HIPAA Served Individual's Rights Policies & Procedures	Program Area: HIPAA	Revised: November 2024	Number: 12.2

Policy: To reasonably safeguard Protected Health Information (PHI) from any intentional or unintentional use or disclosure that is in violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards and regulations (45 U.S.C. Parts 160 and 164), as amended, and the Health Information Technology for Economic and Clinical Health (HITECH) Act, effective March 2013, hereinafter referred to as the HIPAA Privacy and Security Rules.

Purpose: To protect the privacy of served individuals' PHI, and to ensure that such information is used and disclosed appropriately and in accordance with all applicable laws and regulations. It is also the policy of Our House, Inc. to permit any concerned person to file a formal complaint without fear of threat or other reprisal by Our House, Inc.

I. All persons served by Our House, Inc. and their personal representatives shall receive a copy of the Notice of Privacy Practices and Acknowledgement Form. The Notice and the Authorization Form shall be provided to all served individuals as part of the Intake application package and upon any and all future revisions to same.

A. Our House, Inc. will make every effort to secure a signed Acknowledgement of Receipt of the Notice of Privacy Practices from each individual/personal representative (attached to the Notice of Privacy Practices). A copy of the acknowledgement will be maintained in the served individual's record. All efforts to obtain a signed Acknowledgement shall be documented in the served individual's record.

B. A copy of the current Notice shall be posted in a public area of each center and office of Our House, Inc.

C. A copy of the current Notice shall be posted on Our House, Inc.'s website.

II. Right to Access PHI

A. A served individual has a right of access to inspect and obtain a copy of PHI about himself/herself in a designated record set for as long as the PHI is maintained except for:

1. Psychotherapy notes;
2. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, or
3. As protected in accordance with existing Our House, Inc. policies and regulations.

B. Our House, Inc. must provide access to the requested PHI in the format requested by the served individual;

1. A summary of the information may be provided if the served individual/personal representative agrees in advance to the summary;
2. Access must be provided within thirty (30) days;
3. Fees for requested information may be imposed in accordance with fee scheduled provided in DDD Circular #30;

4. If the request for access is for PHI that is not maintained or accessible to Our House, Inc. on-site, Our House, Inc. must take the action requested no later than sixty (60) days from the receipt of such a request.

C. If Our House, Inc. is unable to take the action requested within sixty (60) days, Our House, Inc. may extend the time for such actions by no more than thirty (30) days, provided that:

1. Our House, Inc. provides the served individual with a written statement of the reasons for the delay and the date by which Our House, Inc. will complete its action on the request; and

2. Our House, Inc. may have only one such extension of time for action on a request for access.

D. Unreviewable grounds for denial – Our House, Inc. may deny a served individual access without providing the served individual an opportunity for review, if PHI is excepted from the right of access;

E. Reviewable grounds for denial – Our House, Inc. may deny a served individual access, provided the served individual is given a right to have such denials reviewed in the following circumstances:

1. Our House, Inc.'s Health Care Coordinator who is also a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life of the served individual or another person;

2. The PHI refers to another served individual or a witness to an act and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to the served individual or another person;

3. The request for access is made by the personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to the personal representative is reasonably likely to cause substantial harm to the served individual or another person.

F. If access is denied, Our House, Inc. must provide a timely, written denial to the served individual/personal representative. The denial must be in plain language and must contain:

1. The basis for the denial;

2. Statement of served individual review rights and how the served individual may exercise his/her rights; and

3. A copy of the Complaint policy.

G. If Our House, Inc. does not maintain the requested PHI, then the denial must inform the served individual where to direct the request for access, if known.

H. If the served individual appeals the denial, the appeal must be reviewed by a licensed health care professional who was not directly involved in the original request to review the decision to deny

access. The review of denial must be provided in accordance with the provisions of the HIPAA Privacy Rule.

I. The Our House, Inc. must document all actions covered in the requests for access and denial of access.

III. Right to Accounting of Disclosures

A. The served individual/personal representative has the right to request an "accounting of disclosures" other than for treatment, payment or health care operations.

B. The response will exclude disclosures Our House, Inc. may have made to the served individual/personal representative, to persons involved in their care, for a facility directory, or for notification purposes.

C. The served individual/personal representative has a right to receive specific information regarding disclosures that occur after April 14, 2003.

D. The first list requested within a 12-month period is free. For additional lists, Our House, Inc. may charge for the costs of providing the list. Costs will be in accordance with the fee schedule as provided in DDD Circular #30.

E. Our House, Inc. will notify the requestor of the cost involved to allow the requestor to withdraw or modify the request before any costs are incurred.

IV. Right to Inspection

A. The served individual and his/her personal representative have the right to request an opportunity to review the record or to have copies of the record. Records of a person receiving services shall be open to inspection by other persons upon receipt of written authorization by the person receiving services (if a competent adult) or the personal representative of an incompetent adult or minor. (N.J.A.C. 10:41-2.0(d), DDD Circular #30).

1. All requests shall be made in writing.
2. Our House, Inc. shall respond to that request within thirty (30) business days. In that response, the requestor shall be advised:
    a. If the requested records can be released;
    b. When the records will be available or sent;
    c. The costs of producing those records.

B. The served individual making the request may modify or withdraw the request based upon the costs of producing the record.

V. Right to Request Restrictions on Information

A. The served individual or personal representative has the right to request a restriction or limitation on the medical information Our House, Inc. uses or discloses for treatment, payment or health care operations. The served individual or his/her personal representative also has the right to request a limit on the medical information disclosed to someone who is involved in his/her care, the payment for his/her care or a family member or friend.

B. Requests for a restriction shall be provided on the "Request to Restrict Use and Disclosure of Protected Health Information Form" (see attached Form 1) and submitted to the Privacy Officer. The form must be complete, and the request must indicate:

1. The information to be limited;
2. Whether Our House, Inc.'s use, disclosure or both are limited;
3. To whom the limits apply.

C. Our House, Inc. may disagree. Our House, Inc. may deny a request it determines is needed for treatment, payment or operation effectiveness. Denial for other reasons shall be stipulated in writing. Our House, Inc. shall respond to such requests within thirty (30) calendar days.

D. If Our House, Inc. agrees, Our House, Inc. will comply with the request unless the information is needed to provide emergency treatment.

VI. Right to Request Amendments

A. A served individual has the right to request an amendment to the medical information in his/her designated record set.

B. The request shall be made in writing to the Privacy Officer. The request shall be submitted on the "Request for Amendment to Medical Record Form." (see attached Form 2)

1. Our House, Inc. must notify the served individual if his/her request for an amendment is accepted or denied, no later than sixty (60) days after receipt of the request.
2. If Our House, Inc. is unable to act on the amendment within the sixty (60) days, Our House, Inc. may extend the time for such action by no more than thirty (30) days, provided that:
   a. Our House, Inc. provides the served individual with a written statement of the reasons for the delay and the date by which Our House, Inc. will complete its action on the request; and
   b. Our House, Inc. may have only one such extension of time for action on a request for an amendment.

C. Our House, Inc. may deny the request if:

1. It is not in writing;

2. There is no reason given for the request;
3. The record was not created by Our House, Inc., unless the person or entity that created the information is no longer available to make the amendment;
4. The record is not part of the medical information kept by Our House, Inc.;
5. The record is not part of the information which may be inspected or copied by the individual; or
6. The record is accurate and complete.

D. Accepting the amendment. If Our House, Inc. accepts the requested amendment, in whole or in part, it must comply with the following requirements:

1. Our House, Inc. must take the appropriate amendment to the PHI or record that is the subject of the request by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
2. Our House, Inc. must inform the served individual that the amendment is accepted and obtain the served individual's identification of and agreement to have Our House, Inc. notify the relevant persons with which the amendment needs to be shared.
3. Our House, Inc. must make reasonable efforts to inform and provide the amendment within a reasonable time to:
   a. Persons identified by the served individual as having received PHI about the served individual and needing the amendment; and
   b. Persons, including Business Associates, that Our House, Inc. knows have the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the served individual.

E. Denying the amendment. If Our House, Inc. denies the requested amendment, in whole or in part, Our House, Inc. shall provide the served individual with a written notice of denial within sixty (60) days. The denial must use plain language and contain:

1. The basis for the denial;
2. The served individual's right to submit a written statement disagreeing with the denial and how the served individual may file such a statement;
3. A statement that, if the served individual does not submit a statement of disagreement, the served individual may request that Our House, Inc. provide the served individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and
4. A description of how the served individual may submit a complaint. The description must include the name, or title, and telephone number of the Privacy Officer.

F. Statement of Disagreement. Our House, Inc. must permit the served individual to submit a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. Our House, Inc. may reasonably limit the length of a statement of

disagreement. If a statement of disagreement has been submitted by the served individual, Our House, Inc. must include the material appended, or an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.

G. Rebuttal Statement. Our House, Inc. may prepare a written rebuttal to the served individual's statement of disagreement. Whenever such a rebuttal is prepared, Our House, Inc. must provide a copy to the individual who submitted the statement of disagreement.

H. Documentation on all actions in response to a request for an amendment must be maintained in the served individual's record for a period of six (6) years or in accordance with the NJ General Records Retention Schedule. All amendments made shall be reflected in both paper and electronic records.

VII. Right to Request Confidential Communication. The served individual or his/her personal representative has the right to request that Our House, Inc. communicate about medical matters in a certain way or at a certain location. All such requests shall be made in writing to the Privacy Officer.

VIII. Waiver of Rights. Our House, Inc. may not require served individuals /personal representatives to waive his/her rights as described in this policy as a condition of treatment, payment or health care operations.

IX. Personal Representatives. Personal Representative means a person who has legal authority, under State or applicable law, to act on behalf of a served individual in making health care decisions.

A. Our House, Inc. must adhere to N.J.S.A. 30:4.24.3, in determining the personal representative for a served individual. Served individuals who are of age 18 and older, they do not have personal representatives unless they have been adjudicated incompetent in a court of law. The personal representative must submit proof of their legal status before PHI can be shared with them.

B. If the served individual has no personal representative, a written authorization is required to allow other individuals, including parents, access to PHI.

C. Our House, Inc. must ensure that documentation of the guardianship status is current and maintained in the served individual's record.

X. Minor: Parents are presumed to be the personal representatives of minor children with full access and control of PHI of those children except:

A. If the minor can obtain a particular health service without parental consent under state or other applicable law, the minor can request confidential communication.

B. If the parent has agreed to the minor obtaining confidential treatment, the minor can control access to the PHI.

C. If the provider of the service is concerned about abuse or harm to the child, the provider can refuse to release PHI.

XI. Complaint Policy

A. Each served individual/personal representative has the right to file a complaint if they believe that their privacy has been violated.

B. The served individual/personal representative has a right to receive a copy of the Our House, Inc.'s Complaint Policy and Complaint Form, upon request.

C. Complaints are to be directed to Our House, Inc. HIPAA Privacy Officer for handling.

D. Complaints may also be filed with the DDD or the US Department of Health and Human Services.

Signature of President/CEO

Revised
Effective Date 11/11/2024

OUR HOUSE, INC.
REQUEST TO RESTRICT USE OR DISCLOSURE
OF PROTECTED HEALTH INFORMATION
(Please print or type)

This form is to be used to request a restriction to the use or disclosure of protected health information.

Individual's Name:_____ Requestor's Name:_____

Address:_____ Relationship to Individual:_____

_____ Legal Authority:_____

Phone: (day)_____ (Alternate)_____

Signature:_____

Date:_____

****

I understand that, in accordance with Federal law, Our House, Inc. may be required to use or disclose protected health information for purposes of treatment, payment and health care operations.

I request that Our House, Inc. does not use and/or disclose my health information for treatment, payment and/or health care operations for the following:

_____

_____

_____

I request that Our House, Inc. does not disclose my health information to the following person(s):

_____

_____

The reason(s) for my making the above request(s) is:

_____

_____

I understand that Our House, Inc. is not required to grant my request for a restriction.

Please return completed form to:

Our House, Inc. Privacy Officer
76 Floral Ave.
Murray Hill, NJ 07974-1511

OUR HOUSE, INC.
REQUEST FOR AMENDMENT TO MEDICAL RECORD FORM

A served individual or his/her personal representative who believes information in their medical record is incomplete or incorrect may request an amendment or correction to the record by using this form. This form is to be used to request an amendment for medical information only. This form is to be provided to the medical professional/office that provided the information in question. Our House, Inc. is not responsible for medical information provided by a non-Our House, Inc. health care provider. Requests for amendments to medical information are to be directed to the appropriate health care provider by the requestor. (Please print or type.)

_____

Individual Name (Last, First, MI) Social Security Number Date of Birth

If this request is not made by the individual indicated above, then complete the following:

_____

Requestor's Name Relationship to Individual Legal Authority

_____

Address Telephone Number

Date of Entry to be Amended:_____

Type of Entry to be Amended:_____

Please explain how the entry is incorrect or incomplete, and identify what the entry should state to be correct or complete. Attach any additional documents that support your position.

_____
_____
_____
_____

If this amendment is made, do you want this information shares with anyone we disclosed the information in the past? If so, please specify the names and addresses of the person(s):

_____
_____

I certify that the information provided above is correct to the best of my knowledge, and that I believe in good faith that the individual's health information is currently incomplete or incorrect in his/her medical record. I also understand that my request for amendment may be denied and that I will be notified of the denial and my right to submit a statement disagreeing with the denial.

_____

Signature Print Name Date

Please submit the complete form to:

Our House, Inc. Privacy Officer
76 Floral Ave.
Murray Hill, NJ 07974-1511