, NJ Department of Human Services, Office of Legal and Regulatory Affairs, 222 South Warren Street, PO Box 700, Trenton, New Jersey 08625-0700, 1-888-347-5345 (telephone) or email DHS-CO.OLRA@dhs.state.nj.us. You can file a grievance in person or by mail, or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak any other language, language assistance services are available at no cost to you. Call 1-877-222-3737.

Language Assistance Services Available

ARABIC	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-222-3737
CHINESE	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-222-3737
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-222-3737.
GUJARATI	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-222-3737.
HAITIAN	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-222-3737.
HINDI	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-222-3737 पर कॉल करें।
ITALIAN	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-222-3737.
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-222-3737 번으로 전화해 주십시오.
POLISH	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-222-3737.
PORTUGUESE	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-222-3737.
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-222-3737.
SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-222-3737.
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-222-3737.
URDU	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-222-3737.
VIETNAMESE	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-222-3737 .

Declaración de no discriminación

Discriminar es contra la ley.

New Jersey Department of Human Services, Division of Aging Services (DoAS), cumple con las leyes federales de derechos civiles correspondientes y no discrimina con base en la raza, el color, la nacionalidad, la edad, la discapacidad, o el sexo. DoAS no excluye a las personas o las trata diferente debido a la raza, el color, la nacionalidad, la edad, la discapacidad, o el sexo.

En orden para que usted pueda comunicarse efectivamente con DoAS:

- Proporciona, sin cargo alguno, ayudas y servicios a las personas con discapacidades para que se comuniquen en forma eficaz con nosotros, tales como:
 - ✓ Intérpretes calificados de lenguaje de señas
 - ✓ Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona, sin cargo alguno, servicios de idiomas a las personas cuyo idioma primario no es el inglés, tales como:
 - ✓ Intérpretes calificados
 - ✓ Información escrita en otros idiomas

Si necesita estos servicios para comunicarse con DoAS, por favor comuníquese al 1-877-222-3737.

Si considera que DoAS no ha proporcionado estos servicios o que ha discriminado de otra manera con base en la raza, el color, la nacionalidad, la edad, la discapacidad, o el sexo, puede presentar una queja formal ante: Civil Rights Coordinator, NJ Department of Human Services, Office of Legal and Regulatory Affairs, 222 South Warren Street, PO Box 700, Trenton, New Jersey 08625-0700, 1-888-347-5345 (teléfono) o correo electrónico: DHS-CO.OLRA@dhs.state.nj.us. Puede presentar una queja en persona, por correo, o correo electrónico.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de Estados Unidos electrónicamente a través el Portal de Quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo o por teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
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1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios del Departamento de Salud y Servicios Humanos de Estados Unidos para presentar quejas formales se encuentran en <http://www.hhs.gov/ocr/office/file/index.html>.

Si usted habla cualquier otro idioma, tiene a su disposición sin costo alguno los servicios de asistencia con el idioma. Llame al 1-877-222-3737.

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