

NOTICE OF PRIVACY PRACTICES

CIRCLE OF CARE
FOR FAMILIES AND CHILDREN OF
PASSAIC COUNTY, INC.

February 1, 2026

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 our Privacy Officer at 973-942-4588.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations related to the care management services we provide through New Jersey's Children's System of Care and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (or "PHI" for short) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services including the payment for your health care.

We are required by law to maintain the privacy of your PHI and to provide you with this notice informing you of our legal duties and privacy practices with respect to your PHI. We are also required by law to notify affected individuals following a breach of their unsecured PHI. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices at the time of your next appointment. We will also post the revised notice in our office and on our website.

Understanding Your PHI and PHI Confidentiality. Every time you visit a hospital, physician or other healthcare provider, including Care Management Organizations (CMOs), or each time you receive a visit from a Care Manager, a record is made of that visit. This record contains your individualized service plan, progress and service notes

requirement of participation in New Jersey's Children's System of Care.

You also have the right to request that we restrict certain disclosures of PHI to a health plan when you actually pay out-of-pocket in full for the health care items of service.

Right to Receive Confidential Communications by Alternative Means and At Alternative

Locations. You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, upon your request, we will only contact you at work or by mail. We will accommodate reasonable written requests made to the Privacy Officer

Right to Inspect and Copy. You have the right to inspect and/or obtain a copy of PHI in our records used to make decisions about you for as long as the PHI is maintained in the record. You also have the right to request a summary instead of a copy or your record. Your request must be in writing. We may deny your access to PHI under certain circumstances, and, in some cases, you may have this decision reviewed. At your request, we will discuss with you the details of the request process and/or the denial process.

If the record is electronic, we will provide you access to your electronic record in electronic format form so long as it is readily producible in electronic form or format. If not, we will provide you with a paper copy. You may also request/authorize us to send a copy of your record to a third party designated by you when the request is in writing, signed by you, and you provide clear direction as to the person and their location who is to receive the record copy. We may charge you for copying, postage, etc.

Right to Amend. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. At your request, we will discuss with you the details of the amendment process.

Right to an Accounting. You generally have the right to receive an accounting of disclosures of PHI for purposes other than TPO for which you have not provided an authorization.

Right to a Paper Copy. You have the right to obtain a paper copy of the Notice of Privacy Practices upon request, even if you have agreed to receive the notice electronically.

Right to Appoint Personal Representative. You may designate someone to act on your behalf to manage your PHI and exercise the rights afforded by HIPAA.

Marketing and Sale of your PHI. We will not engage in any marketing activities, as that term is defined under HIPAA and

we will not disclose your PHI to any third party for financial gain (directly or indirectly) without your authorization. We will not sell your PHI without your express written authorization

Complaints. If you believe your privacy rights have been violated, or you disagree with a decision that was made about access to or changes to your PHI, you can file a written complaint with: Circle of Care for Families and Children of Passaic County, Inc.; Attention: Privacy Officer; 3 Garret Mountain Plaza – Suite 200; Woodland Park, NJ 07424

You may also file a complaint in writing – within 180 days of when you knew (or should have known) of some violation or act of omission – with Region II of the U.S. Department of Health and Human Services (New Jersey, New York, Puerto Rico and Virgin Islands): Office for Civil Rights; U.S. Department of Health and Human Services; Jacob Javits Federal Building; 26 Federal Plaza – Suite 3312 New York, NY 10278. [Voice Phone: 800-368-1019; FAX: 212-264-3039; TDD: 800- 537-7697]

NOTE: There will be no retaliation for filing appeals or complaints.

For Further Information

If you have questions or need further assistance regarding this Notice, you may call or write to our Privacy Officer (973-942-4588): Circle of Care for Families and Children of Passaic County, Inc.; Attention: Privacy Officer; 3 Garret Mountain Plaza – Suite 200; Woodland Park, NJ 07424
NOTE: Circle of Care for Families and Children of Passaic County, Inc. reserves the right to amend this Notice at any time in the future and to make the new Notice of provisions applicable to all your health information – even if it was created prior to the change in the Notice. If such amendment is made, we will display the revised notice at our office and post the revised notice on our webpage. We will also provide additional copies at any time upon request.

HIPAA Compliance. We are required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the Privacy Regulations.

Fundraising. From time to time we may contact you to solicit contributions to support our activities (but you can tell us not to contact you again for such purposes).

Threat to Health or Safety. We may use or disclose your PHI to avert a serious threat to health or safety.

Uses and Disclosures Requiring a Written Authorization

In general, we will need your specific written authorization on our authorization form to use or disclose your PHI for any purposes other than listed above. We will ask you to sign our authorization form for at least the following information unless the use or disclosure would be otherwise permitted or required by law as described above.

You may revoke all such authorizations at any time provided each revocation is in writing (refer to our authorization form for more details). You may not revoke an authorization to the extent that we have relied on that authorization and disclosed the PHI.

- HIV/Aids Information (state law)
- Sexually Transmitted Disease Information (state law)
- Psychotherapy Notes (HIPAA special protection)
- Substance Use Disorder Counseling Notes (42 CFR Part 2)
- Mental Health Information (state law)
- Drugs and Alcohol Abuse Information (state law and 42 CFR Part 2)
- Reproductive health care (state law)

Your Rights Regarding Your Protected Health Information (PHI).

The summary below sets forth your rights relating to your PHI and a brief description of how you may exercise these rights. You may make requests regarding these rights by contacting our Privacy Officer in writing at: Circle of Care for Families and Children of Passaic County, Inc.; Attention: Privacy Officer; 3 Garret Mountain Plaza – Suite 200; Woodland Park, NJ 07424

Right to request restrictions on uses and sharing of PHI with others.

You have the right to request restrictions on certain uses and disclosures of your PHI such as not disclosing PHI to family members. However, we are not required to agree to a restriction you request. If we do agree with your request, we will put our agreement in writing and follow it, except in emergency situations. We cannot agree to limit the use of sharing information as required by law or as a

regarding Child Family Team information, involvement of the Division of Child Protection & Permanency (DCP&P), school records, health history, current symptoms, examination and test results, diagnoses, treatment and plans for future care and/or treatment. This information is “Protected Health Information” (PHI).

Confidentiality of Your PHI. Your PHI is confidential. We are required to maintain the confidentiality of your PHI by the following federal and New Jersey laws.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH”). This federal law places certain obligations on us with regard to your PHI, such as keeping it confidential and secure. HIPAA also gives you certain rights to access or manage your PHI and these rights are described in this Notice.

New Jersey Confidentiality Laws. New Jersey laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. This pertains, in general, to any PHI in the following categories: HIV/Aids information, sexually transmitted disease information, mental health information, drug and alcohol abuse information, and information related to reproductive health care. We are not allowed to disclose this type of information to others, even for treatment, payment or some of our internal operation purposes, without your specific written authorization. Also, communications with most licensed health care professionals, including counselors, are legally privileged under New Jersey law and we may not release this information without your written authorization or court order. We will comply with the New Jersey laws that are more stringent than the HIPAA Regulations and provide greater protection for your PHI.

Confidentiality of Drug and Alcohol Abuse Records.

For individuals whose records include information relating to drug or alcohol abuse or dependency, the federal 42 CFR Part 2 regulations (similar to New Jersey law) are more stringent than HIPAA and require special protections for this type of PHI. You must sign a written authorization to allow us to disclose this type of PHI unless we would otherwise be permitted by law to do so. You are allowed to sign a written authorization for all future treatment, payment or health care operations purposes in which case this type of PHI may be disclosed and redisclosed following the HIPAA rules instead of the Part 2 rules. This allows us to share your PHI with health plans for payment and with healthcare providers for the coordination of your care.

Information Related to Treatment of a Minor in Special Circumstances. If you are a minor who sought

certain types of treatment where New Jersey law allows you to consent on your own behalf, we must obtain your specific written authorization prior to disclosing any of your PHI related to such treatment to another person, including to your parent(s) or guardian(s), unless we would otherwise be permitted by law to do so.

Incidental Uses and Disclosures. Incidental uses and disclosures may occur in the course of engaging in a permitted use or disclosure. Such cases are only permitted to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI that is necessary to accomplish the permitted use and disclosure.

Business Associates. HIPAA applies to covered entities and to business associates who perform services on behalf of a covered entity that involves your PHI. We will require any business associate we use to enter into an agreement that includes obligations to keep your PHI confidential pursuant to HIPAA. In some cases we may be the business associate of another covered entity and receive PHI pursuant to the service agreement we have with the covered entity.

Uses and Disclosures of Your Protected Health Information (PHI)

We may use and disclose your PHI for treatment, payment and health care operations

(TPO) without authorization. Your PHI may be used and disclosed by our employees, including our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our organization.

As noted above, if New Jersey law requires a specific written authorization to disclose your PHI for certain conditions and/or treatment, then we will need to your authorization to disclose even for treatment and payment purposes. If you do not agree to provide the authorization, or agree to pay for the services in full, we may not be able to provide your services or will not be able to coordinate your care with other healthcare providers.

For drug and alcohol abuse records, the Part 2 rules allow you to sign an authorization for all future TPO purposes. In such a case, we are allowed to disclose your PHI for such purposes, e.g., to a health plan or insurer, as long as we follow the HIPAA requirements.

Following are examples of the types of uses and disclosures of your PHI that our office is permitted to make without your written authorization. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

For Treatment. It is necessary for us to use your PHI to ensure that you are receiving appropriate services. For example, we may disclose your PHI to a provider for your treatment.

For Payment. We will use and disclose your PHI to obtain payment for our services. Before you receive services, we may disclose PHI to Medicaid to permit them to: make a determination of eligibility or coverage; review the medical necessity of your services; review your coverage; or review the appropriateness of care of our charges. We will also use your PHI for billing, claims management, collection activities, and data processing.

For Health Care Operations. We may use and disclose your PHI internally in order to carry out health care operations. For example, your PHI is used for: business management and general administrative duties; quality assessment and improvement activities; medical, legal, and accounting reviews; business planning and development; licensing; training, and for state/federal oversight purposes. We may use and/or disclose your PHI for a number of care management related activities, that meet the definition of health care operations”, including, but not limited to, case management, care management, care coordination, utilization review, quality assessment and improvement, network and provider development, and population-based research to improve the quality of life for children involved in New Jersey’s Children’s System of Care.

We will disclose your PHI only to the extent reasonably necessary to perform the above-mentioned activities of our practice. In some instances, we may need to use or disclose all of the information, while other times, we may need to use or disclose only certain information.

Other Uses and Disclosures Without an Authorization

We may use or disclose your protected health information under the following circumstances without obtaining your prior consent or authorization:

To Relatives, Close Friends, Caregivers. We may disclose PHI to family members and relatives, close friends, caregivers and other individuals you may identify so long as we obtain your agreement, provide you with an opportunity to object and you do not object, or we reasonably infer that you would not object.

As Required by Law. We will use or disclose your PHI when required by federal, New Jersey, or local law or when we receive a properly issued court order or subpoena. For example, we would be required to share this information when the law requires us to report information about suspected abuse, neglect or domestic violence, or suspected criminal activity.

Disaster Relief Purposes. We may use or disclose your PHI to a public or private agency authorized by law or charter to assist in disaster relief efforts such as the American Red Cross.

Public Health. If required by federal or New Jersey law, we will disclose your PHI for public health activities in order to: prevent disease, injury or disability; report births or deaths; report child abuse or neglect; report reactions to medications; notify a person who may be at risk for contacting or spreading a disease or condition.

Health or Safety/Emergencies. We may use or disclose your PHI to medical personnel in the event of a medical emergency or when necessary to where necessary to prevent or lessen a threat of imminent, serious illness or injury to you or another identifiable person.

Health Oversight. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits (e.g., by a state insurance department), civil, administrative or criminal investigations, inspections, and licensing activities.

Child Abuse: If we have reasonable cause, on the basis of our professional judgment, to suspect abuse of children with whom we come into contact in our professional capacity, we are required by law to report this to the State Central Registry for the New Jersey Department of Children and Families.

Judicial or Administrative Proceedings: We may disclose your PHI pursuant to a court order, subpoena, or other lawful process in the course of a judicial or administrative proceeding, e.g., a lawsuit you file against a person or company. However, certain of your communications with healthcare professionals, may be privileged under state law, and we will not release the information without a written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case. For drug or alcohol abuse records, the Part 2 rules strictly limit disclosure of such information in legal proceedings, especially for law enforcement purposes, without written authorization or a court order (subpoenas are not sufficient).

Coroners and Funeral Directors. We may disclose PHI to a coroner or medical examiner for identification purposes to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties.

Organ Donation. PHI may be used and disclosed to organ procurement organizations for cadaveric organ, eye or tissue donation purposes. Research. If we disclose your PHI for research, we will comply with federal and New Jersey law regarding such disclosures. An authorization will also be obtained from you.