

More Life Recovery NJ
Manual of Policies and Procedure



TITLE 10: HUMAN SERVICES POLICY CATEGORY: POLICY AND PROCEDURE SUBCHAPTER 3. GENERAL REQUIREMENTS	POLICY NO. 30 & 31 CLIENT CARE POLICIES
REFERENCE No. N.J.A.C. 10:161B-3.5 & 3.6 (2014) Confidentiality & Confidentiality Agreement	EFFECTIVE DATE 9/3/2018
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POLICY: **Confidentiality**

PURPOSE: To preserve the dignity and the privacy of More Life Recovery NJ Center clients, to minimize the risk of client discrimination, and to minimize the risk of agency liability, Confidentiality Policies and Procedures will be adhered to by all staff members, volunteers, vendors, students, interns, clients and any other person doing business with More Life Recovery NJ Center.

PROCEDURE:

1. Confidential Information of all More Life Recovery NJ Center's clients is protected by Federal Law and Regulations. (42 CFR; Part 2 & HIPAA);
2. At the time of hire and annually thereafter, every employee, volunteer, student and intern will receive confidentiality training;
3. At the time of hire and annually thereafter, every employee, volunteer, student and intern will sign the Confidentiality Agreement;
4. Client information will not be disclosed in public areas where unauthorized persons could inadvertently gain access to sensitive information;
5. Client information will not be disclosed to other clients;
6. Client records will be secured in designated areas and will be transported to other sites in a locked file box;
7. Client records will be secured in a double locked area. Electronic Health Records will be protected by passwords;
8. Client records will be available to authorized personnel only;

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9. Client medical records will be filed separately and be available only to designated staff with a "need to know";
10. Confidential Information will not be disclosed or discussed with others, including co-workers, friends, or family, who do not have a need to know it. In addition, keys, employee identification, and password(s) used to access computer systems and files are also an integral aspect of this Confidential Information and are the property of More Life Recovery NJ Center;
11. No Confidential Information will be accessed or viewed, nor any equipment utilized, other than what is required to perform job responsibilities;
12. No unauthorized transmissions, inquiries, modifications, or purging of Confidential Information will occur in More Life Recovery NJ Center's computer system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Confidential Information from More Life Recovery NJ Center's computer system to unauthorized locations (i.e.: home, disk) by any means;
13. No inquiries about Confidential Information will be made for other personnel who do not have proper authorization to access such Confidential Information;
14. No information about computer passwords will be exchanged between staff nor is staff to use another person's computer password instead of their own for any reason;
15. The Staff will log off their computer or terminal prior to leaving it unattended;
16. All sensitive medical information disclosed by client to staff is to be recorded in medical records and not in the general client record;
17. Re-disclosure of client information will be provided with the informed, written consent of the client;
18. Any disclosure of information is prohibited until informed, written consent of the client is obtained;
19. Client's presence in treatment can neither be acknowledged nor denied by staff, volunteers, students, and/or interns without an informed, written consent;
21. The use of cell phones to communicate with other agencies and/or staff is prohibited when using client identifying information;
22. Any activity, by any person, including the staff person's self, that is in violation of this agreement or of any of More Life Recovery NJ Center's information security or privacy/confidentiality policy must be reported immediately to the Supervisor; Client will be notified of the incident;
23. Clients will be made aware of their rights and responsibilities as it relates to confidentiality upon admission.

CONFIDENTIALITY AGREEMENT

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I understand that More Life Recovery NJ has a legal and ethical responsibility to safeguard the privacy of all clients and to protect the confidentiality of their health information. Additionally, More Life Recovery NJ must ensure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information").

In the course of my employment/assignment at More Life Recovery NJ, I understand that I may come into possession of Confidential Information. I further understand that I must sign and comply with this agreement in order to get authorization for access to any of More Life Recovery NJ's Confidential Information.

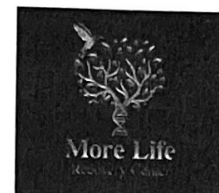
- I will not disclose or discuss any Confidential Information with others, including co-workers, friends, or family, who do not have a need to know. In addition, I understand that my keys, employee identification, and password(s) used to access computer systems and files are also an integral aspect of this Confidential Information.
- I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
- I understand that the Confidential Information of all More Life Recovery NJ's clients is protected by Federal Law and Regulations (42 CFR Part 2 & HIPAA).
- I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, in the staff lounge, in the lobby, on public transportation, at restaurants, and at social events). It is not acceptable to discuss Confidential Information in public areas even if a client's name is not used. Such a discussion may raise doubts among clients and visitors about our respect for their privacy.
- I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.
- I will not knowingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason.
- I will not make any unauthorized transmissions, inquires, modifications, or purging of Confidential Information in More Life Recovery NJ's computer system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Confidential Information from More Life Recovery NJ's computer system to unauthorized locations (i.e.: home).
- I will log off my computer or terminal prior to leaving it unattended.
- I will comply with any security or privacy/confidentiality policy developed by More Life Recovery NJ to protect the security and privacy of Confidential Information.
- I will immediately report to my Supervisor any activity, by any person, including myself, that is in violation of this agreement or of any of More Life Recovery NJ's information security or privacy/confidentiality policy.
- Upon termination of my employment, I will immediately return any documents or other media containing Confidential Information to More Life Recovery NJ.
- I agree that my obligations under this Agreement will continue after the termination of my employment.
- I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment and/or suspension and loss of privileges, in accordance with More Life Recovery NJ's Privacy/Confidentiality Policy as well as legal liability.

By signing this document, I understand and agree that I have read and received the Policy and Procedure on Privacy/Confidentiality, received training about the requirements of the Federal Law and Regulations and read the above Agreement and will comply with all its terms.

Name (printed): _____ Date: _____

Signature: _____

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TITLE 10: HUMAN SERVICES POLICY CATEGORY: POLICY AND PROCEDURE SUBCHAPTER 6. CLIENT CARE POLICIES	POLICY NO. 13 CLIENT CARE POLICIES
REFERENCE No. N.J.A.C. 10:161B-3.6(2014) CONFIDENTIALITY	EFFECTIVE DATE 9/3/2018
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HIPAA
(Health Insurance Portability and Accountability Act)

Notice of Privacy Practices

Confidentiality of Protected Health Care Information

Federal Law requires that More Life Recovery NJ maintain privacy of protected health information about you. We are not allowed to use or disclose it to another person or agency unless we receive written consent or authorization signed by you, or as otherwise permitted by law.

Protected Health Information includes, but is not limited to:

Information, verbal, in writing or other recorded format, that is:

- Created by a health care provider, and
- Relates to past, present or future medical or mental health conditions, or
- Relates to the provision of health care services, or
- Relates to the past, present or future payment of health care services.

The More Life Recovery NJ has legal responsibilities with respect to protected health information about you, including the responsibility to inform you of how and when the More Life Recovery NJ might use and disclose your protected health information. We must also inform you of your rights and our duties related to your protected health information.

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More Life Recovery NJ Duties:

1. Confidential Facility

- The More Life Recovery NJ is required to safeguard your protected health information to the best of its abilities.
- The More Life Recovery NJ is required to develop and implement policies and procedures to ensure that your protected health information remains confidential
- The More Life Recovery NJ is required to train its staff in procedures to ensure that your information is kept strictly confidential.
- The More Life Recovery NJ is required to designate a staff person who is responsible for ensuring the protections of health care information and for reviewing our More Life Recovery NJ' policies and procedures.
- The More Life Recovery NJ has the responsibility to abide by all of the information contained in this consent form. If The More Life Recovery NJ changes any of the information in this consent form, we must notify you of any changes.

2. Use and Disclosure Of Protected Health Information

There are three types of disclosures related to your protected health information: those required by law, those for which we need your written consent and those that do not require your written consent. The More Life Recovery NJ must maintain a written record of all disclosures of your protected health information.

a. Required Disclosures

In some cases, The More Life Recovery NJ may be required by law or other federal or state regulation to disclose your protected health information. This could include any of the following circumstances:

- Audits by state and federal regulatory and enforcement agencies
- Investigations of complaints by state and federal regulatory and enforcement agencies
- Reporting of communicable diseases as defined by state and federal health statutes

b. Disclosures Requiring Your Consent

For all other situations, Federal law prohibits The More Life Recovery NJ from disclosing protected health information without your proper written consent. If The More Life Recovery NJ has a need to make any other disclosures of your personal health information we must obtain your written consent to do so. These may include written consent for any of the following activities:

- for purposes of treatment, payment and health care operations
- to communicate with More Life Recovery NJ staff and business associates in the coordination of your treatment and health related services

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- to communicate with other treatment agencies and service providers regarding your past, present or future treatment needs and experiences
- to communicate with your family and significant others
- to communicate with criminal justice system representatives regarding your case (if applicable)

c. Disclosures that do not require your consent

While we may not necessarily make all of the uses and disclosures described below, federal law permits use or disclosure of protected health information without your written consent or authorization under the following circumstances:

- Your protected health information is required by a court order in a specific legal case.
- Your protected health information is necessary to help medical personnel in a medical emergency related to you.
- Your protected health information is used for the purposes of research, audit, or program evaluation.
- If The More Life Recovery NJ reasonably believes that you may try to harm yourself or someone else;
- If you are suspected of child abuse or neglect, or
- If you commit, or threaten to commit, a specific crime on premises or against The More Life Recovery NJ staff.

d. Record of Disclosures

The More Life Recovery NJ will maintain a written record of all disclosures made regarding your personal health information. This record will include the name of the person or More Life Recovery NJ to which the information was disclosed, the type of information disclosed, and the date on which the disclosure was made.

2. Access to Records

The More Life Recovery NJ is required, with certain exceptions, to provide you with access to inspect and obtain a copy of health information about you that we maintain in our record system.

3. Need for Authorization

The More Life Recovery NJ will not make any uses or disclosures other than those mentioned above without your written authorization in accordance with federal law.

4. Inform Patient of Breach

If The More Life Recovery NJ reasonably believes that there has been a breach of your confidentiality, we have an obligation to inform you of the breach including the information that was shared, to whom the information was shared and our plan for corrective action.

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Your Rights:

1. Informed Consent

Federal Law requires that you be informed of your rights in regard to your protected health information and that you authorize the use and disclosure of your protected health information at The More Life Recovery NJ

2. Revocation

You have the right to revoke your consent to disclose your protected health information. You may revoke your authorization either verbally or in writing except under two conditions.

Your revocation will not be effective if

(1) we took action relying on the written authorization before it was revoked, or

(2) if we obtained the authorization as a condition of a court order, probation or parole placement. In these cases, we are authorized to continue to communicate with the identified court officers up to and including your discharge from treatment.

3. Restricted Access

You have the right to request that restrictions be placed on certain uses and disclosures of your protected health information as permitted by law. To assure that The More Life Recovery NJ staff fully understands your wishes with regard to your protected health information you will be asked to consent to specific health information on each consent form. Such a form is attached for your review.

4. Right to Inspect Records

You have the right to inspect and copy protected health information about you, except for any psychotherapy notes, information relating to civil, criminal, or administrative proceedings, and certain information prohibited by law from disclosure. We are allowed by law to deny access in some circumstances. The More Life Recovery NJ has developed policies and procedures related to access of your record. If you desire to review a copy of your record you must request access through your primary counselor.

5. Right to Amend

You have the right to request that we amend protected health information about you maintained in our records. We are permitted to deny your request if we did not create the information in the record. We will review any such request in accordance with federal law and respond to you in writing. Any such request should be in writing addressed to the Executive Director of More Life Recovery NJ. All requests for amendment should provide necessary details, including your name, address, dates of service and a reason supporting your request for the amendment.

6. Right to an Accounting

You have the right to receive an accounting from us of disclosures of protected health information about you made for up to the six (6) years prior to your request for the accounting. This right does not apply to: disclosures made to carry out

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treatment, payment, or health care operations; disclosures made pursuant to an authorization in compliance with federal law; disclosures made for law enforcement purposes; disclosures authorized by law; or disclosures that occurred before April 14, 2003. Any request for an accounting should be sent to the Executive Director of More Life Recovery NJ.

7. Right to be informed of Breach

You have the right to be informed of any breach of your confidential information within 4 days of the time of the breach or the time when The More Life Recovery NJ became aware of the breach, including the information that was shared, to whom the information was shared and our plan for corrective action.

8. Right to Complain/ Grievance Procedure

If you believe your privacy rights have been violated, you have the right to complain. You can address your complaint, in writing, to any of the following:

EXECUTIVE DIRECTOR

More Life Recovery NJ
Address

Secretary of the Department of Health and Human Services

Hubert H. Humphrey Building
200 Independence Avenue
Washington, DC 20201.

Federal law prohibits retaliation against you for filing such a complaint.

I have read and have had explained to me The More Life Recovery NJ policies on the Confidentiality of Protected Health Care Information.

Signature: _____ Date: _____

More Life Recovery NJ Witness: _____

Date: _____

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TITLE 10: HUMAN SERVICES POLICY CATEGORY: POLICY AND PROCEDURE SUBCHAPTER 6. CLIENT CARE POLICIES	POLICY NO. 14 CLIENT CARE POLICIES
REFERENCE No. N.J.A.C. 10:161B-16.2(2014) CLIENT RIGHTS	EFFECTIVE DATE 9/3/2018
PAGE(S) 1 OF 3	Revised DATE 4/3/2020

POLICY:

To ensure that treatment services provided will do so with the fundamental human, civil, constitutional, and statutory rights of each individual client evident

PROCEDURE:

THESE RIGHTS SHALL INCLUDE:

1. The right to be informed of these rights, as evidenced by the client's written acknowledgment or by documentation by staff in the clinical record that the client was offered a written copy of these rights and given a written or verbal explanation of these rights in terms the client could understand;
2. The right to be notified of any rules and policies the program has established governing client conduct in the facility;
3. The right to be informed of services available in the program, the names and professional status of the staff providing and/or responsible for the client's care, and fees and related charges, including the payment, fee, deposit, and refund policy of the program and any charges for services not covered by sources of third-party payment or the program's basic rate;
4. The right to be informed if the program has authorized other health care and educational institutions to participate in his or her treatment, the identity and function of these institutions, and to refuse to allow their participation in his or her treatment;
5. The right to receive from his or her physicians or clinical practitioner(s) an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risks(s) of treatment, and expected result(s), in terms that he or she understands;
 - i. If, in the opinion of the medical director or director of substance abuse counseling, this information would be detrimental to the client's health, or if the client is not capable of

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understanding the information, the explanation shall be provided to a family member, legal guardian or significant other, as available;

ii. Release of information to a family member, legal guardian or significant other, along with the reason for not informing the client directly, shall be documented in the client's clinical record; and

iii. All consents to release information shall be signed by client or their parent, guardian or legally authorized representative;

6. The right to participate in the planning of his or her care and treatment, and to refuse medication and treatment;

i. A client's refusal of medication or treatment shall be documented in the client's clinical record;

7. The right to participate in experimental research only when the client gives informed, written consent to such participation, or when a guardian or legally authorized representative gives such consent for an incompetent client in accordance with law, rule and regulation;

8. The right to voice grievances or recommend changes in policies and services to program staff, the governing authority, and/or outside representatives of his or her choice either individually or as group, free from restraint, interference, coercion, discrimination, or reprisal;

9. The right to be free from mental and physical abuse, exploitation, and from use of restraints;

i. A client's ordered medications shall not be withheld for failure to comply with facility rules or procedures, unless the decision is made to terminate the client in accordance with this chapter; medications may only be withheld when the facility medical staff determines that such action is medically indicated;

10. The right to confidential treatment of information about the client:

i. Information in the client's clinical record shall not be released to anyone outside the program without the client's written approval to release the information in accordance with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. 290dd-2, and 290ee-2, and 42 CFR Part 2 ??2.1 et seq., and the provisions of the Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR Parts 160 and 164, unless the release of the information is required and permitted by law, a third-party payment contract, a peer review, or the information is needed by DHS for statutorily authorized purposes; and

ii. The program may release data about the client for studies containing aggregated statistics only when the client's identity is protected and masked;

11. The right to be treated with courtesy, consideration, respect, and with recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy;

i. The client's privacy also shall be respected when program staff are discussing the client with others;

12. The right to exercise civil and religious liberties, including the right to independent personal decisions;

i. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any client;

13. The right to not be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing), or ability to pay; or to be deprived of any constitutional, civil, and/or legal rights.

i. Programs shall not discriminate against clients taking medications as prescribed;

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14. The right to be transferred or discharged only for medical reasons, for the client's welfare, that of other clients or staff upon the written order of a physician or other licensed clinician, or for failure to pay required fees as agreed at time of admission (except as prohibited by sources of third-party payment):

i. Transfers and discharges, and the reasons therefore, shall be documented in the client's clinical record; and

ii. If a transfer or discharge on a non-emergency basis is planned by the outpatient substance use disorder treatment program, the client and his or her family shall be given at least 10 days advance notice of such transfer or discharge, except as otherwise provided for in 10:161B-6.4(c) ;

15. The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge; and

16. The right to have access to and obtain a copy of his or her clinical record, in accordance with the program's policies and procedures and applicable Federal and State laws and rules.