JEWISH FAMILY & CAREER SERVICES, INC.
NOTICE OF PRIVACY PRACTICES
Effective April 2003
Revised March 22, 2016

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

THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of JEWISH FAMILY & CAREER SERVICES, INC. ("JFCS") to protect the privacy of your protected health information ("PHI"). JFCS includes all programs and sites where its services are provided.

We use the term "Medical Information" in this notice to mean your PHI, whether oral, electronic or paper, which is created or received by JFCS and relates to your health care or payment for medical services, including demographic information (*e.g.*, name, address and telephone number) that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services and other information related to your health care that we maintain about you.

We are required by law to:

- Maintain the confidentiality of your Medical Information in accordance with applicable federal and state law and regulations;
- Comply with the terms of this notice, including any amendments; and
- Give you this notice of our legal duties and privacy practices with respect to the Medical Information we maintain about you.

We reserve the right to change the terms of this notice at any time. We also reserve the right to make the changes apply to your Medical Information that we already have. Before we make a material change to this notice, we will promptly post a new notice in a clear and prominent area at each of our facilities and on our website. You can also request a copy of the new notice from any of our registration staff at each facility or via our website yourtoolsforliving.org

How May We Use or Disclose Your Medical Information?

We may use and disclose your Medical Information without your consent or authorization for treatment, payment, and health care operations as explained below:

For Treatment: We may use and disclose your Medical Information to the JFCS personnel, staff, volunteers, students and trainees located at each of our facilities who provide, coordinate or manage your health care and any related services. For example, your Medical Information may be used and shared by your service planner and other treatment team members that are involved in your care and treatment for the purpose of providing services to you. We may also disclose your Medical Information to another health care provider who is not located at one of our facilities, at his/her request, for the purpose of your treatment. For example, your Medical Information may be provided to another health care or mental health provider who is diagnosing or treating you.

For Payment: We may use and disclose your Medical Information to bill and collect payment for the treatment and services provided to you. This Medical Information may include dates of service, symptoms, diagnosis and other necessary information. For instance, JFCS may:

- Provide portions of your Medical Information to your health insurance plan to get paid for the health care services we provided to you;

- Disclose your Medical Information to your health insurance plan to permit it to make a determination of eligibility or coverage for insurance benefits, to review the services we provided to you for medical necessity, and to perform utilization review activities;

- Disclose your Medical Information to the responsible party for your account (*i.e.,* if you are listed as a dependent on another person's insurance policy, financial information regarding medical care provided may be mailed to that responsible party);

- Disclose the minimum necessary Medical Information about you to a collection agency in the event that you do not pay JFCS in a timely way for the health care services it provided to you; or

- Disclose your Medical Information to other health care providers, health plans or health care clearinghouses for their payment activities.

For Health Care Operations: We may use and disclose your Medical Information in order to support our business activities, such as quality assessment and improvement activities, employee review activities, training of students, licensing, preparing for and participating in state and federal regulatory reviews, and conducting or arranging for our other business activities. For example, we may use your Medical Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose your Medical Information for training purposes to students who see patients at our facilities. In addition, we may use and disclose your Medical Information to other health care providers, health plans or health care clearinghouses for their limited health care operations, such as quality assessment activities, licensing, and other health care compliance and business activities.

Business Associates: We may disclose your Medical Information to our business associates that assist us in our delivery of services, such as billing companies, lawyers, and accountants. We are required to have a written contract with them that will require them to agree to maintain the privacy of your Medical Information in accordance with state and federal laws and regulations.

Patient Contacts: We may access and use your Medical Information, including your name, address and general medical condition to contact you to set-up appointments, provide appointment or treatment reminders, provide information about treatment, provide additional health care information that may be of interest to you, and disclose health-related benefits or services that may be of interest to you.

Philanthropy: We may also use and disclose your Medical Information to contact you to raise funds and sustain the JFCS mission. For example, you may receive letters or other publications asking you to consider making a tax-deductible donation as part of JFCS fundraising activities. JFCS does not sell or rent your name, address or any Medical Information to any organization outside of JFCS and is committed to protecting your privacy. If you do not wish to be contacted for fundraising, you have the right to opt out by notifying us in writing at any time.

We may also use and disclose your Medical Information without your consent or authorization in the following less common circumstances:

1. **Uses and Disclosures Required by Law.** We may use or disclose your Medical Information as required by law, but must limit such use or disclosure to relevant information and otherwise comply with applicable legal requirements.

2. **Public Health Activities**. We may use or disclose your Medical Information to public health authorities responsible for collecting information for public health activities. For example, we may disclose your Medical Information to public health authorities for the purpose of preventing or controlling disease.

3. **Abuse, Neglect, or Domestic Violence.** We may use or disclose your Medical Information to law enforcement if we reasonably believe that you are a victim of abuse, neglect, or domestic violence, in accordance with applicable law.

4. **Health Oversight Activities.** We may use or disclose your Medical Information for certain health oversight activities, including, for example, inspections and licensure of health care facilities.

5. **Judicial and Administrative Proceedings.** We may use or disclose your Medical Information under some circumstances in response to a subpoena, valid order by a court or administrative tribunal, certain discovery request or other lawful legal process.

6. **Law Enforcement Purposes.** We may use or disclose your Medical Information to report to law enforcement officials. For example, we may disclose your Medical Information to law enforcement for the purpose of identifying suspects or where a crime has been committed on our premises or reporting a death believed to be a result of criminal conduct.

7. **Decedents.** We may use or disclose your Medical Information to coroners, medical examiners and funeral directors to the extent necessary for such person to conduct his or her duties.

8. **Research.** In limited circumstances, we may use and disclose your Medical Information to conduct research.

9. **Serious Safety Threat.** We may use or disclose your Medical Information where we believe it is necessary to prevent or lessen a serious threat to the safety of you, another person or the public.

10. **Specialized Government Functions.** We may use or disclose your Medical Information for specialized government functions, including those related to the armed forces, national security, and intelligence.

11. **Workers' Compensation.** We may use or disclose your Medical Information in order to comply with laws related to workers' compensation and similar programs as authorized by applicable law.

12. **Personal Representatives.** We may disclose your Medical Information to your personal representatives that are appointed by you or authorized by applicable law.

13. **Inmates.** If you are an inmate of a correctional institutional or under the custody of a law enforcement official, we may release Medical Information about you to the correctional institution or law enforcement official. We may release such information for purposes that include (1) providing you with health care; (2) protecting your health and safety or the health and safety of others; or (3) protecting the safety and security of the correctional institution.

14. **Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose your Medical Information if you are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs for your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service. We may also

disclose your Medical Information to authorized federal officials for conducting national security, intelligence and counterintelligence activities authorized by law.

Special Protections for Psychotherapy Notes: We will not disclose your psychotherapy notes except as required by law or as otherwise authorized in writing by you. Please note, however, that there are certain legal exceptions to this authorization (e.g., for treatment, student training, or defense of a legal action brought by you, or for a coroner or medical examiner to exercise his or her duties). We will maintain your psychotherapy notes separately from your case file.

Special Protections for Certain Types of Health Care Services: Certain types of Medical Information may be subject to additional protections under federal and/or state law. For example, Medical Information about HIV/AIDS and genetic testing results are treated differently than other types of Medical Information under certain law and circumstances. Similarly, federally assisted alcohol and drug treatment programs are subject to special restriction on the use and disclosure of alcohol and drug abuse treatment information. To the extent that your Medical Information is subject to special protections under federal and/or state law, JFCS will seek your written authorization for applicable access, use and disclosure.

Uses and Disclosures for Which You Have An Opportunity to Agree or Object: We may disclose your medical information 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 for you to agree or object may be given retroactively in emergency situations.

Your Authorization Is Needed for Other Uses and Disclosures: Uses and disclosures of your Medical Information for marketing purposes and disclosures that constitute a sale of PHI require your written authorization, which can be revoked. In addition, we will not use or disclose your Medical Information for any other purpose other than those identified in this notice unless you give us written authorization to do so. If you give us written authorization to use or disclose your Medical Information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your Medical Information that we maintain, unless we have taken action in reliance on your authorization or you otherwise limit the type of Medical Information that is not covered by your revoked authorization.

What Rights Do You Have Regarding Your Medical Information?

1. **The Right to Request Additional Restrictions on Uses and Disclosures of Your Medical Information.** You have the right to ask that we put additional restrictions on how we use and disclose your Medical Information. Your request must be in writing and submitted to the attention of our Chief Executive Officer: Rick Aranson, 4549 Chamblee Dunwoody Road, Atlanta, Georgia 30338. We will carefully consider any such request and make reasonable efforts to accommodate a request when appropriate. However, we may not be able to honor your request nor are we legally required to do so (with the exception of the Health Plan restriction described in section 2 below).

2. **The Right to Restrict Certain Disclosures of Medical Information to a Health Plan.** You have the right to restrict disclosure of your Medical Information to a health plan for certain treatment or services when you pay JFCS in full out-of-pocket for the treatment or service(s). Please submit a written request to restrict such disclosure to the attention of our Chief Executive Officer: Rick Aranson, 4549 Chamblee Dunwoody Road, Atlanta, Georgia 30338.

3. **The Right to Inspect and Copy Your Medical Information.** You have the right of access to inspect and the right to obtain a copy your Medical Information that we maintain in your designated medical record, subject to certain legal exceptions (e.g., psychotherapy notes, information we compile in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding, and as otherwise prohibited by law).

To inspect or obtain a copy of your Medical Information, submit a written request to JFCS and address the request to the attention of our Chief Executive Officer: Rick Aranson, 4549 Chamblee Dunwoody Road, Atlanta, Georgia 30338. We may charge a reasonable, cost-based fee to cover the expense of providing you with such copies.

You have the right to receive a copy of your Medical Information in an electronic health record (EHR), if maintained by us, and to direct us to send a copy of the EHR to a designated third party. Please note, we do not maintain an EHR system at this time. We may charge you a cost-based fee for the preparation, copying and postage or transmittal of your electronic Medical Information, as applicable.

In limited circumstances, we do not have to agree to your request for Medical Information. For example, you may be denied access to or a copy of your Medical Information if, in the professional judgment of your treating physician, the release of the information would be reasonably likely to endanger your life or physical safety or that of another person.

4. **The Right to Amend or Correct.** If you feel that your Medical Information is incorrect or incomplete, you have the right to ask us to correct or amend the information. We require that you submit the request in writing to the attention of our Chief Executive Officer, Rick Aranson, 4549 Chamblee Dunwoody Road, Atlanta, Georgia 30338, and the request must explain your reason(s) for asking for an amendment or correction. Under some circumstances, we do not have to agree to your request. If we deny your request for change, we will provide you with a written explanation for our denial. In the event that you disagree with our denial and underlying explanation, you may submit your written disagreement to us and/or ask that your request for change and explanation of the denial be included in any future disclosure of your Medical Information. If you submit a statement of disagreement to be included in your designated medical record, JFCS may include a written rebuttal with that statement.

5. **The Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters by a different means or at a different location than what we are currently doing. For example, you may ask that we contact you only at home or only at your place of business. To request such an accommodation, you must submit a written request to the attention of our Chief Executive Officer, Rick Aranson, 4549 Chamblee Dunwoody Road, Atlanta, Georgia 30338, specifying the desired communication method or alternative location being requested. We will accommodate reasonable requests, but if the request could prevent JFCS from collecting for services it rendered to you, we reserve the right to require you to provide additional information about how payment for services will be handled.

6. **The Right to be Notified Following a Breach of Unsecured PHI.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

7. **Paper Copy of this Notice.** You have the right to request and receive a paper copy of this notice, even if you already received it by email or on the Internet.

8. **The Right to an Accounting of Disclosures.** You have the right to request a list (accounting) of certain disclosures that we and our business associates made for certain purposes for the last six (6) years. We will provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for additional accounts in one 12-month period.

This disclosure accounting will not include disclosures:

- To carry out treatment, payment and health care operations;
- Made directly to you or pursuant to your authorization;
- Incident to a use or disclosure that is otherwise permitted or required by law;

- Made to persons authorized and involved in your care;
- For national security and intelligence purposes; or
- To correctional institutions or law enforcement officials having custody over you.

If you want to exercise any of these rights described in this notice, please submit your written request to our Chief Executive Officer (below). We will give you the necessary information and forms for you to complete and return to us. In some cases, we may charge you a nominal, cost-based fee to carry out your request.

How to Complain About Our Privacy Practices. If you think we may have violated your privacy rights, you may file a complaint with our Chief Executive Officer by mail, addressed to:

Rick Aranson
Chief Executive Officer
Jewish Family and Career Services, Inc.
4549 Chamblee Dunwoody Road
Atlanta, Georgia 30338

In the event that mail is not viable method to submit your complaint, please call our office at (770) 677-9300 to discuss other available options.

You also may send a written complaint to the Secretary of the Department of Health and Human Services..

JFCS honors your right to express concerns regarding your privacy and we will take no retaliatory action against you if you file a complaint about our privacy practices.

Chief Executive Officer. To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact Chief Executive Officer: Rick Aranson, 4549 Chamblee Dunwoody Road, Atlanta, Georgia 30338.

Jewish Family & Career Services
4549 Chamblee Dunwoody Road
Atlanta, Ga. 30338

Jewish Family & Career Services includes all of its programs and sites where services are provided.

Privacy Notice

ACKNOWLEDGEMENT OF RECEIPT:

I acknowledge that I have received a copy of the Jewish Family & Career Services (as noted above) Privacy Notice.

_____

Name of Individual (Printed) Date

_____

Signature of Individual Date

If individual is unable to sign:

_____

Signature of Personal Representative Date

_____

Relationship of Personal Representative (*e.g.,* Attorney-In-Fact, Guardian, Parent if a minor)

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