Enroll in an HMO Today!

NJ FAMILYCARE

Affordable health coverage. Quality care.

New Jersey is enrolling NJ FamilyCare/Medicaid clients into Managed Care. This means that **you need to choose a Health Maintenance Organization (HMO)** to receive your health care benefits. Managed care helps you get the comprehensive, coordinated quality health care you deserve.

If you have a personal doctor, you should choose an HMO that includes your doctor. This brochure will walk you through the steps to choose your HMO.

Get started now ...

Step 1 Select your HMO

Learn about your HMO choices on the enclosed HMO brochure.

Step 2 Identify your personal doctor

Find out more about locating a personal doctor on pages 2–3.

Step 3 Enroll NOW

It's easy to do… see page 3.

TIME IS LIMITED.
You need to enroll with an HMO soon. If you do not pick your HMO, one will be chosen for you.

For more information, call a Health Benefits Coordinator (HBC) at:

1-800-701-0710
(translation services available)

TTY line for hearing impaired users ONLY:
1-800-701-0720

New Jersey Department of Human Services

Step 1
Pick your HMO

You get your medical care through the doctors, hospitals and pharmacies that work with the HMO you choose. New Jersey works with four HMOs, and one will be right for you.

A lot of people pick an HMO because their doctors work with that HMO. HMOs provide a provider of preventive services and can coordinate your health care needs.

There is more information to help you pick an HMO on the enclosed HMO brochure. To help find the HMO that is best for you or to see if your doctor is in an HMO's network, call the health benefits coordinator at:

1-800-701-0710

TTY line for hearing impaired users ONLY:
1-800-701-0720

Step 2
Identify your personal doctor

Finding your personal doctor is an important health decision. When you are enrolled with your HMO, you pick a personal doctor who will provide medical care to you and your family.

You can go to your personal doctor when you are sick or need a check-up. If you need other medical services, your personal doctor helps you get that care, too. Each person in your family can have a different primary care doctor within the HMO.

Your personal doctor is usually a family doctor, internist, or a pediatrician for your children. An HBC can help you with more information.

You can choose your current doctor, but your doctor needs to work with one of the HMOs in the NJ FamilyCare/Medicaid Managed Care program. And you need to sign up with an HMO that lets you choose your current doctor to be your personal doctor.

To find out which HMOs your doctor works with, call an HBC at 1-800-701-0710.

It's easy to get help and fin

Call 1-800-7
(translation servic

TTY line for hearing impaired us

8 a.m. – 8 p.m. Monday and Thursday, 8 a.m. –
Voicemail after hours

For more informa

If you don't already have a doctor, there is a lot to think about when choosing one. Here are some questions to consider:

- Can I find a doctor close to my house?
- What type of doctor do I want to see?
- Do I need a doctor who speaks a certain language?
- Do I have any special health care needs?
- Do I need a doctor who works at the hospitals close to me?
- Do I need a doctor with a barrier-free and accessible office?

nd your personal doctor.

701-0710

ces available)

sers ONLY: 1-800-701-0720

–5 p.m. Tuesday, Wednesday and Friday
s and weekends

Step 3
Enroll NOW

There are three different ways you can enroll. You can:

Call 1-800-701-0710 and enroll over the phone;

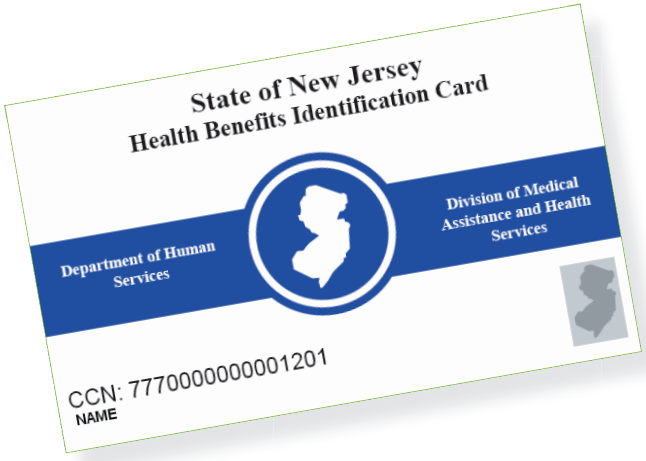
OR

Call 1-800-701-0710 to set up an appointment with an HBC at a local community site or at your home.

OR

Send in the NJ FamilyCare Plan Selection Form (sent with this packet). Fill it out and return it in the envelope provided (no postage needed).

After you enroll, your HMO will send you a membership card. Keep it with your Health Benefits Identification Card. You need to show both of them when you see your doctor.



ation call: 1-800-701-0710

Managed Care Q&A

What are some benefits of managed care?

Managed Care offers several very important benefits to make sure you receive the quality health care you deserve:

- A personal doctor is responsible for your health care.
- Preventive Care
- You have access to health care 24 hours a day, 7 days a week.
- Health Education Programs
- A team of Health Benefits Coordinators (HBCs) act as your advocates for quality health care.
- An HMO Care Manager assists you with the services you need.

Will my health benefits remain the same?

Yes. You continue to receive the same benefits. The only change is that most services require the approval of your personal doctor.

What if I need special medical care?

Care is available to you for special medical conditions. Talk to your HMO personal doctor first, who will refer you to the medical specialists you need. If you have any problems getting specialty care, call an HBC or your HMO Care Manager for help.

What if I am seeing a specialist now?

Most specialty treatment needs to be approved by your personal doctor. Your personal doctor talks with you about getting this care and sends you to a qualified specialist in the HMO. This is called a referral.

Check with your specialists to see which available HMOs they belong to.

Can I choose my specialist as my personal doctor?

In some cases, you may be able to choose a specialist as your personal doctor. Call your HMO to find out if specialists can act as personal doctors.

What if I need mental health or substance abuse treatment services?

Clients of the Division of Developmental Disabilities, including the Division of Developmental Disabilities/Community Care Waiver programs, receive mental health and substance abuse services through their HMO and must follow HMO procedures to use those services. All other individuals receive these services under the traditional Medicaid fee-for-service program.

What is an HMO Care Manager?

A care manager works for the HMO. He/she is a nurse or social worker who assists you with getting the health care services you need. A care manager helps coordinate your health care, develops a plan of care for you, monitors your care and assists you in getting the social and other support services you need.

How can a Health Benefits Coordinator (HBC) help me?

Every HBC is dedicated to helping you get quality health care. They answer your questions and help you choose an HMO that's right for you. You can call a Health Benefits Coordinator at 1-800-701-0710 or visit one in person. Call the toll free number to find out where you can meet with an HBC. Some HBCs speak a language other than English, or you can get a translator for help.

Can I join an HMO that is in a different county from the county I live in?

You must choose an HMO that operates in your county. The chart on page 6 shows the counties where the HMOs operate.

Important note: Clients of the Division of Developmental Disabilities and the Aged, Blind or Disabled can join any one of the four HMOs that participate in NJ FamilyCare/Medicaid.

What if I receive family planning services?

You can continue to see these Medicaid providers without a referral from your personal doctor.

What if I want to transfer to a different HMO?

Medicaid clients have 90 days to change HMOs after they sign up and then yearly during the Open Enrollment Period. If you need assistance, call an HBC at 1-800-701-0710 (TTY: 1-800-701-0720).

Thereafter, you can transfer to another HMO during the Open Enrollment Period. The Open Enrollment Period is held from October 1st through November 15th each year, with an effective date of enrollment in the new HMO on January 1st.

If you have good cause, you may also request to transfer to another HMO at any time.

Do I have to join an HMO?

The NJ FamilyCare/Medicaid program is enrolling people into managed care through HMOs. Your health care services will now be offered through an HMO. If you have any questions about enrolling, call an HBC at 1-800-701-0710 to discuss your options.

Services provided by all NJ FamilyCare/Medicaid HMOs

Most services currently covered by NJ FamilyCare/Medicaid will be provided by your HMO. Many of these services are listed below. Some services will continue to be provided by the traditional Medicaid fee-for-service program.

Services covered by all of the HMOs

- Hospital care: emergency, inpatient, outpatient
- Doctor or nurse office visits
- Lab tests and X-rays
- Prescription medicine
- Medical supplies and equipment
- Eye care and eyeglasses
- Family planning and supplies
- Hearing exams and hearing aids
- Podiatry services
- Home health care
- Hospice (end of life care)
- Dental
- Chiropractor's services
- Prosthetic and Orthotic services
- Organ transplants
- Transportation: ambulance and invalid coach

Services covered by the traditional Medicaid fee-for-service program

- Nursing homes
- Mental health, alcohol and drug abuse services
- Abortions

For more information about covered services, call **1-800-701-0710**

TTY line for hearing impaired individuals ONLY: 1-800-701-0720.

HMO Plans by County	Atlantic	Bergen	Burlington	Camden	Cape May	Cumberland	Essex	Gloucester	Hudson
AMERIGROUP	●	●	●	●	●	●	●	●	●
Healthfirst NJ		●					●		●
Horizon NJ Health	●	●	●	●	●	●	●	●	●
UnitedHealthcare	●	●	●	●	●	●	●	●	●

AMERIGROUP New Jersey

AMERIGROUP®

1-800-600-4441 TDD 1-800-852-7899
TTY 1-800-855-2880

24-Hour Nurse Helpline: Get medical advice and information from a nurse 24 hours a day, 7 days a week.

Eye and Dental Benefits: Get routine preventive care, coverage for lenses and frames and more.

Physician Care Services: Choose a primary care physician who will coordinate your health care, and change doctors when you need to.

For Mom and Baby: Get important information in our prenatal and baby care programs.

Prescriptions: Get coverage for medicines prescribed by your doctor and some over-the-counter medicines like cough syrup and pain reliever.

Gifts: Get gifts for completing health classes, including all prenatal care.

Special Needs Care Management: All members with special needs have a Care Manager (Registered Nurse) to assist them with getting the care they need.

- The Care Manager speaks with the member, the member's physician(s) and AMERIGROUP'S Medical Social Worker to develop an individualized plan of care, which ensures that all necessary physical and mental health services are provided.
- The Care Manager can help the member arrange transportation to medical appointments when appropriate.
- The Care Manager can help schedule an appointment with a dentist who specializes in serving the Special Needs population.

AMERIGROUP offers more for your health.
Take advantage of our:

- Reminders for well child checkups and immunizations;
- Community events and family health fairs; and
- Health workshops and advice about asthma, lead poisoning awareness and more.

www.amerigroupcorp.com

Healthfirst NJ

healthfirst NJ

we put your health first

1-888-GO4-HFNJ
(1-888-464-4365) • TTY 1-800-852-7897

Healthfirst NJ Benefits:

- No paper referral required to see a specialist.
- Access to doctors, specialists and medical services right in your neighborhood.
- Dedicated Member Services Department with representatives who speak your language.
- Health improvement and community assistance programs.

Health Improvement Programs:
Our nurses will take good care of you with our health and wellness programs. Each program focuses on providing you with educational information and preventative care from pregnancy to child vaccinations, asthma, diabetes and more. Some programs include:

- **Healthy Mom/Healthy Baby:** This program connects pregnant women to one of our nurses, education on healthy food choices, prenatal vitamins and postpartum care.
- **Immuni-Kids:** Guides you on important vaccinations, immunizations and safety measures to protect your children.
- **Healthy Teens:** Helps teens take control of their health.
- **Adult Prevention Program:** Program designed to educate adults on establishing healthy eating habits and lifestyle.

Community Programs:
Where you live and how you live is important to us. We partner with local medical centers, hospitals, businesses and community groups to create opportunities in the neighborhoods. We offer services such as:

- A **licensed social worker** who can assist you with getting information on housing, utilities, finances, locating a government office and more.
- **Children and adult literacy programs** including a Reach Out and Read program.
- Health and wellness awareness events.

www.healthfirstnj.org

Hunterdon	Mercer	Middlesex	Monmouth	Morris	Ocean	Passaic	Salem	Somerset	Sussex	Union	Warren
●	●	●	●	●	●	●		●	●	●	●
	●	●		●		●		●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●

Horizon NJ Health

Horizon
Horizon Blue Cross Blue Shield of New Jersey
Making Healthcare Work

Horizon NJ Health

1-877-7NJ-HEALTH (1-877-765-4325)
TDD/TTY 1-800-654-5505

Keeping You and Your Family Healthy: Horizon NJ Health is the ONLY NJ FamilyCare plan backed by Horizon Blue Cross Blue Shield of New Jersey. Benefits you can count on from a name you trust.

Special Programs just for Horizon NJ Health Members: Horizon NJ Health understands that your family's good health is important to you. Members can join these special programs, developed to help keep you and your family healthy, at no cost to members.

- **Asthma "Breathe Easy" Program:** A special treatment program to help members with asthma, breathe easier.
- **Mom's GEMS Program for Pregnant Members:** A prenatal program to help expectant mothers receive needed care to have a healthy pregnancy.
- **Diabetes Management Program:** Members can get help to control their diabetes and learn how to prevent the long-term effects that this disease can have on their health.
- **CHAMPS Health and Wellness Program:** All young Horizon NJ Health members are treated like CHAMPS. Through our CHAMPS Program, we help make sure CHAMPS members are receiving their good-health checkups and are immunized from birth to age 21.
- **When Members Need a Helping Hand:** For when you need more than just health care services, our Social Workers will help connect you with valuable resources such as community and government programs.
- **Individual Care for Members with Special Needs:** Horizon NJ Health has a Care Coordination Unit that will assist with coordinating care for durable medical equipment, social services, doctor and dental visits, transportation and other services.

Nothing is more important than your family's good health. Let Horizon NJ Health give your family the quality health coverage they deserve.

www.horizonnjhealth.com

UnitedHealthcare Community Plan

UnitedHealthcare®
Community Plan

1-800-941-4647 English and translations
TTY/TDD 711

All Your Health Care Benefits Plus: The mission of UnitedHealthcare is to improve not only the health, but also the quality of life for our members. For more than 10 years, the UnitedHealthcare network of community-based doctors and dentists, hospitals and neighborhood pharmacies has provided quality care, with dignity and respect, to the people of New Jersey.

UnitedHealthcare Dual Complete: UnitedHealthcare Dual Complete is a comprehensive program of services for members. A specially-designed team of Health Educators and Care Managers concentrate on early identification, prevention, education, advocacy, community and social services for members with the following diseases: asthma, diabetes, congestive heart failure (CHF), high risk pregnancy and lead toxicity.

Healthy First Steps: Healthy First Steps is a special community based care management program that targets pregnant members and new moms to make sure they get the care they need.

No Referral Necessary for:

- Participating OB/GYNs; or
- Participating dentists (in most cases).

Health Care Benefits Plus:

- Personal Care Doctor for each member;
- Preventive dental services (in most cases);
- Eye exams and glasses;
- Member Services Helpline staff available 24 hours a day/7 days a week.

Community Involvement: UnitedHealthcare is a proud sponsor of the national literacy program Reach Out and Read in New Jersey. Doctors who participate with Reach Out and Read encourage parents to read to their children and also provide children with new books at wellness visits.

www.uhccommunityplan.com

NJFAMILYCARE
Affordable health coverage. Quality care.

For Official Use Only		
County:	Expected Enrollment Date:	Medicaid #:

HMO Plan Selection Form:

I need to (check one):

Choose an HMO (Please complete Sections 1, 2, and 3)

Section 1:

Language spoken at home: _____

Head of Household Name: _____ NJ FamilyCare Number: _____ Person No: _____

Street Address: _____ City: _____ State: _____ Zip code: _____

Household Phone: _____ Other Phone: _____ (e.g. work, neighbor, cellular, pager, relative, etc.) Daytime Phone: _____

Authorized Person/Guardian Name: _____ Authorized Person/Guardian Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Information on Family Members to be enrolled: If you need to include more family members, use another piece of paper

First Name	Last Name	Date of Birth	Sex	Social Security Number	Race*	Ethnicity**	Who is your Current Doctor? (include Name, City/Town, Phone #)

*RACE CODES: 1A5 = White; 1A3a = Black/African American, 1A3b = Black/Caribbean, 1A3c = Black/Other; 1A1 = American Indian/Alaska Native; 1A2a = Asian Indian, 1A2b = Chinese, 1A2c = Filipino, 1A2d = Japanese, 1A2e = Korean, 1A2f = Vietnamese, 1A2g = Other Asian; 1A4 = Native Hawaiian /Other Pacific Islander; 1B = Two or more races.

**ETHNIC CODES (Hispanic or Latino Origin: Any Race): 2A1 = Mexican; 2A2 = Puerto Rican; 2A3 = Cuban; 2A4 = Central American; 2A5 = South American; 2A6 = Other Hispanic or Latino

Is anyone applying:

Taking prescription medicines? ..... ❑ Yes ❑ No

Receiving any medical treatment? ..... ❑ Yes ❑ No

Using any special medical equipment? ..... ❑ Yes ❑ No

Section 2: CHOOSE YOUR HMO: Please see HMO brochure for available HMOs in your county.

Name of HMO you want to enroll in: _____

Section 3: SIGN AND DATE FORM

By signing this form, I represent that I have read and understood the Privacy Notice and the NJ FamilyCare program "Rights and Responsibilities" or Statement of Understanding. I am giving permission to release my medical records and those of any of my family members who enroll in the program, to the program's HMOs and its providers.

Sign your name here: _____ Date: _____

Next Step: When you receive your HMO ID card, please check the name of your primary care provider and all other information for accuracy. If there are any problems with the card, call the HMO's member services for changes and corrections. Please call your HMO and tell them about any services or medicines you are taking and need to continue. See the HMO Booklet for toll free Member Services phone numbers.

To enroll in an HMO, return this form to:

NJ Health Benefits Coordinator
PO Box 8186
Trenton, NJ 08650

STATEMENT OF UNDERSTANDING

Please read the following, then sign the form.

1. I understand that enrollment in an HMO is a separate process from becoming eligible for Medicaid and there may be a delay of 30-45 days between the time of application for managed care and the effective date of enrollment in an HMO.

2. I have answered all of the questions on this application.

3. I understand that the information I have given is private and will be given only to the HMO, the Health Benefits Coordinator and Medicaid.

4. I understand that I may be asked for more information by the HMO.

5. I believe that all of the information I have put on this form is true.

6. I understand that because I have joined an HMO, I must follow the rules for obtaining health care from the HMO.

7. I understand that I must let my HMO and Medicaid know if there is any change in the number of people in my family and that any newborn children will be enrolled in my HMO.

8. I understand that, unless I, or a family member have a medical emergency, I must call my personal doctor for medical advice, medical care or for a referral to a specialist.

9. I understand that if I, or a family member, have a true medical emergency, I must call my personal doctor or the HMO as soon as possible after I, or the family member, go to the hospital.

10. I understand that I must keep any medical appointment I have scheduled with a doctor and, if I cannot, I must call the doctor's office to cancel the appointment.

11. I understand that if I go to a doctor other than my personal doctor I have selected, without a referral from my doctor or approval from the HMO, I may have to pay for that doctor's services because Medicaid will not pay for the unapproved service or visit.

12. I understand that I may change to another HMO within 90 days of enrollment, and that I can call the Health Benefits Coordinator (HBC) to help me do that. I may also change to another HMO if I have good cause at any time, or I may transfer to another HMO during the annual Open Enrollment period, October 1st through November 15th, for an effective date of enrollment of January 1st.

13. I understand that I have to call the Health Benefits Coordinator if I move to be sure I can stay in the same HMO.

14. I give permission for the release of my medical history and health care records and those of my family members who will be enrolled to any person(s) in the HMO and its providers who shall provide or coordinate health care to me and my family as long as I am a member of the HMO.

IN SIGNING THE FORM, I AM VERIFYING THAT I HAVE READ THESE STATEMENTS AND UNDERSTAND THEM.

CALL A HEALTH BENEFITS COORDINATOR WITH ANY QUESTIONS AT 1-800-701-0710 (TTY 1-800-701-0720)

Notice of Privacy Practices

Effective April 14, 2003

State of New Jersey Department of Human Services
This notice applies to individuals, or legal guardians or parents of minor children receiving services from the Department of Human Services. Protected health information excludes individually identifiable health information in Education Records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY
Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

OUR RESPONSIBILITIES: The Department of Human Services is required by law to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. In addition, the Department of Human Services is required to:
- Abide by the terms of this notice
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Notify you if we are unable to agree to a requested restriction.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will provide you with a revised notice.

GENERAL PRIVACY RULE

We will not use or disclose your health information without your written authorization, except as described in this notice.

Revoking Your Authorization: If you provide us with a written authorization to release your health information, you may revoke that authorization at any time. A revocation must be in writing. A written revocation will not revoke your prior authorization if we have already released information pursuant to your prior authorization or if your insurance coverage requires your written authorization.

Separate Authorization for Psychotherapy Notes:
We will not release any psychotherapy notes about you without a separate written authorization from you. You may revoke your specific written authorization at any time. A revocation must be in writing. A written revocation will not revoke your prior authorization if we have already released nformation pursuant to your prior authorization or if your insurance coverage requires your written authorization.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. Treatment. We may use your health information for your treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and may be used to determine your diagnosis or the course of treatment that should work best for you. A doctor or other health care professional may share your information with other health care professionals who are either part of the Department of Human Services or who are outside the Department of Human Services to determine how to diagnose or treat you.

2. Payment. We may use your health information for payment. For example, a bill may be sent to you or a thirdparty payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

3. Health care operations. We may use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

4. Business Associates. There are some services provided in our organization through contracts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require that the business associates appropriately safeguard your information.

5. Facility Directory. If you do not object, we may include your name, location within our facility, and general condition in our facility directory while you are at the facility. This information would only be disclosed to people who ask for you by name. In addition, unless you object, we may include your religious affiliation to disclose only to clergy members and will disclose that information even if the clergy member does not ask for you by name.

6. Family and Friends Involved in Your Care. If you do not object, we may share your health information with a family member, a relative or close personal friend who is involved in your care or payment related to your care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us to notify those persons.

7. Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

8. Funeral directors. We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.

9. Organ procurement organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking of organs, or transplantation of organs for the purpose of tissue donation and transplant.

10. Contacts. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

11. Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

12. Workers compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

13. Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

14. Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

15. Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

16. Abuse, Neglect or Domestic Violence. We may disclose your health information to the extent provided by law to an authority, social service agency or protective services agency if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will notify you of this disclosure promptly unless it would place you at risk of serious harm.

17. Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law such as audits, civil administrative or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for oversight of the health care system, government benefit programs, government regulated programs, or compliance with civil rights laws.

18. Judicial and Administrative Proceedings. We may disclose your health information in response to an order of a court or administrative tribunal, or in response to a valid subpoena if we receive satisfactory assurances from the party seeking the information that the party has made an attempt to notify you or to secure a protective order for your information.

19. National Security and Intelligence Activities. We may disclose your health information to authorized federal officials for national security activities.

*****Please Note: YOUR BENEFITS OR ELIGIBILITY WILL NOT BE AFFECTED BY THIS NOTICE.*****

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the Department of Human Services, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the Department's general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing to the privacy officer. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.
- You have the right to receive confidential communications of your health information. If you are dissatisfied with the manner in which or location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the privacy officer. We will accommodate all reasonable requests.
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you within 30 days. Such requests must be made in writing to the privacy officer. If you request to receive a copy, you may be charged a reasonable fee.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. You must provide a reason to support your request. Such requests must be made in writing to the privacy officer.
- You may request that we provide you with a written accounting of all disclosures made by us of your health information for up to a six-year period of time; however, disclosures made prior to April 14, 2003, do not have to be accounted for by law. We ask that such requests be made in writing to the privacy officer.
- Please note that an accounting will not include the following types of disclosures: disclosures made for treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures authorized by you or your legal representative; disclosures to correctional institutions or law enforcement officials or for national security purposes; disclosures made from the directory; and disclosures that are incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by). There is no charge for the first request for an accounting made in any twelve-month period, but there may be a reasonable charge for additional requests in the same twelve-month period.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.
- You may revoke any authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing to the privacy officer.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the appropriate privacy officer listed below.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing to the Department's Privacy Officer. The complaint form may be obtained from the Department's Privacy Officer and when completed should be returned to State of New Jersey, Department of Human Services, PO Box 700, Trenton, NJ 08625. You may also file a complaint with the Secretary of the federal Department of Health and Human Services by writing to 200 Independence Avenue SW, Washington, DC 20201. This needs to be done within 180 days of when the problem happened. You can also complain to the Office of Civil Rights by calling 866-627-7748.

If you make a complaint to the Department's Privacy Officer or to the Secretary of Health and Human Services, there will be no retaliation against you and your benefits will not be affected.

DEPARTMENT OF HUMAN SERVICES PRIVACY OFFICERS

Department of Human Services
222 So. Warren Street, P.O. Box 700,
Trenton, NJ 08625, (609) 292-3557

Commission for the Blind and Visually Impaired
- Northern Regional Office, 153 Halsey Street, 5th Floor
  Newark, NJ 07101, (973) 648-4780
- Southern Regional Office, 101 Haddon Avenue
  Camden, NJ 08103, (856) 614-3000
- Central Regional Office, 1510 Hooper Avenue, Suite 240
  Toms River, NJ 08903, (732) 255-0720
- Joseph Kohn Rehabilitation Center, 130 Livingston Avenue
  New Brunswick, NJ 08901, (973) 648-2311

Division of Deaf and Hard of Hearing
P.O. Box 074, Trenton, NJ 08625-0074, (609) 984-7283

Division of Developmental Disabilities
- Community Services - Northern Region, 1-B Laurel Drive
  Flanders, NJ 07836, (973) 279-5067
- Community Services - Upper Central Region, 59 Main Street
  West Orange, NJ 07052, (973) 324-2019
- Community Services - Lower Central Region, P.O. Box 700
  Trenton, NJ 08625, (609) 292-2402
- Community Services -Southern Region,
  40 N. White Horse Pike
  Hammonton, NJ 08037, (609) 567-8077
- North Jersey Developmental Center, Box 169
  Totowa, NJ 07511, (973) 256-1700 x. 2122
- Hunterdon Developmental Center, P.O. Box 4003
  Clinton, NJ 08809-4003, (908) 735-4031 x. 1181
- Green Brook Regional Center, 275 Green Brook Road
  Green Brook, NJ 08812, (732) 968-6000
- Woodbridge Developmental Center, Box 189
  Woodbridge, NJ 07095, (732) 499-5525
- Vineland Developmental Center, 1676 East Landis Avenue
  P.O. Box 1513, Vineland, NJ 08360, (856) 696-6000 x. 6128
- Woodbine Developmental Center, DeHirsch Avenue
  P.O. Box 601, Woodbine, NJ 08270, (609) 861-2164 x. 2112

DEPT OF HUMAN SERVICES PRIVACY OFFICERS - continued

Division of Disability Services
222 So. Warren Street, P.O. Box 700
Trenton, NJ 08625-0700, (609) 292-7800

Division of Family Development
P.O. Box 716, Trenton, NJ 08625-0716, (609) 588-2386

Division of Medical Assistance and Health Services
P.O. Box 712, Trenton, NJ 08625-0712, (609) 588-2815

- Atlantic/Cape May/Cumberland MACC, Augusta Building, 852 South White Horse Pike, Hammonton, NJ 08037, (609) 561-7569, prompt #2
- Camden/Burlington/Gloucester/Mercer/Salem MACC, 1 Porter Center, 2 Riverside Drive, Suite 401, Camden, NJ 08103, (856) 614-2870
- Essex MACC, 153 Halsey Street, 4th Floor, Newark, NJ 07101, (973) 648-3700
- Hudson MACC, 438 Summit Avenue, 6th Floor, Jersey City, NJ 07306, (201) 217-7100
- Monmouth/Middlesex/Ocean/Hunterdon/ Somerset/Union MACC 3499 Highway 9 North, Suite 1 H-A, Freehold, NJ 07728, (732) 761-3600
- Passaic/Morris/Sussex/Warren/Bergen MACC, 100 Hamilton Plaza, 5th Floor, Paterson, NJ 07505, (973) 977-4077
- ISS South, Augusta Building, 852 South White Horse Pike, Hammonton, NJ 08037, (609) 561-7569, prompt #3
- ISS Central, 7 Quakerbridge Plaza, 2nd floor, Room 202, Hamilton, NJ 08619, (609) 588-2356

Division of Mental Health Services

- Ancora Psychiatric Hospital, 202 Spring Garden Road Hammonton, NJ 08037-9699, (609) 567-7202
- Greystone Park Psychiatric Hospital, Central Avenue Greystone Park, NJ 07950, (973) 292-4023
- Hagedorn Psychiatric Hospital, Glen Gardner, NJ 08826, (908) 537-3102
- Ann Klein Forensic Center, Stuyvesant Avenue, P.O. Box 7717, West Trenton, NJ 08628, (609) 633-2960
- Trenton Psychiatric Hospital, Sullivan Way, P.O. Box 7500 Trenton, NJ 08628, (609) 633-1670
- Arthur Brisbane Child Treatment Center, Allaire Road, P.O. Box 625, Allaire, NJ 07727, (732) 938-5061 x. 2023
- Northern Regional Unit — STU, P.O. Box 699 Kearny, NJ 07032, (973) 491-2552

Notificación sobre las Normas de Privacidad

Vigente a partir del 14 de abril del 2003

Estado de New JerseyDepartamento de Servicios Humanos

Esta notificación se aplica a las personas o tutores legales o padres de niños menores de edad que reciben servicios del Departamento de Servicios Humanos.

La información confidencial sobre salud excluye la información sobre salud que se puede identificar de manera individual en los Archivos Informativos, de acuerdo con la Ley sobre Privacidad y enmiendas.

LA PRESENTE NOTIFICACIÓN DESCRIBE CÓMO SU INFORMACIÓN MÉDICA PUEDE SER USADA Y DIVULGADA Y CÓMO TENER ACCESO A ESTA INFORMACIÓN. POR FAVOR, REVÍSELA CUIDADOSAMENTE.

Entender el contenido de su archivo de salud y cómo se usa la información sobre su salud lo ayuda a: asegurarse que la información esté correcta, a entender mejor quién, qué, cuándo, dónde y por qué otros pueden tener acceso a la información sobre su salud y a poder tomar decisiones estando mejor informado cuando se autoriza la divulgación a otros.

NUESTRAS RESPONSABILIDADES: La Ley requiere que el Departamento de Servicios Humanos haga lo siguiente:

- Mantenga la confidencialidad de la información sobre su salud
- Le proporcione una notificación sobre nuestras obligaciones legales y normas de privacidad con respecto a la información que recibimos y conservamos de usted.
- Además, se requiere que el Departamento de Servicios Humanos realice lo siguiente:
- Cumpla los términos de esta notificación
- Atienda los pedidos razonables que usted pueda tener para dar a conocer la información sobre su salud mediante medios alternativos o en lugares alternativos
- Le notifique si no estamos de acuerdo con la restricción que usted solicitó.

Nos reservamos el derecho de cambiar nuestras normas de privacidad y de poner en práctica las nuevas disposiciones vigentes para toda la información confidencial sobre su salud que guardamos. Si nuestras normas de privacidad cambiaran, le proporcionaremos una notificación revisada.

NORMA GENERAL SOBRE CONFIDENCIALIDAD

No usaremos o divulgaremos la información confidencial sobre su salud sin su autorización escrita, con excepción de lo que se describe en esta notificación.

Revocación de su autorización: si nos proporciona una autorización escrita para divulgar la información sobre su salud, puede revocar esta autorización en cualquier momento. La revocación debe presentarse por escrito. Su revocación escrita no revocará su autorización anterior si ya hemos divulgado información, de acuerdo con su autorización anterior, o si la cobertura de su seguro requiere su autorización escrita.

Autorización por separado para los informes psicoterapéuticos: no divulgaremos sus informes psicoterapéuticos sin su autorización escrita individual. Usted puede revocar su autorización escrita especifica en cualquier momento. La revocación debe presentarse por escrito. Su revocación escrita no revocará su autorización anterior si ya hemos divulgado información, de acuerdo con su autorización anterior, o si la cobertura de su seguro requiere de su autorización escrita.

CÓMO PODEMOS USAR O DIVULGAR INFORMACIÓN SOBRE SU SALUD SIN SU AUTORIZACIÓN ESCRITA

1. Tratamiento. Podemos usar la información sobre su salud para su tratamiento. Por ejemplo, la información que obtenemos de su enfermera, médico u otro miembro de su equipo del cuidado de la salud será registrada en su archivo y podrá ser usada para determinar su diagnóstico o el curso de un tratamiento que sea mejor para usted.

Un doctor u otro profesional de la salud puede divulgar su información a otro profesional del cuidado de la salud que pertenezca o no al Departamento de Servicios Humanos para determinar su diagnóstico o tratamiento.

2. Pago. Podemos usar la información sobre su salud para efectos de pago. Por ejemplo, se puede enviar una factura a usted o a un tercero encargado de efectuar el pago. La información que aparezca en la factura o aquella que la acompañe puede incluir información que lo identifique a usted, así como su diagnóstico, procedimientos y suministros utilizados.

3. Actividades del cuidado de la salud. Podemos usar la información sobre su salud para actividades comunes de salud. Por ejemplo, los miembros del personal médico, el gerente de mejoramiento de la calidad o del riesgo, o los miembros del equipo de mejoramiento de la calidad pueden usar la información de su archivo médico para evaluar el cuidado y los resultados de su caso y de otros como el suyo.

4. Socios de negocios. Hay algunos servicios que nuestra organización proporciona a través de contratos con socios de negocios. Nuestros ejemplos incluyen a contadores, consultores y abogados. Cuando se contratan estos servicios, podemos divulgar la información sobre su salud a nuestros socios de negocios de manera que puedan realizar el trabajo que les solicitamos. Sin embargo, para

proteger la información sobre su salud, requerimos que los socios de negocios resguarden su información de manera apropiada.

5. El directorio de nuestro centro. Si no tiene inconveniente, podemos incluir su nombre, ubicación dentro de nuestro centro y condición general en el directorio de nuestro centro, míentras usted se encuentre en él. Esta información sólo será divulgada a personas que pregunten por usted usando su nombre. Además, a menos que usted no esté de acuerdo, podemos incluir su afiliación religiosa, la que sólo será divulgada a los miembros del clero y que les será proporcionada incluso cuando pregunten por usted sin usar su nombre.

6. Los familiares y amigos involucrados en su cuidado. Si usted no tiene inconveniente, podemos divulgar información sobre su salud a un miembro de su familia, pariente o amigo personal cercano que esté involucrado en su cuidado o encargado del pago de sus servicios. También podemos notificar a un miembro de su familia, representante personal o a otra persona responsable de su cuidado acerca de su ubicación en nuestro centro y su condición general o acerca de su desafortunado fallecimiento. En algunos casos, tendremos que divulgar su información a una organización de ayuda en caso de desastres para que nos ayude a notificar a dichas personas.

7. Investigación. Podemos divulgar información a los investigadores cuando su investigación ha sido aprobada por una junta institucional revisora que ha revisado la propuesta de investigación y establecido los protocolos que garanticen la confidencialidad de la información sobre su salud.

8. Directores de funerarias. Podemos divulgar información sobre su salud a directores de funerarias y medicos forenses para que lleven a acabo sus obligaciones de acuerdo con las leyes aplicables.

9. Organizaciones de donación de órganos. De acuerdo con la ley aplicable, podemos divulgar información sobre la salud a organizaciones de donantes, o bancos de órganos, o transplantes de órganos para propósitos de transplante y donación de tejidos.

10. Contactos. Podemos comunicarnos con usted para recordarle sus citas o proporcionarle información acerca de tratamientos alternativos u otros beneficios y servicios relacionados con la salud que puedan serle de interés.

11. La Administración de Alimentos y Drogas (FDA, siglas en inglés). Podemos divulgar a la FDA información sobre salud acerca de sucesos adversos relacionados con alimentos, suplementos, productos y defectos en productos o información sobre control de postmercadeo para garantizar el retiro, renovación o reemplazo de determinados productos.

12. Compensación a los trabajadores. Podemos divulger información sobre salud hasta donde lo autoricen las leyes de compensación a los trabajadores y hasta donde sea necesario para cumplir con las mismas o con otros programas similares establecidos por ley.

13. Salud pública. Tal como lo requiere la ley, podemos divulger la información sobre su salud a las autoridades legales o de salud pública encargadas de controlar o prevenir enfermedades, lesiones o incapacidades.

14. Instituciones correccionales. Si se encontrara preso en una institución correccional, podemos divulgar información sobre su salud necesaria para su salud y la salud y seguridad de otros personas a la institución o a los agentes de dicha institución.

15. Cumplimiento de la ley. Podemos divulgar información sobre la salud para hacer cumplir la ley, tal como lo requiere la ley o como respuesta a una citación de la corte.

16. Maltrato, negligencia o violencia doméstica. Podemos divulgar información sobre su salud, hasta donde lo requiera la ley, a una autoridad, agencia de servicio social o agencia de servicios de protección si creemos de manera razonable que usted ha sido víctima de maltrato, negligencia o violencia doméstica. Le notificaremos sobre esta divulgación pronto, a menos que esto lo ponga en riesgo de un daño grave.

17. Actividades de control de la salud. Podemos divulger información sobre su salud a una agencia de control de la salud debido a actividades autorizadas por la ley, tales como auditorías, investigaciones criminales o civicoadministrativas, inspecciones, medidas disciplinarias o relacionadas con las licencias, o bien otras actividades necesarias para controlar el sistema de cuidado de la salud, programas gubernamentales de beneficios, programas regulados por el gobierno o en cumplimiento de las leys del derecho civil.

18. Procedimientos judiciales y administrativos. Podemos divulgar información sobre su salud como respuesta a una orden de la corte o de un tribunal administrativo, o en respuesta a una citación válida de la corte, si recibimos garantias satisfactorias de la parte que solicita la información de que dicha parte ha hecho el intento de notificarle a usted o de garantizar una orden que proteja su información.

19. Actividades de inteligencia y seguridad nacional. Podemas divulgar información sobre su salud a los funcionarios federales autorizados para actividades de seguridad nacional.

SUS DERECHOS ACERCA DE INFORMACIÓN SOBRE SU SALUD

Si bien su archivo de salud es propiedad material del Departamento de Servicios Humanos, la información de su archivo médico le pertenece a usted. Usted tiene los siguientes derechos:

- Puede solicitar que no usemos o divulguemos la información sobre su salud por una razón en particular relacionada con tratamiento, pago, actividades generales del cuidado de la salud del Departamento de Servicios Humanos, y/o a un miembro específico de su familia o a otro pariente o amigo personal cercano. Le solicitamos que dichos pedidos sean hechos por escrito al funcionario encargado de velar por la privacidad de la información. Si bien consideraremos su pedido, tenga en cuenta que no estamos en la obligación de aceptarlo o acatarlo.
- Tiene derecho de recibir comunicaciones confidenciales de la información sobre su salud. Si no está satisfecho con la manera o el lugar donde recibe nuestras comunicaciones relacionadas con la información sobre su salud, puede pedir que le proporcionemos dicha información a través de medios alternativos o que la enviemos a lugares alternatives Dicho pedido debe hacerse por escrito, y debe ser enviado al funcionario encargado de velar por la privacidad de la información. Atenderemos todos los pedidos que sean razonables.
- Puede pedir revisar u obtener copias de la información sobre su salud, las cuales le serán proporcionadas en el transcurso de 30 días. Dichos pedidos deben ser hechos por escrito, y deben ser enviados al funcionario encargado de velar por la privacidad de la información. Si solicita recibir una copia, se le puede cobrar una tarifa razonable.
- Si cree que la información sobre su salud de su archivo es incorrecta o si cree que le falta información importante, puede solicitar que corrijamos la información existente o que añadamos la información faltante. Debe proporcionar una razón para dicho pedido. Dichos pedidos deben ser hechos por escrito y posteriormente deben enviarse al funcionario encargado de velar por la privacidad de la información.
- Puede solicitar que le proporcionemos un informe escrito de todas las divulgaciones que hemos realizado de la información sobre su salud por un periodo de hasta seis años; sin embargo, y de acuerdo con la ley, no se debe informar acerca de las divulgaciones realizadas antes del 14 de abril del 2003. Le solicitamos que dichos pedidos se presenten por escrito ante el funcionario encargado de velar por la privacidad de la información. Por favor, tenga en cuenta que el informe no incluirá los siguientes tipos de divulgación: divulgaciones hechas por tratamiento, pago o actividades del cuidado de la salud, divulgaciones hechas a usted o a su representante legal o a otra persona relacionada con su cuidado de la salud, divulgaciones autorizadas por usted o por su representante legal, divulgaciones hechas a instituciones correccionales o a funcionarios encargados del cumplimiento de la ley o para propósitos de seguridad nacional, divulgaciones hechas de la información contenida en el directorio y divulgaciones debido a usos permisibles y divulgaciones debido a usos permisibles y divulgaciones de la información sobre su salud (por ejemplo, cuando la información es escuchada de manera casual por un paciente que pasaba por el lugar). No se le cobrará el primer pedido de un informe elaborado en un periodo de doce meses, pero se le puede cobrar un costo razonable por pedidos adicionales durante el mismo periodo de doce mesas.
- Tiene derecho de obtener una copia en papel de nuestra Notificación sobre las Normas de Privacidad cuando la solicite.
- Puede revocar una autorización para usar o divulgar información sobre su salud, excepto cuando la divulgación y haya sido hecha. Dicho pedido debe hacerse por escrito y enviarse al funcionario encargado de velar por la privacidad de la información.
- Si tiene preguntas y desea información adicional, puede comunicarse con el funcionario apropiado encargado de velar por la privacidad de la información, mencionado en las hojas adjuntas.

SI DESEA MÁS INFORMACIÓN O INFORMAR UN PROBLEMA

Si cree que sus derechos de confidencialidad han sido violados, puede enviarnos una queja. Dichas quejas deben ser enviadas por escrito al funcionario del Departamento de Confidencialidad. Puede solicitar el formulario de quejas al Funcionario del Departamento de Confidencialidad y debe enviarlo, una vez completado, al Estado de New Jersey, Departamento de Servicios Humanos, P.O. Box 700, Trenton, NJ 08625. También puede presentar una queja a la Secretaría del Deparatmento Federal de Servicios Humanos y de Salud, escribiendo a 200 Independence Avenue SW, Washington, DC 20201. Esto debe hacerse durante el transcurso de los 180 días después de ocurrido el problema. También puede presentar su queja a la Oficina de Derechos Civiles, llamando al 866-627-7748.

Si presenta una queja al Funcionario del Departamento de Confidencialidad o a la Secretaría de Servicios Humanos y de Salud, no se tomará represalias en su contra y sus beneficios no se verán afectados.

*****Por favor tenga en cuenta que: ESTA NOTIFICACIÓN NO AFECTARÁ SUS BENEFICIOS O SU ELEGIBILIDAD.*****