



Notice of Privacy Practices

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.

If you have any questions about this Notice, please contact the Cope Center for Autism by calling 551-380-4870.

WHO THIS NOTICE APPLIES TO

This Notice describes the health information and related practices of the Cope Center for Autism, which includes:

- Cope Center for Autism, a NJ Nonprofit Corporation and its affiliates, including Jennifer Cope Pediatric Neurology, LLC. These separate legal entities comprise and are collectively referred to in this Notice as "Cope Center for Autism", "We" or "Our". These separate legal entities may use and disclose certain information about you between each other as permitted in this Notice.
- Any health care professional authorized to enter information in your chart.
- All employees, staff and other personnel and students.

OUR PLEDGE REGARDING YOUR INFORMATION

We understand that information about you and your health is personal. We are committed to protecting such information about you. We create a record of the care and services you receive at the Cope Center for Autism. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all your individually identifiable health information collected, created or received by the Cope Center for Autism, and relates to your past, present or future physical or mental health or condition, or Cope Center for Autism providing healthcare to you in the past, present or in the future. This is referred to as your "protected health information". Your protected health information may be found in our records of your care generated by Cope Center for Autism facilities, agencies and practices, their healthcare professionals and other healthcare professionals. Providers other than the Cope Center for Autism may have different policies or notices regarding the use and disclosure of your protected health information.

This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of such information to:

- make sure that protected health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices concerning such information about you; and
- follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

We use and disclose protected health information in many ways. For each category of uses or disclosures described in this Notice, we will explain what we mean and give some examples. It is not possible to describe each and every use or disclosure that may occur in a particular category listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. If a use or disclosure does not fall into one of these categories, we will generally be required to obtain your written authorization prior to disclosure.

- **For Treatment.** We may use or disclose protected health information about you to provide you with medical treatment or services. We may disclose such information about you to doctors, nurses, technicians, nursing and medical students or other Cope Center for Autism personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments and facilities of Cope Center for Autism also may share protected health information about you in order to coordinate the different care you need, such as prescriptions, referrals, lab work and X-rays. We also may disclose your protected health information to health care providers outside of the Cope Center for Autism who need this information for treatment purposes, such as your primary care provider or other individuals providing services that are part of your care.
- **For Payment.** We may use and disclose protected health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or another responsible third party. For example, we may need to give your health plan information about a procedure you received at the office so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive from Cope Center for Autism to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose your information for these purposes to individuals or entities that provide us with billing or collection services.

- **For Healthcare Operations.** We may use and disclose protected health information about you for Cope Center for Autism healthcare operations. These uses and disclosures are necessary to run the Cope Center for Autism, and to provide all of our patients with quality care. For example, we may use your information to review our treatment and services and to evaluate the performance of our staff or other healthcare professionals in caring for you. We may also combine information about Cope Center for Autism patients to decide what additional services are needed, what services are not needed or whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, nursing and medical students and other individuals for review and learning purposes. We may also, subject to certain requirements, combine patient information we have with patient information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose your protected health information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Health-Related Benefits and Services.** We may use and disclose your protected health information to tell you about health-related benefits or services we provide that may be of interest to you.
- **Fundraising Activities.** We may use demographic information about you, such as name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of services, department of services, treating physician or information regarding outcome, to contact you in an effort to raise money for the Cope Center for Autism.
- **Individuals Involved in Your Care or Payment for Your Care.** We are permitted to release protected health information about you to a family member or other individual involved in your medical care. We may also give information to someone who helps pay for your care. We will give you an opportunity to object to these disclosures.
- **As Required By Law.** We will use and disclose protected health information about you when required to do so by federal, state or local law or in response to a court order.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat, and as otherwise permitted by applicable law.
- **Business Associates.** We may disclose protected health information about you to our vendors and contractors (our "business associates") that perform functions on our behalf or provide us with services, if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your

information and are not permitted to use or disclose any information other than as specified in our contract or as otherwise permitted by federal, state or local law.

SPECIAL SITUATIONS INVOLVING YOUR PROTECTED HEALTH INFORMATION

- **Public Health.** We may disclose your protected health information for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose such information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, or pursuant to your authorization.
- **Law Enforcement.** We may release certain limited information about you if asked to do so by a law enforcement official, such as:
 - in response to a subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness or missing person;
 - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct on our premises; and
 - in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Other.** In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information, e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs may also limit the disclosure of beneficiary information for purposes unrelated to the program.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. To inspect and copy such information that may be used to make decisions about you, you must submit your request in writing. For medical records, please write to the Cope Center for Autism, 579 Franklin Turnpike, Ridgewood, NJ 07450. If you request a copy of the information, we may charge a reasonable cost-based fee for copying, mailing or other supplies associated with your request.
 - We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your protected health information, you may request, in writing, that the denial be reviewed. Another licensed healthcare professional chosen by the Cope Center for Autism will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.
 - Parents and guardians may not have access to all of the information concerning a minor patient's care or treatment. For example, records related to emancipated care or treatment, which you may have received as a minor, such as related to pregnancy, sexually transmitted disease or certain mental health information, may not be made available to your parent or guardian without your consent unless state laws would authorize us to make such information available to your parent or guardian.
- **Right to Amend.** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to include additional information or amend your medical record. You have the right to request an amendment for as long as all the information, both old and new, is kept by or for the Cope Center for Autism. To request an amendment, your request must be made in writing and submitted to the Cope Center for Autism 579 Franklin Turnpike, Ridgewood, NJ 07450. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in

writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the information which you would be permitted to inspect and copy;
 - is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of protected health information about you. To request this list or accounting of disclosures, you must submit your request in writing. Please write to the Cope Center for Autism, 579 Franklin Turnpike, Ridgewood, NJ 07450. Your request must state a time period, which may not be longer than six years from the date of your request. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional accounting of disclosures, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or healthcare operations. **We are not required to agree to your request in most cases.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or as required by law. We are required by law and will agree to restrict disclosure of your protected health information if your request pertains solely to a disclosure to a health plan when you have paid for services out-of-pocket and in full. For example, if you or a family member pay for a service completely out of pocket and ask us not to tell your insurance company about it, we will abide by this request.
 - To request restrictions, you must make your request in writing. Please write to the Cope Center for Autism, 579 Franklin Turnpike, Ridgewood, NJ 07450. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
 - To request confidential communications, you must make your request in writing. Please write to the Cope Center for Autism, 579 Franklin Turnpike, Ridgewood, NJ 07450. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice by writing to the Cope Center for Autism, 579 Franklin Turnpike, Ridgewood, NJ 07450.
- **Right to be Notified of a Breach.** You have the right and we will notify you of any breach of your unsecured protected health information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at all of our locations. The Notice will contain on the first page the effective date. In addition, each time you register at or are admitted for treatment or healthcare services, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Cope Center for Autism or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Cope Center for Autism, please write to or call the Cope Center for Autism, 579 Franklin Turnpike, Ridgewood, NJ 07450. **You will not be penalized or retaliated against for filing a complaint.**

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose such information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

For further information, please write to the Cope Center for Autism, 579 Franklin Turnpike, Ridgewood, NJ 07450. You may also contact the Cope Center for Autism by phone at 551-380-4870.