

**Catholic Charities, Diocese of Trenton**  
**NOTICE OF PRIVACY PRACTICES**

**This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This document will be explained to you during the admission process, however, please review it carefully.**

We have a legal duty to safeguard the privacy of health information, including Substance Use Disorder (SUD) records protected under 42 CFR Part 2. This notice serves as both our HIPAA Notice of Privacy Practices and our 42 CFR Part 2 Confidentiality Notice. Your SUD information is protected by both laws. Where these laws differ, we apply the stricter standard to your SUD records.

We will protect the privacy of the personal health information (PHI) that we maintain that identifies you, whether it deals with the provision of health care to you or the payment for health care. We are required by law to provide you with this Notice about our privacy practices. It explains how, when and why we may use and disclose your health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice, which is currently in effect and we will not retaliate or discriminate against you for exercising your privacy rights or reporting a potential violation. (Reference: Health Insurance Portability and Accountability Act of 1996 and HITECH 09/2013).

However, we reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your health information that we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice on the bulletin board on your unit/program. You may also request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time, from your therapist.

We would like to take this opportunity to answer some common questions concerning our privacy practices:

**QUESTION: HOW WILL THIS ORGANIZATION USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?**

**Answer:** We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. We will not, however, disclose any information identifying you as having, or having had, a substance use disorder (i.e. SUD records) unless: (a) you provide written consent; (b) the disclosure is permitted by a specific exception under 42 CFR Part 2; or (c) the disclosure is otherwise required by law.

Below, we describe the different categories of our uses and disclosures and give you some examples of each.

**1. Uses and Disclosures Relating to Treatment, Payment, or Healthcare Operations.** We may, by federal law, use and disclose your health information (other than SUD records) for the following reasons:

**1.1 For Treatment.** We may disclose necessary health information to other health care providers who are involved in your care. For example, we may disclose your medical history

to a hospital if you need medical attention while at our facility or to a residential care program we are referring you to. Reasons for such a disclosure may be: to get them the medical history information they need to appropriately treat your condition, to coordinate your care or to schedule necessary testing.

- 1.2 To Obtain Payment for Treatment.** We may use and disclose necessary health information in order to bill and collect payment for the treatment that we have provided to you. For example, we may provide certain portions of your health information to your health insurance company, Medicare or Medicaid, in order to get paid for taking care of you.

**Exception Under ARRA/HITECH: Out of Pocket (HITECH)**

Catholic Charities and their BA's will grant restrictions of disclosure of PHI to a payer which is requested by the client if:

- Disclosure is for the purpose of carrying out payment or health care operations and not otherwise required by law;
- AND
- The PHI would relate solely to a health care items or services for which Catholic Charities has been paid in full and out of pocket by the individual.

Catholic Charities will flag the restricted PHI via a notation in the client record.

- 1.3 For Health Care Operations.** We may, at times, need to use and disclose your health information to run our organization. For example, we may use your health information to evaluate the quality of the treatment that our staff has provided to you. We may also need to provide some of your health information to our accountants, attorneys, and consultants in order to make sure that we're complying with law.

- 1.4 SUD Records General Rule.** Under the 2024 Final Rule, you may provide a single written consent allowing your substance use disorder (SUD) records to be used or disclosed for treatment, payment, or healthcare operations, consistent with HIPAA. Once you provide written consent, permitted recipients may redisclose your SUD information only as allowed under HIPAA's privacy protections and minimum necessary standards. Each redisclosure must include the notice below.

Notice of Federal Law (42 CFR Part 2 Statement):

*This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the individual to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose*

- 1.5 SUD Records and Emergencies.** In a bona fide medical emergency where your consent cannot be obtained, limited SUD information may be disclosed to medical personnel as necessary to address the emergency.

- 1.6 The right to be notified in the event of a breach.** We are obligated to notify you in the event of a breach of your unsecured PHI/ SUD Records and will use such information to

notify you of a use or disclosure of your health information that is not permitted by HIPAA or 42 CFR Part 2, including to notify you of the type of information that has been breached.

**2. Certain Other Uses and Disclosures are permitted by Federal Law.** We may use and disclose your health information (including SUD records) without your authorization for the following reasons:

- 2.1 When a Disclosure is required by Federal, State, or Local Law, in Judicial or Administrative Proceedings or by Law Enforcement.** For example, we may disclose your protected health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as in the case of a dog bite, suspected child abuse or a gunshot wound. Your SUD records, however, may only be disclosed to law enforcement or in used or disclosed in any civil, criminal, administrative or legislative proceedings conducted by any federal, state or local authority against you with your written consent or pursuant to a valid court order after you have had an opportunity to object as set forth in 42 CFR Part 2. The requirement for your consent or a court order does not apply to our reporting of incidents of suspected child abuse and neglect to the appropriate federal or state authorities.
- 2.2 For Public Health Activities.** Under the law, we need to report information about certain diseases, and about any deaths, to government agencies that collect that information. With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and status (for which we may need your specific authorization), we are also permitted to provide some health information to the coroner or a funeral director, if necessary, after a client's death. SUD records may only be disclosed to a public health authority if they are appropriately de-identified.
- 2.3 For Health Oversight Activities.** For example, we will need to provide your health information if requested to do so by the County and/or the State, when they oversee the program in which you receive care. We will also need to provide information to government bodies, such as New Jersey Service Area of Mental Health Services, New Jersey Department of Health and Senior Services, Service Area of Youth and Family Services, etc. that have the right to inspect our offices and/or investigate healthcare practices.
- 2.4 For Organ Donation.** If one of our clients wished to make an eye, organ or tissue donation after their death, we may disclose certain necessary health information to assist the appropriate organ procurement organization.
- 2.5 For Research Purposes.** In certain limited circumstances (for example, where approved by an appropriate Privacy Board or Institutional Review Board under federal law), we may be permitted to use or provide protected health information for a research study. Your SUD records may be disclosed for research, audit, or evaluation consistent with 42 CFR Part 2, provided appropriate privacy safeguards are maintained.
- 2.6 To Avoid Harm.** If one of our counselors, physicians, or nurses believes that it is necessary to protect you, or to protect another person or the public as a whole, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm. SUD records, however, may only be disclosed if the disclosure is

authorized by an appropriate court order in order to avert a substantial risk of death or serious bodily harm.

- 2.7 For Specific Government Functions.** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose the health information of military personnel or veterans where required by U.S. military authorities. Similarly, we may also disclose a client's health information for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation.
- 2.8 For Workers' Compensation.** We may provide your health information (excluding SUD records) as described under the workers' compensation law, if your condition was the result of a workplace injury for which you are seeking workers' compensation.
- 2.9 Appointment Reminders and Health-Related Benefits or Services.** Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with appointment reminders or to (give you information about/send to you newsletters about) alternative programs and treatments that may help you.
- 2.10 Fundraising Activities. We may use your protected health information for our own fundraising activities; however, we will not use or disclose your SUD records for fundraising unless you are first provided with the opportunity to opt out.** For example, if our Organization chose to raise funds to support one or more of our programs or facilities, or some other charitable cause or community health education program, we may use the information that we have about you (including your SUD records if you have not chosen to opt out.) If you do not wish to be contacted as part of any fundraising activities, or want to opt out of fundraising, please contact your therapist.
- 2.11 De-Identified and Limited Data.** Protected health information and SUD records that have been de-identified consistent with HIPAA may be used or disclosed without your consent as permitted under both Part 2 and HIPAA.
- 2.12 Business Associates.** We may disclose your protected information to business associates and may allow our business associates to create, receive and maintain or transmit your protected health information of our behalf, provided we have obtained satisfactory assurances that the business associates will safeguard your information. For example, we may disclose your health information (including SUD records if we have your consent to disclosure for treatment, payment and healthcare operations) to a billing company that files claims on our behalf.
- 3. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**
- 3.1 Disclosures to Family, Friends, or Others Involved in Your Care.** We may provide a limited amount of health information to a family member, friend or other person known to be involved in your care or in the payment for your care, unless you tell us not to. For example, if a family member comes with you to your appointment and you allow them to come into

the treatment room with you, we may disclose otherwise protected health information to them during the appointment, unless you tell us not to.

**3.2 Disclosures to Notify a Family Member, Friend, or Other Selected Person.** When you first started in our program, we asked that you provide us with an emergency contact person in case something should happen to you while you are at our facilities. Unless you tell us otherwise, we will disclose certain limited health information about you (your general condition, location, etc.) to your emergency contact or another available family member, should you need to be admitted to the hospital, for example.

**4. Other Uses and Disclosures Require Your Prior Written Authorization.** In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. In addition, we need to ask for your specific written authorization to disclose information concerning your mental health, drug and alcohol abuse and/or treatment, or to disclose your HIV status. If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

The following uses and disclosures will be made only with your written authorization:

- Sale of PHI
- Marketing
- Disclosure of psychotherapy notes
- Other uses and disclosures not described in this Notice of Privacy Practice

**5. Prohibited Uses/ Disclosures.** Notwithstanding anything else in this Notice, a health plan (excluding an issuer of a long-term care policy) cannot use or disclose your genetic information for underwriting purposes. For example, a health plan cannot use your genetic information to calculate the cost of your premium.

**QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PROTECTED HEALTH INFORMATION?**

**Answer:** You have the following rights with respect to your protected health information:

- 1. The Right to Request Limits on Uses and Disclosures of Your Health Information.** You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but you should know that - other than with respect to disclosures to a payor for purposes of treatment, payment and healthcare operations provided the restricted PHI related solely to health care items or services for which we have been paid out of pocket and in full - we are not required to agree to it. If we do agree to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.
- 2. The Right to Choose How We Send Health Information to You or How We Contact You.** You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address) or by alternate means (for

example, by e-mail/mail instead of telephone). We must agree to your request so long as we can easily do so.

- 3. The Right to See or to Get a Copy of Your Protected Health Information.** In most cases, you have the right to look at or get a copy of your health information that we have, but you must make the request in writing. A request form is available from your therapist. We will respond to you within 30 days after receiving your written request. If we do not have the health information that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial. In certain circumstances, you may have a right to appeal the decision.

If you request a copy of any portion of your protected health information, we will charge you, a reasonable fee, labor or postage as allowed under New Jersey state law. We need to require that payment be made in full before we will provide the copy to you. If you agree in advance, we may be able to provide you with a summary or an explanation of your records instead. There will be a charge for the preparation of the summary or explanation.

Whenever access is permitted it will be provided in the form or format requested if it is readily producible in such format, or in a readable hard copy or hybrid format. Whenever access is permitted, the requested information will be scanned into a PDF file from Millennium; electronic health record systems and will be password protected and/or encrypted. If you ask that your PHI be sent by unencrypted email, we will advise you of the security risks and will have the you acknowledge such risk on the authorization you sign. We will encourage password protection/encryption. You may request that we transmit your health information to another person as designated by you, but you should understand that such person may not be under an obligation to protect the privacy of your health information and that your health information may be subject to redisclosure by the

- 4. The Right to Receive a List of Certain Disclosures of Your Health Information That We Have Made.** You have the right to get a list of certain types of disclosures that we have made of your health information. This list would not include uses or disclosures for treatment, payment, or healthcare operations, disclosures to you or with your written authorization, or disclosures to your family for notification purposes or due to their involvement in your care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than the six (6) year period prior to your request.

To make such a request, we require that you do so in writing; a request form is available upon asking your therapist. We will respond to you within 60 days of receiving your request. If we can't provide an accounting of disclosures within that time frame, we will send you a letter before the end of the 60 day period advising you of the reason for the delay and when we will be able to provide the accounting, which will be no later than 30 additional days. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), a brief description of the information disclosed, and a brief reason for the disclosure. We will provide such a list to you at no charge; but, if you make more than one request in the same calendar year, you will be charged a reasonable fee for each additional request that year.

**5. The Right to Ask to Correct or Update Your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we make an appropriate change to your information. You must make the request in writing, with the reason for your request, on a request form that is available from your therapist. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your health information, tell you when we have done so, and will tell others that need to know about the change.

We may deny your request if the protected health information:

- Is correct and complete
- Was not created by us
- Is not allowed to be disclosed to you
- Is not part of our records

Our written denial will state the reasons that your request was denied and explain your right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.

**6. The Right to Get a Paper Copy of This Notice.** You have the right to a copy of this notice.

**QUESTION: HOW DO I COMPLAIN OR ASK QUESTIONS ABOUT THIS ORGANIZATION'S PRIVACY PRACTICES?**

**Answer:** If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns or complaints, please contact the Director of Quality Improvement and Compliance at Catholic Charities of Trenton, 10 Southard Street, Trenton, New Jersey 08609 or call (609) 394-5181 extension 2308 You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services and/or with SAMHSA. We may not take any retaliatory action against you if you lodge any type of complaint.

**QUESTION: WHEN DOES THIS NOTICE TAKE EFFECT?**

**Answer:** This Notice takes effect on **February 2026**. (Original June 2003; updated September 2013)

## HIPAA & 42 CFR Part 2 Notice of Privacy Practices Acknowledgment

I acknowledge that I have been offered and/or received a copy of the agency's Notice of Privacy Practices. This notice explains how my protected health information (PHI) may be used and disclosed, and outlines my rights under HIPAA, including the right to request restrictions, access my records, and request amendments. I have read, reviewed, and had explained to me my rights regarding the use and disclosure of my PHI. I have asked and have had answered any questions I may have concerning the use and disclosure of said information, and I am satisfied that I understand its contents and significance.

In addition, I acknowledge that I have been informed of federal confidentiality protections under 42 CFR Part 2, which prohibit the disclosure of substance use disorder treatment information without my written consent unless otherwise permitted by law. I understand that I have the right to authorize or deny such disclosures, that any authorization may be revoked in writing, and that redisclosure is prohibited unless expressly permitted under 42 CFR Part 2 or other applicable laws.

### Consumer Signature (Required)

Consumer Name (Print): \_\_\_\_\_  
Consumer Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### Parent/Guardian / Legal Representative (If Applicable)

Name (Print): \_\_\_\_\_  
Relationship to Consumer: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

If signed by a Personal Representative, describe authority (e.g., parent of minor, legal guardian, POA, etc.)

### Witness

Witness Name (Print): \_\_\_\_\_  
Witness Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### Optional Internal Documentation (if applicable)

- Consumer declined a copy of the Notice of Privacy Practices
- Copy provided to consumer on: \_\_\_\_\_ (date)