



Notice of Privacy Practices for Protected Health Information

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

We understand that health information about you and your health is personal. We therefore are committed, and required by law, to maintain the privacy of your health information and to provide you with notice of your rights and our legal duties and privacy practices with respect to your health information. We are also required to notify you following a breach of your unsecured protected health information. We will not use or disclose your health information except as described in this Notice. This Notice applies to all of the health information maintained by the Brain Injury Alliance of New Jersey ("BIANJ") with respect to its participation in the Supports Program of the New Jersey Department of Human Services, Division of Developmental Disabilities ("DDD").

How We May Use and Disclose Your Health Information

We may use and disclose your health information as described below. However, this Notice is only meant to give you a general overview and not to describe all specific possible uses and disclosures that may occur.

- **Payment** - We may use and disclose health information about you so that we may bill and receive payment for services that you receive. For example, a bill sent to DDD/NJ Medicaid may include information that identifies you and the support coordination services rendered.
- **Health Care Operations** - We may use and disclose your health information for our health care operations, including quality assurance, auditing, accreditation, licensing or credentialing activities. For example, we may review your health information to make sure that BIANJ personnel are providing quality service to all participants.
- **Persons Involved in Your Care** – if you agree, we may disclose your health information to family members, other relatives, close personal friends, or any other person(s) or agencies/service provider(s) you identify who are involved with your care.
- **Required by Law** - We may use and disclose health information about you when required to do so by federal or state law.
- **Other Uses** - Any other uses and disclosures of your health information will be made by BIANJ only upon direction from the DDD in accordance with DDD's HIPAA Notice of Privacy Practices or with your written authorization. If you provide an authorization to use or disclose your health information, you may revoke such authorization except to the extent that action has already been taken by BIANJ in reliance on your prior authorization. To exercise your right to revoke your authorization, please write to the BIANJ HIPAA Compliance Officer at the address at the end of this Notice.

Your Rights Regarding Your Health Records

You have the following rights with respect to your health information. To exercise these rights, please contact DDD at the address indicated below.

- **Right to Confidential Communications** - You have the right to request to receive confidential

communications of your health information by alternative means or at alternative locations.

- **Right to Request to Inspect and to Obtain a Copy** - You have the right to inspect and to obtain a copy of your health information.
- **Right to Request Amendment** - You have the right to request to amend your health information.
- **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of your health information.
- **Right to an Accounting of Disclosures** - You have the right to request that we provide you with an accounting of certain disclosures we have made of your health information.
- **Right to Receive a Copy of this Notice** - You have the right to receive a paper copy of this Notice upon request.

All requests to exercise your rights above must be made in writing to DDD at the address below:

**222 South Warren Street
Trenton, NJ 08608**

Note that DDD is not necessarily required to agree to a request for restrictions.

Changes in this Notice of Privacy Practices: BIANJ is required to abide by the terms of its Notice of Privacy Practices ("Notice") currently in effect. BIANJ reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Should BIANJ make such changes to its Notice, BIANJ will promptly post the revised Notice on its website: <https://bianj.org/support-coordination/>

For More Information or to Make a Complaint

If you have questions or would like additional information, you may call 732-745-0200. If you believe your privacy rights have been violated, you may file a complaint with BIANJ, DDD or with the Secretary of the Department of Health and Human Services. To file a complaint, please contact the Privacy Officer at **Brain Injury Alliance of NJ, 825 Georges Road, North Brunswick, NJ 08902**. There will be no retaliation for filing a complaint.

**Acknowledgement of BIANJ's
Notice of Privacy Practices for Protected Health Information**

I, _____, have received the Notice of Privacy Practices for Protected Health Information from the Brain Injury Alliance of New Jersey.

Signature (or mark) of Individual
or Legal Guardian: _____ Date: _____

Print Name of individual or Legal Guardian: _____