



Notice of Privacy Practices (NPP)

Effective Date: January 1, 2025

Revised: February 16, 2026

Supersedes All Prior Notices of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Care Plus NJ (“Care Plus NJ,” “we,” “our,” or “us”) is committed to protecting the privacy and security of your protected health information (“PHI”). This Notice describes how we may use and disclose your PHI, including medical, mental health, reproductive health, and substance use disorder (“SUD”) information, and explains your rights regarding your information.

This Notice is provided in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 CFR Part 2, the CARES Act, the 2024 HIPAA Privacy Rule Final Rule, and applicable New Jersey laws and regulations, including N.J.A.C. 10:37, N.J.A.C. 10:37A, and N.J.A.C. 10:161B.

If you have questions about this Notice or about Care Plus NJ’s privacy practices, please contact the Privacy Office at 201-649-4466 ext. 5237. Care Plus NJ will provide additional information upon request

Who This Notice Applies To

This Notice applies to all Care Plus NJ programs, employees, workforce members, medical staff, licensed professionals, volunteers, trainees, students, contracted personnel, contractors, consultants, allied health professionals, and other persons or entities acting on behalf of Care Plus NJ who create, receive, maintain, or disclose PHI in connection with your care.

This Notice applies to PHI maintained in paper, electronic, verbal, audio, visual, or any other form.

Organized Health Care Arrangement (OHCA)

Care Plus NJ participates in an Organized Health Care Arrangement (“OHCA”) with affiliated providers and entities that participate in the joint provision and coordination of health care services. The entities participating in the OHCA are HIPAA covered entities and may share PHI

with one another, as permitted by law, for treatment, payment, and health care operations related to the OHCA.

All participating OHCA entities agree to abide by the terms of this Notice with respect to PHI created or received as part of participation in the OHCA. Participating entities may operate at multiple locations throughout New Jersey.

Understanding Your Health Record/Information

Each time you receive services from Care Plus NJ, a record of your care is created. This record may include your symptoms, diagnoses, evaluations, medications, treatment plans, progress, test results, counseling information, referrals, billing information, and future care recommendations.

Your health record serves as:

- A basis for planning your care and treatment
 - A means of communication among health professionals involved in your care
 - A legal document describing the care you received
 - A means by which you or a third-party payer may verify services billed
 - A tool for education and training of health professionals
 - A source of information for public health and oversight activities
 - A source of data for quality improvement and health care operations
 - A tool used to improve the quality and effectiveness of care

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who may access your information and why
- Make informed decisions when authorizing disclosure to others

Your Rights Regarding Your Health Information

You have the following rights regarding your PHI:

Right to Inspect and Obtain Copies

You have the right to inspect and obtain a paper or electronic copy of your health information, usually within 30 days of your request. You may request that copies be provided in a specific electronic format if readily producible. You may also request that we transmit an electronic copy directly to another person or entity designated by you in writing.

We may charge a reasonable, cost-based fee for paper copies and certain approved electronic media.

Right to Request an Amendment

If you believe information in your health record is incorrect or incomplete, you may request an amendment to your record. Requests must be made in writing and must explain the reason for the request. In certain circumstances, we may deny your request as permitted by law.

Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI. Although we are not generally required to agree to requested restrictions, we will comply when required by law.

If you pay for a health care item or service out-of-pocket in full, you have the right to request that we not disclose information about that item or service to your health plan for payment or health care operations purposes. We are required to agree to such a request unless disclosure is otherwise required by law.

Right to Confidential Communications

You have the right to request that we communicate with you by alternative means or at alternative locations. For example, you may request that communications be sent to a post office box, alternate address, email address, or telephone number.

Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI made during the six years prior to your request. This accounting will not include disclosures made for treatment, payment, health care operations, or certain other disclosures exempted by law.

Right to Receive a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Right to Receive an Electronic Copy of This Notice

You have the right to receive an electronic copy of this Notice upon request, if available, even if you have also requested or received a paper copy.

Right to Revoke Authorization

You may revoke a written authorization previously provided to us at any time, except to the extent we have already relied upon it.

Right to Notification Following a Breach

You have the right to be notified without unreasonable delay, and no later than 60 days after discovery, if a breach of unsecured PHI occurs that may have compromised the privacy or security of your information.

Right to Designate a Personal Representative

Personal representatives authorized by law, including guardians, individuals with medical powers of attorney, or other legally authorized representatives, may exercise rights and make choices regarding PHI to the extent permitted under applicable law.

MINORS AND CONFIDENTIALITY RIGHTS

Under New Jersey law, certain minors may consent to specific health care services and may have confidentiality rights related to those services, subject to applicable law. These services may include certain mental health, reproductive health, and substance use disorder treatment services, depending on the circumstances and legal requirements.

SPECIAL PROTECTIONS FOR CERTAIN TYPES OF INFORMATION

If Care Plus NJ maintains substance use disorder counseling notes that are kept separately from the rest of your medical record, those notes may receive additional protection under federal law and generally may not be used or disclosed without your specific written consent, except as otherwise permitted by law.

Certain categories of PHI receive additional protections under federal and state law, including:

- Substance use disorder treatment records
 - Psychotherapy notes
 - HIV/AIDS-related information
 - Genetic information
 - Reproductive health information
 - Certain mental health records

Care Plus NJ will obtain your written authorization before using or disclosing specially protected information when required by applicable law.

Psychotherapy notes are maintained separately from the rest of your medical record and generally may not be used or disclosed without your written authorization except as specifically permitted by law.

HIV-related information may only be disclosed as authorized by New Jersey law or with appropriate written authorization.

OUR RESPONSIBILITIES

Care Plus NJ is required by law to maintain the privacy and security of your PHI, provide you with this Notice describing our legal duties and privacy practices, abide by the terms of this Notice currently in effect, accommodate reasonable requests for confidential communications, and notify you following a breach of unsecured PHI as required by law

We reserve the right to change our privacy practices and revise this Notice at any time. Revised Notices may apply to all PHI we maintain. Current versions will be posted at our service locations and on our website.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and related services. For example, physicians, clinicians, nurses, therapists, care coordinators, and

other members of your treatment team may share information to coordinate your care and treatment.

Payment

We may use and disclose your PHI to bill and collect payment for services provided to you. This may include disclosures to insurance companies, Medicaid, Medicare, managed care organizations, or other third-party payers.

Health Care Operations

We may use and disclose PHI for health care operations, including:

- Quality assessment and improvement activities
 - Care coordination and case management
 - Reviewing provider performance and treatment outcomes
 - Staff training and educational activities
 - Licensing, accreditation, credentialing, and certification activities
 - Auditing and compliance programs
 - Fraud and abuse detection and prevention
 - Business planning and administrative activities

We may also disclose PHI to other health care providers or covered entities for certain health care operations activities if they have or previously had a relationship with you and the disclosure relates to that relationship.

Electronic Information Sharing

PHI may be shared electronically for treatment, payment, and health care operations purposes through secure systems designed to improve the quality, safety, and coordination of your care.

APPOINTMENT REMINDERS AND HEALTH-RELATED SERVICES

We may use your PHI to contact you regarding appointments, treatment alternatives, follow-up care, refill reminders, or health-related benefits and services that may be of interest to you.

TELEHEALTH SERVICES

Telehealth involves the use of secure electronic communications technologies to provide clinical services remotely. Telehealth sessions are encrypted and conducted using secure systems designed to protect your privacy and confidentiality.

Telehealth visits are not audio or video recorded without your consent except where permitted or required by law.

TEXT MESSAGES, EMAILS, AND ELECTRONIC COMMUNICATIONS

If you agree, we may communicate with you by email, text message, patient portal, or other electronic means. These communications may include appointment reminders, scheduling information, billing information, or care coordination communications.

Although Care Plus NJ uses reasonable safeguards, electronic communications may involve some security risks. You may request alternative communication methods at any time.

OTHER PERMITTED OR REQUIRED DISCLOSURES

We may also use or disclose PHI as permitted or required by law for the following purposes:

- Public health activities
 - Reporting abuse, neglect, or domestic violence
 - Health oversight activities
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - Coroners, medical examiners, and funeral directors
 - Organ, eye, and tissue donation
 - Research approved under applicable legal standards
 - Preventing or reducing serious threats to health or safety
 - Workers' compensation programs
 - Military and veterans activities
 - National security and protective services activities
 - Correctional institutions and law enforcement custody situations
 - Disaster relief efforts
 - Other uses and disclosures required or authorized by law

Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. If you provide us with written authorization, you may revoke that authorization at any time in writing, except to the extent we have already relied on it

FUNDRAISING, MARKETING, AND SALE OF PHI

We may contact you regarding fundraising activities, and you have the right to opt out of receiving fundraising communications.

We will obtain your written authorization before:

- Using or disclosing PHI for most marketing purposes
 - Selling PHI
 - Disclosing psychotherapy notes except as permitted by law
 - Making disclosures not otherwise permitted by law

SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)

Substance use disorder treatment records maintained by a federally assisted Part 2 program are protected under federal law.

Federal law generally requires your written consent before these records may be used or disclosed unless otherwise permitted by 42 CFR Part 2 or other applicable law.

Federal law prohibits unauthorized use or disclosure of these records. Unauthorized disclosure may violate federal law and subject a person to criminal penalties.

Where permitted by law, you may provide a single written consent allowing Care Plus NJ and other HIPAA covered entities and business associates to use and disclose your Part 2 records for future treatment, payment, and health care operations purposes, unless and until you revoke that consent in writing.

To the extent required by applicable law, you have the right to request restrictions on certain uses and disclosures of your Part 2 records and the right to receive an accounting of disclosures of your Part 2 records as provided by federal law. Care Plus NJ will process such requests in accordance with HIPAA, 42 CFR Part 2, and other applicable legal requirements.

Part 2 records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide separate written consent for that purpose or a court order expressly authorizes such use or disclosure in accordance with federal law.

Where permitted by law and with appropriate patient consent, Care Plus NJ may use or disclose Part 2 records for treatment, payment, and health care operations purposes consistent with federal requirements.

Any recipient of Part 2 records may be prohibited from redisclosing the information unless expressly permitted by federal law.

You may revoke your Part 2 consent in writing at any time, except to the extent action has already been taken in reliance upon your consent.

REPRODUCTIVE HEALTH INFORMATION

Care Plus NJ complies with the 2024 HIPAA Privacy Rule protections regarding reproductive health care information.

We will not use or disclose PHI for prohibited purposes related to investigating or imposing liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care.

When required by law, Care Plus NJ will obtain a signed attestation before disclosing reproductive health information for:

- Health oversight activities
 - Judicial or administrative proceedings
 - Law enforcement purposes
 - Coroner or medical examiner activities

Care Plus NJ will review requests involving reproductive health information to ensure compliance with applicable federal and state privacy protections.

HEALTH INFORMATION EXCHANGES (IF APPLICABLE)

Care Plus NJ may participate in secure electronic health information exchange systems that allow participating providers to access health information for treatment, payment, and health care operations purposes as permitted by law.

If applicable, patients may request additional information regarding participation in such exchanges and any available opt-out rights.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Office
Care Plus NJ
1 Kalisa Way, Suite 112
Paramus, NJ 07652
Telephone: 201-649-4466 ext. 5237
Fax: 201-265-1582

You may also file a complaint with:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Complaint Portal:
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Care Plus NJ will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

Care Plus NJ reserves the right to change this Notice and make revised provisions effective for all PHI we maintain. Material revisions will be posted at our facilities and on our website and made available upon request.

DISTRIBUTION OF THIS NOTICE

This Notice will be provided no later than the first service delivery, or as soon as reasonably practicable following an emergency when immediate delivery is not possible.

This Notice is available in paper and electronic form and is posted at service locations and on the Care Plus NJ website.

You may request a current copy of this Notice at any time from the Privacy Office.