

Notice of Privacy Practices

NJ Recovery & Wellness, LLC & Advanced RAW Associates LLC

Morris: 205 Ridgedale Avenue, Suite 200 Florham Park, NJ 07932

Camden: 1930 Marlton Pike E, Suite E27 Cherry Hill, NJ 08003

NOTICE OF PRIVACY PRACTICES

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

I. PLEDGE REGARDING HEALTH INFORMATION:

NJ Recovery & Wellness, LLC (NJRAW) and all affiliated entities (Advanced RAW Associates LLC) understands that health information about you and your health care is personal and is committed to protecting health information about you. NJRAW creates a record of the care and services you receive to provide quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this behavioral health practice. This notice will tell you about the ways in which NJRAW may use and disclose health information about you. It also describes your rights to the health information kept about you, and describes certain obligations regarding the use and disclosure of your health information. NJRAW is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private
- Give you this notice of my legal duties and privacy practices with respect to health information
- Follow the terms of notice that is currently in effect
- NJRAW can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that NJRAW uses and discloses health information. Not every use or disclosure in a category will be listed. However, all of the permitted uses and discloses of information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. NJRAW may also disclose your PHI for treatment activities of any health care provider. This too can be done without your written authorization. For example if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your



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child 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 inform you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. NJRAW does keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in training
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, NJRAW can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although NJRAW’s preference is to obtain an Authorization from you, NJRAW may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. NJRAW may use and disclose your PHI to contact you to remind you that you have an appointment. NJRAW



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may also use and disclose your PHI to tell you about treatment alternatives, or other healthcare services or benefits offered.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

1. Disclosures to family, friends, or others. NJRAW may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask not to use or disclose certain PHI for treatment, payment, or health care operations purposes. NJ RAW is not required to agree to your request, and may decline your request if believed it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How PHI is Sent to You. You have the right to ask NJRAW to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to request a paper copy of your medical record. NJRAW may deny this request if it is believed this information would be damaging or affect your healthcare. You will be provided a response to such a request within 30 days of providing this request in writing. NJRAW may provide a copy of your medical record, or a summary if a summary is agreed to. You will be charged \$1.00 per page, and postage if the documentation is to be mailed. Any remaining account balance must be paid in full prior to release of documentation.
5. The Right to Get a List of the Disclosures NJRAW Has Made. You have the right to request a list of instances in which NJRAW has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided an Authorization. NJRAW will respond to your request for an accounting of disclosures within 60 days of receiving your request. You may request a listing of disclosures once annually with no fee; any additional requests will incur a fee of \$1.00 per page of the accounting of disclosures.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that NJRAW correct the existing information or add the missing information. NJRAW may deny your request, in which case NJRAW will provide an explanation in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.



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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on February 10, 2020 with the latest revision on April 29, 2024.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT

Client Name

Client Signature

Date

Parent/Guardian Signature

