You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment (not payment or healthcare operations). You also have the right to request a restriction to payment or healthcare operations (not treatment).

You have the right to request a restriction on the use and disclosure of your protected health information to carry out activities authorized by a court order, signed by a judge.

If you are receiving care from or by a Licensed Psychologist you have the right to request a limit to the use and disclosure of your mental health information, without your consent, in the following circumstances:

• If you require emergency treatment circumstances;
• If you are receiving care from or by a Licensed Psychologist;
• If you are receiving care from or by a Licensed Psychiatrist;
• If you are receiving care from or by a Licensed Physician;
• If you are receiving care from or by a Licensed Nurse;
• If you are receiving care from or by a Licensed Social Worker;
• If you are receiving care from or by a Licensed Counselor;
• If you are receiving care from or by a Licensed Therapist;
• If you are receiving care from or by a Licensed Psychologist;
• If you are receiving care from or by a Licensed Psychiatrist;
• If you are receiving care from or by a Licensed Physician;
• If you are receiving care from or by a Licensed Nurse;
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• If you are receiving care from or by a Licensed Therapist;
family members, social service, clergy and others that may be involved in your medical care, such as different departments may share health information about your attending physician, treating physician, consulting

We may use your health information to provide medical care operations.

We also use and disclose your health information without your authorization, except as described in this Notice. This Notice applies to all of the health information we maintain by our units, and our Centers and Institutes, which are collectively referred to as RowanSOM. For a complete listing of the Centers and Institutes of RowanSOM, please go to our web site: https://www.rowan.edu/compliance

Notices of RowanSOM Privacy Practices for

Rowan University Units:

• Neuromuscular Institute (NMI)

RowanSOM, please go to our web site:

https://www.rowan.edu/compliance

Which We Participate

Activities of Organized Health Care Arrangements in

while most uses and disclosures related to research need your authorization. In some limited situations we may use and disclose your health information without your authorization, such as when your research has been approved by an Institutional Review Board or other similar public or private entity authorized by law to oversee research, or in case of a disaster where we believe, in good faith, that waiver the individual authorization requirement in accordance with applicable state and federal law.

De-Identified Data or Limited Data Set

We may use or disclose your health information about you if we de-identify the information as defined by law, or to a "limited data set" as defined by law. Notice with respect to your health care information connecting you to a provider that you have an appointment for treatment or medical care at RowanSOM.

Appointments Reminders

We may use or disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at RowanSOM.

We may use and disclose health information about you if it is necessary for law enforcement

required by law, or where permitted by law, or in the following situations:

(1) for the institution to provide you with health care;

(2) to protect your health and safety and that of others;

(3) for the safety and security of the correctional institution.

Required by law

We may use and disclose health information about you when required by law, such as when a court or administrative agency orders us to do so. We may also use or disclose health information in connection with certain legal proceedings, such as in a discovery response to a court or administrative agency. We may disclose your health information in programs for any dispute or litigation between you and RowanSOM.

Public Health Risk - Safety of a Person or the Public

We may use and disclose health information about you to authorized federal officials for identifying and controlling disease, injury or disability. For example, we may require to report the existence of a communicable disease, such as acquired immune deficiency syndrome (“AIDS”), to the New Jersey State Department of Health to protect the health and safety of the general public. Other activities generally disclosed include:

• to prevent or lessen a serious and imminent threat to the safety of a person or the public;

• to inform the President or the President’s designated representatives about the identity of a person who is a known or suspected illegal drug trafficker,

• to identify a deceased person or to determine a cause of death, including whether a death was homicides, suicides or accidents;

• to report certain communicable diseases to the government, to help prevent or lessen a serious public health problem or to provide benefits for work-related injuries or illness.

Military/Veterans

We may use and disclose your health information as required by military command authorities, if you are a military member or by or through a designated official or attorney in fact for patients who are in military service, or their legal next of kin.

Inmates

If you are an inmate of a correctional institution or under criminal court order to law enforcement, then we may release your medical/dental record information to the correctional institution or law enforcement official, unless otherwise prohibited by law. The release would be necessary:

• for your treatment, payment, or health care operations.

How We May Use and Disclose Your Protected Health Information

We may use and disclose health information about you as described in the categories and purposes described below if you have a general overview and not to describe all possible uses and disclosures that may occur.

Treatments

We may use your health information to provide medical treatment services to you. For example, we may use or disclose all or any portion of your health information to your doctor, nurse, and other health care providers (including those who work for RowanSOM, its service providers, or independent providers who are engaged in the Organized Health Care Arrangement. We may disclose information about you to your providers who participate in the Organized Health Care Arrangements as necessary to carry out treatment, payment, or health care operations.

We may use and disclose health information to your treating provider or plan, or a clearinghouse involved in your health care operations, to permit them, for the purposes of providing your treatment, payment, or health care operations, to carry out specific health care operations as permitted by law.

Activities of Organized Health Care Arrangements in Which We Participate

For certain activities, the components of Rowan Soma care operations.

Inmates

We may use and disclose health information to the President or the President’s designated representatives about the identity of a person who is a known or suspected illegal drug trafficker, to inform the President or the President’s designated representatives about the identity of a person who is a known or suspected illegal drug trafficker, to identify a deceased person or to determine a cause of death, including whether a death was homicides, suicides or accidents, to report certain communicable diseases to the government, to help prevent or lessen a serious public health problem or to provide benefits for work-related injuries or illness.