Career Opportunity Development, Inc.

Notice of Privacy Practices

This notice describes how healthcare information about you in paper and electronic form may be used and disclosed and how you can get access to this information. Please review it carefully.

**Our Responsibilities**

* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* We will not use or share your information other than as described here unless you tell us we can in writing. Let us know in writing if you change your mind. We cannot take back information we shared before you changed your mind.

# **Changes to the Terms of this Notice**

# We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, [www.njcodi.org](http://www.njcodi.org), and our main office, 901 Atlantic Ave. Egg Harbor City.

# Our Uses and Disclosures

## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Provide Services**

We can use your health information and share it with other professionals who are providing services to you or processing your benefits.

**Bill for your services**

We can use and share your health information to bill and get payment from other entities.

We can use and share your health information with entities known as Business Associates providing services to you.

**Your Rights:**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your health information**

* You can ask to see health information we wrote about you.
* By law, if you ask us in writing, we must give you your health information that we wrote. You can send a letter to Director of Quality Improvement at 901 Atlantic Ave. Egg Harbor City, NJ 08215 or by email to twinchester@njcodi.org
* We will provide a copy of your health information within ten (10) business days of your request.
* We may charge a cost-based fee for copies.
* We may restrict your access if there is a compelling reason that seeing your health information could cause you harm.

**Ask us to correct your health information**

* You can ask us to correct health information about you that you think is incorrect or incomplete.
* We may say “no” to your request.
* You can file a statement disagreeing with our decision.
* We may file a “statement of disagreement.”
* We will give you a copy.

**Ask us to communicate with you a certain way**

* You can ask us to contact you in a specific way or to send mail to a different address.
* We will say “yes” to reasonable requests.
* We may require you to tell us your preferences in writing.

**Ask us to limit what we use or share**

* You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request. We may say “no” if it would affect your care or payment.
* If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

* You can ask for a list of the times we’ve shared your health information. You can ask who we shared it with and why.
* We’ll provide one accounting a year for free. We will charge a cost-based fee if you ask for more than one list per year.

## **How else can we use or share your health information?**

We are allowed or required by law to share your information in other ways without your permission to protect you or others.

**We can share health information about you:**

* In a medical emergency to prevent serious harm
* To prevent or reduce a serious threat to yours or anyone’s health or safety
* To receive reports of abuse or neglect
* In response to a court or administrative order, or in response to a subpoena
* To close family members or friends involved with your care to prevent serious harm
* With health oversight agencies for audits, investigations, and inspections
* With peer review organizations for accreditation and quality improvement activities
* To assist agencies in disaster relief efforts
* For workers’ compensation claims
* For health research with your permission, or after an approval process
* With organ procurement organizations if you are a donor
* With coroners, medical examiners, and funeral directors. Your health information is no longer protected 50 years after you pass away.

**File a complaint if you feel your rights are violated**

* Contact CODI’s Director of Quality Improvement, Taran Winchester, by email at twinchester@njcodi.org or by mail at 901 Atlantic Avenue, Egg Harbor City, NJ 08215
* Contact the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201.
* You can also call 1-877-696-6775 and file a complaint, or electronically <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.

**We will not retaliate against you for filing a complaint.**

**Revised 3/9/2020- Linda L. Carney, President/CEO**