

Community Access Unlimited, Inc.

NOTICE OF PRIVACY PRACTICES – Effective Date April 1, 2003

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category, we will explain what we mean and try to give some examples. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

For treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other medical personnel who are involved in taking care of you. We may also disclose medical information about you to people who may be involved in your medical care such as staff of the place where you live, family members or others we use to provide services that are part of your care. 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,

For Payment. We may use and disclose medical information about you so that the treatment and services you receive from the Agency may be billed to and payment may be collected from an insurance company or third party. For example, we may submit a bill to the Federal government for the cost of providing services to you.

For Agency Operations. We may use and disclose medical information about you to evaluate Agency operations. The uses and disclosures are necessary to run the Agency and make sure that all persons we serve receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff in caring for you. We may also disclose medical information to our staff for review and learning purposes. We may remove information that identifies you so that others may use it to study how services can be delivered.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives. We may use and disclose medical information to explore or recommend possible treatment options or alternatives that may be of interest to you.

Development Center Directory. We may include certain limited information about you while you are served at a developmental center operated by the Agency. This information may include your name, location at the center, your general condition and your religious affiliation. This information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy such as a priest or rabbi, even if they don't ask for you by name.

Individuals Involved in your care or payment for your care. Using our best judgment, we may release medical information about you to a friend or family member or any other person you identify. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the eligible person's need for privacy of their medical information.

As required by law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to you health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Public Health Risks. We may disclose medical information about you for public health activities. These may include the following:

- To prevent or control disease, injury or disability;
- To report deaths;
- To report 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 may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections and licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about 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.

Law Enforcement. We may release medical information if asked to do so by a law-enforcement official.

- In response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about a victim of a crime if we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about a criminal conduct at a facility operated, licensed or regulated by the Agency;
- 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.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. We may also release medical information to funeral directors as necessary to carry out their duties.

Other uses of Medical Information

Other uses and disclosures of medical 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 medical 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 medical information about you for the reasons covered by your written authorization. you understand that we are unable to take back any disclosures that we have already made with your permission and that we are required to retain our records of the care we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. 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 in a public area in each developmental center or office. The notice will contain on the first page, in the top right-hand corner, the effective date.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care.

Usually this includes medical and billing records and any other records that your physician uses for making decisions about you. We may charge a fee for the costs of supplying these records to you.

We may deny your request to inspect and copy records in certain very limited circumstances. If we deny access to medical information, you may request that the denial be reviewed. Your request should be directed to:

Privacy Officer
Community Access Unlimited
80 West Grand Street
Elizabeth, NJ 07202

Right to amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Agency.

In addition, you must provide a reason for your request. We may deny your request for an amendment. If we deny you request for amendment, you have the right to file a statement of disagreement with us.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures” other than for treatment, payment or health care operations. It excludes disclosures we may have made to you, to persons involved in your care, for a facility directory, or for notification purposes.

You have a right to receive specific information regarding these disclosures that occurred after April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, 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 your request at that time before any costs are incurred.

Your request may not include dates before April 14, 2003.

Right to Request Restrictions. You have the right to request a restriction on the medical information we use or disclose about for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your

care like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Your request must tell us:

- The information you wish to limit;
- whether you want to limit our use, disclosure or both;
- to whom you want the limits to apply.

Right to Request Confidential Communication. 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 MAKE A REQUEST, you must put the request in writing to the Executive Director or Privacy Officer.

If you have questions about this notice, contact:

Name: Robyn Wright

Title: HR Managing Director/ Privacy Officer

Telephone#: 908-354-3040