



## **Confidentiality of Client Records Policy**

The Health Insurance Portability and Accountability Act of 1996 is a federal law which establishes standards to improve privacy and security of an individual's identifiable health information. HIPPA privacy standards:

- Limit the non-consensual use and release of an individual's health information;
- Give individuals rights to access their health records and to know who else has accessed them;
- Restrict access and disclosure of health information to the minimum needed for the intended purpose;
- Establish criminal and civil sanctions for improper access, use and/or disclosure of protected health information and establish requirements for access to health records by researchers and others.

PrimeTime Center functions as a healthcare provider and is required by law to maintain the privacy and security of participants' health information. PTC must notify a participant and/or caregiver if a breach occurs. As a rule, PrimeTime Center will not disclose participant health information without their written consent. We may use or disclose information without their authorization for the following purposes:

- **Treatment** - PrimeTime Center may use or disclose health information to healthcare providers who are involved in a participant's treatment.
- **Payment** – PrimeTime Center may use or disclose health information (ex. diagnosis, procedure codes, etc.) to receive payment for services rendered.
- **Operations** – PrimeTime Center may use or disclose health information in order to manage our business, improve client care and to contact clients when necessary.
- **Required by Law** – PrimeTime Center will disclose information to a public health agency that maintains vital records.

- **Abuse, Neglect and Exploitation** – PrimeTime Center may disclose health information to report any and all cases of abuse, neglect and exploitation of a client.
- **To Avoid Harm** – PrimeTime Center may use and disclose health information to law enforcement in order to avoid a serious threat to the health and safety of a client.
- **Lawsuits** – PrimeTime Center may use or disclose health information in response to a Court or Administrative Order, subpoena, discovery request or other lawful process.
- **Law Enforcement** – PrimeTime Center may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **National Security** – PrimeTime Center may disclose health information to authorized federal officials for intelligence, counter intelligence and other national security activities authorized by law.
- **Family and Friends involved in Care** – PrimeTime Center may disclose health information to family members and caregivers if the client does not object.

For all other situations, PrimeTime Center will ask for written authorization before using or disclosing information for any other purpose that what is mentioned above. If authorization is given by a PrimeTime Center client or their legal guardian it may be withdrawn at any time. If a client/guardian revokes their written authorization, PrimeTime Center will no longer use or disclose their health information as allowed by their written authorization, except to the extent that was already relied upon.

PrimeTime Center clients may file a complaint or report a problem regarding the use or disclosure of their health information to:

State of New Jersey  
 Department of Human Services  
 Office of Legal and Regulatory Affairs  
 Box 700  
 Trenton NJ 08625  
 888-347-5345

U.S. Dept. of Health and Human Services  
 Office of Civil Rights  
 200 Independence Ave, S.W., Room 509H P.O.  
 Washington DC, 20201  
 866-627-7748



**PrimeTime Center cares about your privacy and wants you to be familiar with your rights under the Health Insurance Portability and Accountability Act.**

**\*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 to the program supervisor. We will provide a response to your request within 30 days.

**\*Right to an electronic copy of your 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 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 to the program supervisor 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 to the program supervisor. You don't have to explain a reason for the request.

**\*Right to get a list of disclosures.** You have a right to ask us for a list of disclosures. You must make a request in writing. This will not include information shared for treatment, payment or health operation purposes.

**\*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 to the program supervisor and indicate what information should be limited.

**\*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 to the program supervisor. 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 PrimeTime Center has 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.

I have read and received the PrimeTime Center Privacy Rights Page and have directed any questions to the attention of the Program Supervisor.

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Client/Guardian Signature

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Date

