State of New Jersey
Department of Human Services
P.O. BOX 700
Trenton, NJ 08625-0700

NOTICE OF PRIVACY PRACTICES OF DHS

Effective Date: May 14, 2026

This Notice applies to individuals receiving services from the Department of Human Services (DHS).

HIPAA AND 42 CFR PART 2 (Confidentiality of Substance Use Disorder Patient Records) PROTECT THE CONFIDENTIALITY OF MEDICAL RECORDS. Some records may be protected by both HIPAA and 42 CFR Part 2. DHS may maintain records with health information about you that are protected by both HIPAA and 42 CFR Part 2.

This notice describes:

- How health information about you may be used and disclosed,
- Your rights with respect to your health information, and
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with a Privacy Officer using the contact information below if you have any questions.

YOUR RIGHTS

- **Right to see and copy your records.** In most cases, you have a right to view or get copies of your records. You must make your request in writing. We will provide a response to your request within thirty (30) days. You may be charged a fee for the cost of copying your records.

- **Right to an electronic copy of your records.** If your information is maintained in an electronic format, you may request that your electronic records be transmitted to you or another individual or entity. We will respond to your request within thirty (30) days.

- **Right to correct or update your records.** You may ask us to correct your health information if you think there is a mistake. You must make your request in writing and provide a reason for your need to correct the information. We may deny your request and provide you with the basis for the denial.

- **Right to choose how we communicate with you.** You may ask us to share information with you in a certain way. For example, you can ask us to send information to your work address instead of your home address. You must make this request in writing. You do not have to give a reason for the request. We may deny unreasonable requests.

- **Right to get a list of disclosures.** You have a right to ask us for a list of disclosures consistent with 45 CFR 164.528. You must make a request in writing. This will not

include information shared for treatment, payment, or health operation purposes. We will provide one accounting a year free of charge, but may charge a cost for additional lists provided within the 12-month period.

- **Right to get notice of a breach.** You have a right to be notified upon a breach of any of your protected health information.

- **Right to request restrictions on uses or disclosures.** You have a right to ask us to limit how your information is used or shared with others. You must make the request in writing and indicate what information should be limited. We may not agree to a requested restriction consistent with 45 CFR 164.522(a)(1)(ii). If you paid out-of-pocket expenses in full for a specific item or service, you have a right to ask that your information with respect to that item or service not be disclosed.

  For records protected by 42 CFR Part 2, you also have the following rights:

  - You have the right to request restrictions of disclosures, for purposes of treatment, payment, and healthcare operations, including when you have previously provided written consent.
  - You have the right to request and obtain restrictions of disclosures to your health plan for those services for which you have paid in full.

- **Right to revoke authorization.** If we ask you to sign an authorization/consent to use or disclose your information, you can revoke that authorization/consent at any time, except to the extent that we have acted in reliance upon it. You must make that request in writing. Your request to revoke will not affect information that has already been shared.

- **Right to get a copy of this notice.** You have a right to a copy of this notice at any time

- **Right to file a complaint.** You have a right to file a complaint if you do not agree with how we have used or disclosed your records.

- **Right to choose someone to act for you.** If someone has been legally designated as your personal representative, that person can exercise your rights and make choices about your healthcare/services.

- **Right to discuss the notice.** For records protected by 42 CFR Part 2, you have the right to discuss this notice with the offices designated at the end of this notice.

OUR DUTIES

When, the Department of Human Services functions as a health care provider for you and your family, we must collect information about you to provide these services.

DHS:

- is required by law to maintain the privacy of records, to provide patients with notice of its legal duties and privacy practices with respect to records, and to notify affected patients following a breach of unsecured records.

- is required to abide by the terms of the notice currently in effect.
- reserves the right to change the terms of its notice and to make the new notice provisions effective for records that it maintains. A copy of a new notice will be posted in our facilities/offices and provided to you as required by law. You may ask for a copy of our current notice or get it online on our website.

Subject to the limitations and restrictions on disclosures pursuant to 42 CFR Part 2, we may use and disclose information without your authorization/consent for the purposes provided below.

- **Treatment, Payment, and Health Care Operations (TPO)**

  We may use or disclose your information to health care providers who are involved in your health care, the provision of Department services, to get payment or pay for health care services you received or will receive, and/or to manage our business, improve your care, and contact you when necessary.

  Additionally, for records also protected by 42 CFR Part 2:
  - A patient may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
  - Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.
  - A Part 2 program may use or disclose records to fundraise for the benefit of the Part 2 program only if the patient is first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

- **Public health purposes.** We will disclose information to a public health agency that maintains vital records such as births, deaths, and some diseases.
  - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR 2.54.

- **Abuse and Neglect Investigations**. We may disclose your information to report all potential cases of abuse, neglect, and/or domestic violence. We will notify you promptly unless it would place you at serious risk of harm.
  - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **Health Oversight Activities**. We may use or disclose your information to respond to an inspection, audit, or investigation by federal or state officials.
  - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR 2.53.

- **Government Programs.** We may use and disclose your information for the management and coordination of public benefits under government programs.
  - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **To Avoid Harm**. We may use and disclose information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

- For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **For Research**. We may use and disclose your information for studies and to develop reports. These reports will not specifically identify you or another person.
  - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.52.

- **Business Associates/Qualified Service Organization (QSO)**. We may use and disclose your information to our business associates/QSOs that perform functions on our behalf, if necessary to complete those functions. Business Associates/QSOs are required to safeguard your information.

- **Organ and Tissue Donation**. If you are an organ donor, we may use and disclose your information to organizations engaged in procuring, banking, or the transportation of organs, eyes, or other tissues to facilitate organ transplantation.
  - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **Military and Veterans.** If you are a member of the armed forces, we may disclose your information to the appropriate military authority.
  - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **Workers Compensation**. We may use or disclose your information for workers compensation or similar programs providing benefits for work-related injuries or illnesses.
  - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **Data Breach Notification Purposes**. We may use or disclose your information to provide legally required notices of unauthorized access or disclosure of your health information.

- **Lawsuits and Disputes.** We may use or disclose your information in response to a Court or Administrative Order, subpoena, discovery request, or other lawful process.
  - For records also protected by 42 CFR Part 2, such records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you (the patient/client) and/or the holder of the record, where required by 42 USC § 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

- **Law Enforcement.** We may disclose your information to law enforcement if the information: 1) is in response to a court order, subpoena, warrant, or similar process; 2) limited to identify or locate a suspect, fugitive, material witness, or missing person; 3) about a victim of a crime under very limited circumstances; 4) about a death potentially

resulting from a crime; 5) about criminal conduct on any DHS property and; 6) is needed in an emergency to report a crime or facts surrounding a crime.
    - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **Coroner, Medical Examiners, and Funeral Directors**. We may disclose your information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may release your information to a funeral director as necessary for their duties.
    - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **National Security and Intelligence**. We may disclose your information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
    - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **Protective Services for the President and Others**. We may disclose your information to authorized federal officials so that they can provide protection to the U.S. President; other authorized persons or foreign heads of state, or to conduct special investigations.
    - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **Inmates or Individuals in Custody**. If you are an inmate, we may release your information to a correctional institution if that information would be necessary for the institution to: 1) provide you with health care; 2) protect your health and safety or the health and safety of others; 3) to assist with the applications for post release public assistance benefits; or 4)for the safety and security of the correctional institutions.
    - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **Disclosure to Family, Friends, and Others**. We may disclose your information to your family members, friends, or other persons who are involved in your healthcare/medical care. You may object to the sharing of this information. We may also share your information with someone legally designated as your personal representative.
    - For records covered by 42 CFR Part 2, those records shall only be disclosed consistent with 42 CFR Part 2.

- **Developmental Center Directory**. Unless you notify us that you object, we may include certain information about you in a developmental center directory in order to respond to inquiries from friends, family, clergy and others who inquire about you when you are a patient in the hospital.

Other Uses and Disclosures that Require Your Written Authorization/Consent

- **For All Other Situations.** We will ask for your written authorization/consent before using or disclosing information for any other purpose than what is mentioned above. Special circumstances that require an authorization/consent include most uses and disclosures of your psychotherapy notes, SUD counseling notes, certain disclosures of your test results for the human immunodeficiency virus or HIV, uses and disclosures of your

health information for marketing purposes and for the sale of your health information with some exceptions, if applicable. If you give us authorization/consent, you can withdraw this written authorization/consent at any time. To withdraw your authorization/consent, please contact us at the number below. If you revoke your authorization/consent, we will no longer use or disclose your health information as allowed by your written authorization/consent, except to the extent that we have already relied on your authorization/consent.

- **As Required by Other Laws.** We will ask for your written authorization/consent to comply with other laws protecting the use and disclosure of your information.

FILING A COMPLAINT

You may use the contact information below if you want to file a complaint or to report a problem regarding the use or disclosure of your health information. Treatment or services being provided to you will not be affected by any complaints you make. DHS will not retaliate against you for filing a complaint and opposes any retaliatory acts resulting from participation in an investigation.

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Office of Legal and Regulatory Affairs
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U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Ave, S.W., Room 509H
Washington DC, 20201
Phone: 1-800-368-1019/ TTY: 1-800-537-7697
OCRPrivacy@hhs.gov
OCRMail@hhs.gov
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DHS, or its appropriate Division, will respond to your communication within thirty (30) days.