



Alan DeStefano
Executive Director

I certify that I have received a copy of the privacy notices provided by Cape Atlantic Integrated Network for Kids.

Please print the name of the youth

Youth's Signature (Age 14 and older) **Date**

Parent or Guardian Signature **Date**

CMO Representative Signature **Date**

I have been notified of peer to peer support available from the Family Support Organization (FSO).

✓ (Check one)

I _____ accept peer to peer support from the Family Support Organization (FSO) at this time.

I _____ decline peer to peer support from the Family Support Organization (FSO) at this time.

Parent or Guardian Signature

FSO Representative Signature (if in attendance)

CMO Worker who notified FSO of meeting (Please print)

NOTICE OF PRIVACY PRACTICES

THIS SUMMARY GENERALLY DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.

THIS IS NOT INTENDED TO BE A SUBSTITUTE FOR SPECIFIC STATUTORY LANGUAGE AND LEGAL ADVICE REGARDING YOUR RIGHTS AND OUR RESPONSIBILITIES. IF YOU HAVE ANY QUESTIONS, PLEASE SEEK LEGAL ADVICE FROM A QUALIFIED ATTORNEY.

Andrea Fogg is the designated Privacy Officer and Contact Person who is responsible for the development and implementation of policies and procedures to this law. She is also responsible for receiving complaints and providing information about matters connected to this law. Mrs. Fogg can be reached by telephone at (609) 829-2038 ext. 105.

Understanding Your Health Record Information:

- 1. Every time you visit a hospital, physician, or other healthcare provider, including Care Management Organizations (CMO), a record is made of your visit. This record contains your individualized service plan, Child Family Team information, DCP&P (Formerly DYFS) involvement, school records, health history, current symptoms, examination and test results, diagnoses, treatment and plans for future care and/or treatment. This information is called Protected Health Information (PHI).*
- 2. Understanding what is in your care management record, and how it is used, helps you to ensure its accuracy and completeness. We are required by law, to help you understand, how your information is secured and protected. It is also our responsibility to assist you in reviewing and/or gaining access to your care management record if you so desire.*
- 3. This Notice explains when your care management record is shared with others and for what reasons. An example of the types of entities who have access to your PHI is the Contracted System Administrator (CSA) for the Division of Children's System of Care (CSOC). PerformCare serves as the CSA for New Jersey Care Management Organizations.*
- 4. Routine operations for the CMO would not require us to secure authorization before sharing your information. Routine is defined as Treatment, Payment and Operations including any services that have to do with wraparound treatment, administrative functions of the CMO, and quality assurance functions of the CMO. Any information which is shared is done so by disclosing only that information which is "minimally necessary" in order to perform the operation of the CMO.*

When information is shared outside of routine operations we will seek your authorization in writing. If you give us your authorization, you may revoke that authorization any time in writing. We will honor your request, except to the extent that we have already taken action in accordance with your original authorization and when we are required by federal, state, or local law to do otherwise.

Here are some general examples of how your information is shared:

- For care coordination within CSOC, we may share your PHI for facilitation of services requests, as well as care coordination for components of your Individualized Service Plan.*

- *We may use your PHI to determine quality and outcomes of families like yours participating in NJ's DCF Division of Children's System of Care.*
- *We may use or disclose your PHI for a number of care management related activities, including all the activities that are defined by federal regulation as "health care operations". They include, but are not limited to, case management, care management, care coordination, utilization review, quality assessment and improvement, network and provider development, population based research to improve the quality of life for children and families involved in NJ's DCF Division of Children's System of Care.*
- *We may use and share your PHI to secure payment for care management services which we have provided.*
- *We will share your PHI when required by federal, state, or local law. We would be required to share this information when the law requires us to report information about suspected abuse, neglect or domestic violence, or related to suspected criminal activity. We must also share PHI with authorities that monitor our compliance with privacy requirements:*
- *We may share information about your PHI in response to a court or administrative order. We would share information in response to a subpoena. We will seek your authorization to share information requests in regards to discovery proceedings, or other lawful requests.*

Your Rights Regarding Your Protected Health Information (PHI)

The federal privacy rules entitle you to request access, inspection and copying of your PHI that we maintain about you that is included in what is called a "Designated Record Set". The summary below sets forth your rights relating to your PHI. You may exercise these rights by contacting Andrea Fogg, in writing at Cape Atlantic INK, 1413 Cantillon Boulevard Mays Landing, NJ 08330

- 1. To request restrictions on uses or sharing with others.** *You have the right to ask us how we use or share your PHI. We will consider any request you may have to restrict this disclosure. However, we do not have to agree to your request if "routine operations" are impeded in any manner. If we do agree to your request, we will put our agreement in writing and follow it, except in emergency situations. We cannot agree to limit the use of sharing information as required by law.*
- 2. To choose how we contact you.** *You have the right to request that we communicate with you about care management services in a certain way or at a certain location, if using standard means of communications may endanger you. For example, you can ask that we only contact you at work or by mail. To make a request regarding how we communicate with you, you must make your request, in writing to the CMO as indicated in the attached letter. We will honor your request as long as it is reasonable and appropriate for us to do so.*
- 3. To inspect and copy your record.** *You have a right to see and receive a copy of all your protected health information if you put that request in writing. We will respond to your request within the time required by law. If we deny your request, we will give you written reasons for the denial and explain your appeals rights. We will not provide access to clinical information, or information collected for legal action. These situations are not able to be appealed. If you want copies of your PHI, a charge for copying may be required depending upon situation. You also have the right to choose to receive a summary instead of a copy of your record.*

4. **To request changes or corrections to your PHI.** *If you believe that there is a mistake or missing information in your PHI, you may request that we correct or add to the record. You must submit this request in writing. We will respond with the time required by law. We may deny the request if we determine that the PHI is 1) correct and complete, 2) was not created by us and/or is not part of our records, or 3) is a type of information that we cannot disclose. If we deny your request for changes, we will tell you in writing the reasons for denial and explain rights to have your requests and our denial, together with any statement of disagreement made part of your PHI. If we approve the request for changes, we will change the PHI, and tell you and others that need to know about the change.*

5. **To find out what disclosures have been made.** *You have the right to request a list of the disclosures we made of your PHI, including the date of the request, the information given, the person receiving the PHI and the purpose of the disclosure. This list will not include disclosures made for the purposes of care coordination, treatment, payment or routine operations. This list will not include any disclosures made before April 14, 2003, and will not include disclosures that health authorities or law enforcement agencies asked us not to list. To request this list, you must send your request in writing. We will respond to your written request for a list within the time required by law. You can request a list of disclosures going back for up to six years but no earlier than April 14, 2003. There will be no charge for one list per 12 month period. There may be a charge for more than one list per year.*

How to Complain about our Privacy Practices

If you think that we may have violated your privacy rights, or you disagree with a decision that we made about access to or changes to your PHI, you may file a written complaint to with the HIPAA Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

To file a complaint contact:

Andrea Fogg, HIPAA Privacy Officer
Cape Atlantic I.N.K.
1413 Cantillon Blvd. Mays Landing, NJ 08330
Phone: 609-829-2038 ext.105
afogg@capeatlanticink.org

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W. Room 509F H Building
Washington, D.C. 20201
Phone: 866-627-7748/TTY: 886-788-4989
www.hhs.gov/ocr or
Email complaint to OCRComplaint@hhs.gov

We will not discriminate against you in any way for filing any complaint pertaining to this matter.

Cape Atlantic INK reserves the right to review and update this notice and will redistribute whenever a material or significant change to the uses or disclosures, family's rights, legal duties and/or other privacy practices stated in the notice.

CAPE/ATLANTIC INTEGRATED NETWORK FOR KIDS
Transportation Authorization

I understand that there will be occasions when CAPE/ATLANTIC I.N.K. or its Business Associate will need to transport one or more of my children. I authorize personnel of CAPE/ATLANTIC I.N.K. to

transport _____ (Print Name of youth)

CAPE/ATLANTIC I.N.K. is still responsible for obtaining my verbal permission prior to each transport.

I have read and understand all of the above.

Date: _____

_____ (Youth Name)

_____ (Youth Id#)

_____ (Parent/Legal Guardian – Print Name)

_____ (Parent/Legal Guardian (Signature))

_____ (CMO Staff Signature)