

**Bunker Hill Consultation Center**  
**NEW JERSEY NOTICE FORM**

**Notice of Psychologists’ Policies and Practices to Protect the Privacy of  
Your Health Information**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
  - *Treatment* is when BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE consult with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE obtain reimbursement for your healthcare. Examples of payment are when BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

## II. Uses and Disclosures Requiring Authorization

BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE ask for information for purposes outside of treatment, payment and health care operations, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE will obtain an authorization from you before releasing this information. BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE have made about our conversation during a private, group, joint, or family counseling session, which BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

## III. Uses and Disclosures with Neither Consent nor Authorization

BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE have reasonable cause to believe that a child has been subject to abuse, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE must report this immediately to the New Jersey Division of Youth and Family Services.
- **Adult and Domestic Abuse:** If BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE reasonably believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE may report the information to the county adult protective services provider.

- **Health Oversight:** If the New Jersey State Board of Psychological Examiners issues a subpoena, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE may be compelled to testify before the Board and produce your relevant records and papers.
  
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE have provided you and/or the records thereof, such information is privileged under state law, and BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE must inform you in advance if this is the case.
  
- **Serious Threat to Health or Safety:** If you communicate to me a threat of imminent serious physical violence against a readily identifiable victim or yourself and BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE believe you intend to carry out that threat, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE must take steps to warn and protect. BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE also must take such steps if BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE take to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other health care facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the intended victim is under 18, and warning your parents if you are under 18.
  
- **Worker's Compensation:** If you file a worker's compensation claim, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE may be required to release relevant information from your mental health records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.

#### IV. Patient's Rights and Psychologist's Duties

##### Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE may deny your request. On your request, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from Bunker Hill Consultation Center or its representative upon request, even if you have agreed to receive the notice electronically.

Psychologists' Duties:

- BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE reserve the right to change the privacy policies and practices described in this notice. Unless BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE notify you of such changes, however, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE are required to abide by the terms currently in effect.
- If BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE revise our policies and procedures, BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE will notify me by phone or by mail.

V. Complaints

If you are concerned that BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE have violated your privacy rights, or you disagree with a decision BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE made about access to your records, you may contact Dr. Rosenbaum at (908) 874-5115.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on the date signed by you. BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE maintain. BUNKER HILL CONSULTATION CENTER OR ITS REPRESENTATIVE will provide you with a revised notice by phone or mail.

I have read and reviewed this policy. I understand the policy and agree to its contents. A copy of this document was provided to me.

Name: \_\_\_\_\_

Date: \_\_\_\_\_