

NJ Children's System of Care

Contracted System Administrator – PerformCare®

Application for Determination of Eligibility for Children Under Age 18 with Developmental Disabilities

Form D: Notice of HIPAA Privacy Practices – Acknowledgement

This form must be signed upon receipt of the attached Notice of Privacy Practices and returned with the application. A Parent or the Legal Guardian must sign.

I, _____ (print name), hereby acknowledge that I have received the Notice of Privacy Practices on _____ (date).

I am the (please check one): Parent Legal Guardian

Parent or Legal Guardian Signature

Date

On behalf of:

Name of Child (Please Print)

Date of Birth

Notice of HIPAA Privacy Practices

Please Note: YOUR CHILD'S BENEFITS OR ELIGIBILITY WILL NOT BE AFFECTED BY THIS NOTICE.

This notice applies to individuals or legal guardians or parents of minor children receiving services from the Department of Children and Families.

Protected health information excludes individually identifiable health information in Education Records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g.

This notice describes how medical information about your child may be used and disclosed and how to get access to this information. Please review it carefully.

Understanding what is in your child's record and how your child's health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your child's health information, and make more informed decisions when authorizing disclosure to others.

OUR RESPONSIBILITIES:

The Department of Children and Families is required by law to:

- a. Maintain the privacy of your child's health information.
- b. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child.

In addition, the Department of Children and Families is required to:

1. Abide by the terms of this notice.
2. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
3. Notify you if we are unable to agree to a requested restriction.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will provide you with a revised notice.

GENERAL PRIVACY RULE

We will not use or disclose your child's health information without your written authorization, except as described in this notice.

Revoking Your Authorization: If you provide us with a written authorization to release your child's health information you may revoke that authorization at any time. A revocation must be in writing. A written revocation will not revoke your prior authorization if we have already released information based on your prior authorization or if your insurance coverage requires your written authorization.

Separate Authorization for Psychotherapy Notes: We will not release any psychotherapy notes about your child without a separate written authorization from you. You may revoke your specific written authorization at any time. A revocation must be in writing. A written revocation will not revoke your prior authorization if we have already released information pursuant to your prior authorization or if your insurance coverage requires your written authorization.

HOW WE MAY USE OR DISCLOSE YOUR CHILD'S HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION:

1. **Treatment.** We may use your child's health information for your child's treatment. For example, information obtained by a nurse, physician, or other member of your child's healthcare team will be recorded in your child's record and may be used to determine your child's diagnosis or the course of treatment that should work best for your child. A doctor or other health care professional may share your child's information with other health care professionals who are either part of PerformCare, the Department of Children and Families, or who are outside of the Department of Children and Families to determine how to diagnose or treat your child.
2. **Payment.** We may use your child's health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies your child, as well as your child's diagnosis, procedures and supplies used.
3. **Health care operations.** We may use your child's health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your child's health record to assess the care and outcomes in your child's case and others like it.
4. **Business Associates.** There are some services provided in our organization through contracts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your child's health information to our business associates so that they can perform the job we've asked them to do. To protect your child's health information, however, we require that the business associates appropriately safeguard your child's information.
5. **Family and Friends Involved in Your Child's Care.** If you do not object, we may share your child's health information with a family member, a relative or close personal friend who is involved in your child's care or payment related to your child's care. We may also notify a family member, personal representative or another person responsible for your child's care about your child's location and general condition. In some cases, we may need to share your child's information with a disaster relief organization that will help us to notify those persons.
6. **Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your child's health information.
7. **Funeral directors.** We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
8. **Organ procurement organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking of organs, or transplantation of organs for the purpose of tissue donation and transplant.
9. **Contacts.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
10. **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

11. **Workers compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
12. **Public Health.** As required by law, we may disclose your child's health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
13. **Correctional institution.** Should your child be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your child's health and the health and safety of other individuals.
14. **Law enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
15. **Abuse, Neglect or Domestic Violence.** We may disclose your child's health information to the extent provided by law to an authority, social service agency or protective services agency if we reasonably believe that your child has been a victim of abuse, neglect or domestic violence. We will notify you of this disclosure promptly unless it would place your child at risk of serious harm.
16. **Health Oversight Activities.** We may disclose your child's health information to a health oversight agency for activities authorized by law such as audits, civil administrative or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for oversight of the health care system, government benefit programs, government regulated programs, or compliance with civil rights laws.
17. **Judicial and Administrative Proceedings.** We may disclose your child's health information in response to an order of a court or administrative tribunal, or in response to a valid subpoena if we receive satisfactory assurances from the party seeking the information that the party has made an attempt to notify you or to secure a protective order for your child's information.
18. **National Security and Intelligence Activities.** We may disclose your child's health information to authorized federal officials for national security activities.

YOUR CHILD'S HEALTH INFORMATION RIGHTS

Although your child's health record is the physical property of the Department of Children and Families, the information in your child's health record belongs to you and your child. You have the following rights:

1. You may request that we not use or disclose your child's health information for a particular reason related to treatment, payment, the Department's general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing to the privacy officer. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.
2. You have the right to receive confidential communications of your child's health information. If you are dissatisfied with the manner in which or location where you are receiving communications from us that are related to your child's health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the privacy officer. We will accommodate all reasonable requests.
3. You may request to inspect and/or obtain copies of health information about your child, which will be provided to you within 30 days. Such requests must be made in writing to the privacy officer. If you request to receive a copy, you may be charged a reasonable fee.

4. If you believe that any health information in your child's record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. You must provide a reason to support your request. Such requests must be made in writing to the privacy officer.
5. You may request that we provide you with a written accounting of all disclosures made by us of your child's health information for up to a six-year period of time; however, disclosures made prior to April 14, 2003, do not have to be accounted for by law. We ask that such requests be made in writing to the privacy officer. Please note that an accounting will not include the following types of disclosures: disclosures made for treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your child's care; disclosures authorized by you or your legal representative; disclosures to correctional institutions or law enforcement officials or for national security purposes; disclosures made from the directory; and disclosures that are incidental to permissible uses and disclosures of your child's health information (for example, when information is overheard by another patient passing by). There is no charge for the first request for an accounting made in any twelve-month period, but there may be a reasonable charge for additional requests in the same twelve-month period.
6. You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.
7. You may revoke any authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing to the privacy officer.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Department's Privacy Officer at the address below.

If you believe that your child's privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing to the Department's Privacy officer. The complaint form may be obtained from the Department's Privacy Officer and when completed should be returned to:

State of New Jersey, Department of Children and Families

PO Box 717
Trenton, NJ 08625

You may also file a complaint with the Secretary of the federal Department of Health and Human Services by writing to:

DHHS

200 Independence Avenue SW
Washington DC 20201

This needs to be done within 180 days of when the problem happened. You can also complain to the Office of Civil Rights by calling **866-627-7748**.

If you make a complaint to the Department's Privacy Officer or to the Secretary of Health and Human Services, there will be no retaliation against your child and your child's benefits will not be affected.

Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare reduces language barriers to accessing services through the New Jersey Children's System of Care by:

- Providing free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
 - Telecommunication devices such as Device for the Deaf (TDD) and Text Telephone (TTY) systems to enable individuals who are deaf, hard of hearing, or speech-impaired to use the phone to communicate.
- Providing language services at no cost to people whose primary language is not English, such as:
 - Qualified interpreter services.
 - Information written in other languages.

If you need these services, contact PerformCare at **1-877-652-7624** or [TTY (for the hearing impaired) **1-866-896-6975**]. We are available 24 hours a day, seven days a week.

If you believe that PerformCare 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 submit a complaint by mail or phone, by either calling PerformCare's Quality department at **1-877-652-7624** or by writing to:

PerformCare
Attn: Quality Department
300 Horizon Center Drive, Suite 306, Robbinsville, NJ 08691

If you need help filing a complaint, PerformCare's Quality department is available to help you.

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, DC 20201

1-800-368-1019, 1-800-537-7697 (TDD)

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

Multi-language interpreter services

Attention: If you do not speak English, language assistance services are available to you at no cost. Call 1-877-652-7624 (TTY 1-866-896-6975).

Spanish: Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-652-7624 (TTY 1-866-896-6975).

Portuguese: Atenção: Se fala português, encontra-se disponível serviço gratuito de intérprete pelo telefone 1-877-652-7624 (TTY 1-866-896-6975).

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-652-7624 (رقم هاتف الصم والبكم: 1-866-896-6975).

Haitian Creole: Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-652-7624 (TTY: 1-866-896-6975).

Chinese Mandarin: 注意: 如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: 1-877-652-7624 (TTY 1-866-896-6975)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-652-7624 (TTY 1-866-896-6975) 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-877-652-7624 (TTY 1-866-896-6975)।

French: Attention : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-652-7624 (TTY 1-866-896-6975).

Vietnamese: Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-652-7624 (TTY 1-866-896-6975).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-652-7624 (TTY 1-866-896-6975) पर कॉल करें।

Chinese Cantonese: 注意: 如果您使用粵語, 您可以免費獲得語言援助服務。請致電 1-877-652-7624 (TTY 1-866-896-6975)。

Polish: Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-652-7624 (TTY 1-866-896-6975).

Urdu:

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-877-652-7624 (TTY: 1-866-896-6975).

Turkish: Dikkat: Türkçe konuşuyorsanız dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-877-652-7624 (TTY 1-866-896-6975) numaralı telefonu arayın.

Russian: Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-652-7624 (TTY 1-866-896-6975).