



NOTICE OF PRIVACY PRACTICES

Effective Date: March 2025

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, INCLUDING MENTAL HEALTH AND BEHAVIORAL HEALTH, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Will Follow This Notice

This Notice describes the health information practices of certain programs within Community Resources for Justice including... (Behavioral Health (FRE) and Community Strategies of New Hampshire (CSNH) that provide *HIPAA covered services* and Part 2 Program services). All these locations follow the terms of this Notice. In addition, these locations may share medical information with each other for treatment, payment, or health care operations purposes described in this Notice.

Our Pledge Regarding Health Information

Community Resources for Justice (also referred to as "CRJ" or "us" or "we") is committed to protecting the privacy of your health information, both as an internal standard and as a legal requirement. This Notice describes our legal duties and privacy practices with regard to your health information. It also describes your rights and how you may exercise those rights. The Health Insurance Portability and Accountability Act (HIPAA) requires us to give you this Notice and to follow the terms of this Notice.

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All other categories exclude text messaging originator opt-in data and; this information will be shared with any third parties.

- We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future.
- We will post a copy of the current Notice on our website at www.crij.org and in facilities where services are provided. Paper copies you can take with you will be available at facilities where services are provided.

While HIPAA may allow CRJ to use and disclose your health information without prior written authorization, stricter federal or state laws may require us to obtain your authorization for certain uses and disclosures. We will follow the stricter law. Specifically, substance use disorder records are further protected by the federal Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Unless an exception applies, CRJ will obtain your authorization prior to using or disclosing substance use disorder records.

Most Common Uses and Disclosures of Your Health Information

The categories listed below describe ways that CRJ may legally use and disclose your health information without obtaining prior written authorization from you or your personal representative. For each category, we explain what it means and provide an example.

- **For Treatment.** We can use your health information and disclose it to other professionals to provide, coordinate, or manage your health care and related services.
Example: To coordinate your care, we may share your health information with your primary care provider.
- **For Payment.** We can use and disclose your health information to bill and get payment from health plans or other entities, including Medicare and Medicaid.
Example: We may give information to your health plan about the services provided to you so it will pay for those services.
- **For CRJ's Operations.** We can use and disclose your health information to run our organization, improve your care, and contact you when necessary.
Example: We may use your health information to evaluate and improve the quality of care and services we provide.
- **For Another Covered Entity's Health Care Operations.** We can disclose your health information to another HIPAA covered entity that has (or had) a relationship with you for their operations.
Example: We may disclose your health information to a specialist who has treated you so the specialist can improve the quality and effectiveness of health care services he/she provides.
- **Personal Representative.** We can share your health information with a person who has the authority under law to make health care decisions for you. Parents and legal guardians generally represent minors unless a minor is permitted by law to act on his/her own behalf and make his/her own medical decisions within specific areas of mental or physical health.
Example: We may disclose information about the medications you are taking to a person to whom you have given a medical power of attorney.
- **Appointment Confirmations, Follow-up Calls, and Treatment Alternatives.** We may contact you to confirm your appointment with us; check on you after you have received services; or tell you about services that we provide or about

possible treatment options or alternatives that may be of interest to you.

Example: We may access your health information (such as your name and phone number) to call and remind you about an upcoming appointment you scheduled.

- **Business Associates and Qualified Service Organizations.** For some business functions, Community Resources for Justice may contract with a business associate (BA) or a qualified service organization (QSO). We may disclose your health information to a BA or QSO so they can perform the work we have asked them to do. All of our BAs and QSOs are obligated by their contracts with us and by federal law to safeguard your health information.

Example: We may disclose your health information to a BA who is helping us with our billing.

Your Rights Regarding Your Health Information

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you need additional information about any of your rights, please ask us.

- **Get an Electronic or Paper Copy of Your Medical Record**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Typically, this includes medical and billing records, but may not include some mental health information. You have the right to ask us to send a copy of your health information to other individuals that you designate.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

- **Ask Us to Amend Your Medical Record**

If you feel that health information we have about you is incorrect or incomplete, you can ask us to amend it. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

- **Request Confidential Communications**

You can ask us to contact you in a way that is more confidential for you or to send mail to a different address. We will accommodate reasonable requests.

- **Ask Us to Restrict What We Use or Share**

You can ask us to restrict or limit the health information we use or share for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We must say “yes” unless a law requires us to share that information or in the case of a medical emergency.

- **Get a List of Those With Whom We’ve Shared Information**

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those made for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a Copy of This Privacy Notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- **Notice of Breach**

If there is an unauthorized use or sharing of your health information that compromises the privacy or security of your health information, we will notify you in writing as required by law. The law may not require notification to you in all cases. In some situations, even if the law does not require notification, we may choose to notify you anyway.

- **File a Complaint if You Feel Your Rights are Violated**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

To file a complaint with us, call (857-294-1200), write to Privacy Officer, Community Resources for Justice, 355 Boylston St., Boston, MA 02116, or email qc@crj.org.

Complaints to the Office for Civil Rights (OCR) must be in writing and can be made using one of the following methods:

- through the OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- by mail at Centralized Case Management Services, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington, D.C. 20201
- by phone at 1-800-368-1019, 800-537-7697 (TDD)
- by email at OCRComplaint@hhs.gov

For More Information or Questions About How to Exercise Your Rights. If you have questions about our privacy practices or how to exercise your rights, call our Privacy Officer at (857-294-1200), write to Privacy Officer, Community Resources for Justice, 355

Boylston St., Boston, MA 02116, or email qc@crj.org

For your protection, we may check your identity whenever you have questions about your treatment or payment activities. We will check your identity whenever we get a request to look at, copy, or amend your records; to obtain a list of disclosures of your health information; for confidential communications; or to limit the information we use or share (restriction requests).

Other Potential Uses and Disclosures of Your Health Information

This section describes potential ways in which HIPAA permits or requires CRJ to use or disclose your health information without prior written authorization. Not every type of use or disclosure in a category is listed. If a stricter state or federal law applies, CRJ will comply with the stricter law.

- **Required by Law** We will share information about you if required by state or federal law. This includes disclosing information to the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **For Public Health and Safety Issues** We can share information about you for certain situations such as:
 - To help stop or reduce a serious threat to the health or safety of you, another person, or the public.
 - To prevent or control disease, injury, or disability.
 - To report suspected abuse, neglect, or domestic violence.
- **Health Oversight Activities** We can share information about you with health oversight agencies for activities authorized by law such as licensing, auditing, and accreditation.
- **Lawsuits and Other Legal Actions** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Organ, Eye, and Tissue Donation Requests** If you are an organ, eye, or tissue donor, we can share health information with an organ donation bank, as necessary to facilitate organ, eye, or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors** We can share health information with a coroner, medical examiner, or funeral director, as necessary to carry out their duties when an individual dies.
- **Address Workers' Compensation** We can release your health information as authorized by applicable law to programs that provide benefits for work-related injuries or illness.
- **Address or Respond to Law Enforcement and Other Government Requests** We can use or share health information about you:
 - For law enforcement purposes or with a law enforcement official. For example:
 - identify or locate a suspect, fugitive, material witness, or missing person
 - report criminal conduct on the premises of CRJ
 - To the correctional institution if you are an inmate
 - For special government functions such as military, national security, and intelligence activities, and presidential protective services
- **Research and Related Activities** We can use or share health information for research purposes when allowed by law.
- **For Disaster-relief Efforts** We can share your health information with disaster relief organizations if the information is necessary to coordinate your care or notify family and friends of your location or condition in a disaster. When possible, we will ask you to decide if we can share the information.
- **Fundraising and Other CRJ Events and Activities** We can contact you to provide you with information about CRJ events and activities, including fundraising, or to ask if you want to participate in a news story for an CRJ publication, a television news story, or something similar. If we contact you, you can tell us not to contact you again about fundraising efforts. We will get your written authorization before disclosing any of your health information for a news story or publicity purposes.

Uses and Disclosures of Your Health Information Pursuant to Authorization

Other uses or disclosures of your health information not described in this Notice require CRJ to obtain written authorization from you or your personal representative before using or disclosing the information. Specific examples of uses or disclosures that require written authorization include:

- Marketing activities (unless an exception applies)
- Disclosures that constitute the sale of health information
- Disclosures of substance use disorder records (unless an exception applies)

- Most uses and disclosures of psychotherapy notes
Note: "psychotherapy notes" is narrowly defined under HIPAA and most of the information in your electronic health record does not fall within the definition.

CRJ will also get your authorization prior to disclosing your health information as follows:

- **To Individuals Involved in our Care or Payment for Care.** HIPAA requires CRJ to give you an opportunity to agree or object before we disclose any of your health information to a person involved in your care or payment for your care. Some states have laws that are stricter which require us to obtain your authorization before disclosing your health information to a family member or friend who is not your personal representative. CRJ will follow the stricter law.

You will be able to revoke (cancel) your authorization at any time, except to the extent CRJ already disclosed information in reliance on it. Your revocation must be submitted in writing to our HIPAA Privacy Officer.

Notice Regarding Confidentiality of Substance Use Disorder Patient Records (42 CFR §2.22)

The confidentiality of substance use disorder patient records maintained by CRJ is protected by federal law and regulations (42 U.S.C. § 290dd-2, 42 C.F.R. Part 2). Generally, we may not tell a person outside CRJ that you are receiving services from us for a substance use disorder, or disclose any information identifying you as a person that has or had a substance use disorder, unless:

- You consent in writing to the disclosure; or
- The disclosure is made to a qualified service organization with which CRJ has a written agreement; or
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a bona fide medical emergency or to qualified personnel for certain research, audit, or program evaluation

Federal law and regulations also do not protect any information about:

- A crime you commit or threaten to commit at any CRJ facility or against any person who works for CRJ.
- Suspected child abuse or neglect required by state law to be reported to appropriate state or local authorities.

Violation by CRJ of the federal law and regulations is a crime.

- Suspected violations may be reported to the U.S. Attorney for the District of Suffolk County, (1 Bulfinch place, Boston, MA, 02114); phone: 617-619-4000
- Suspected violations by an opioid treatment program may be reported to the Substance Use and Mental Health Services Administration (SAMHSA), Opioid Treatment Program Compliance Office by phone at 204-276-2700 or online at OTP-extranet@opioid.samhsa.gov

Notice of Nondiscrimination

Discrimination is Against the Law. Community Resources for Justice complies with applicable federal civil rights laws and does not discriminate on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, marital status, military service, national origin, race, religion, sex, or sexual orientation. CRJ does not exclude people or treat them differently because of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, marital status, military service, national origin, race, religion, sex, or sexual orientation.

File a Complaint if You Feel Your Rights are Violated. If you believe that CRJ has failed to provide these services or discriminated in another way on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, marital status, military service, national origin, race, religion, sex, or sexual orientation you can file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

To file a complaint with us, call 857-294-1200, or write to Privacy Officer, Community Resources for Justice, 355 Boylston St., Boston, MA 02116, or email qc@crj.org

Complaints to the Office for Civil Rights (OCR) must be in writing and can be made using one of the following methods:

- through the OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.
- by mail at:

Centralized Case Management Services

U.S. Department of Health and Human Services

200 Independence Avenue SW, Room 509F HHH Building

Washington, D.C. 20201

- by phone at: 1-800-368-1019, 800-537-7697 (TDD).
- by email at OCRComplaint@hhs.gov.