

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**



### Your rights

**You have the right to:**

- Get a copy of your health records generated by PerformCare.
- Correct your health records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

See page 2 for more information on these rights and how to exercise them.



### Your choices

**You have some choices in the way that we use and share information as we:**

- Answer questions pertaining to your health care from your family and friends.
- Provide disaster relief.
- Share information through digital technologies.

See page 3 for more information on these choices and how to exercise them.



### Our uses and disclosures

**We may use and share your information as we:**

- Help manage the health care treatment you receive.
- Run our organization.
- Administer services available through the New Jersey Children's System of Care.
- Coordinate your care among various health care providers.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

See pages 3, 4, and 5 for more information on these uses and disclosures.

<p><b>Get a copy of your health and claims records</b></p>	<ul style="list-style-type: none"> <li>You can ask to see or get a copy of your health records and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health records, usually within 30 days of your request.</li> </ul>
<p><b>Ask us to correct health and claims records</b></p>	<ul style="list-style-type: none"> <li>You can ask us to correct your health records if you think they are incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 30 days.</li> </ul>
<p><b>Request confidential communications</b></p>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>
<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<p><b>Get a list of those with whom we’ve shared information</b></p>	<ul style="list-style-type: none"> <li>You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask. The list will include who we shared the information with and why. This is called an “accounting.”</li> <li>We will include all the disclosures except for those about 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.</li> </ul>
<p><b>Get a copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<p><b>Choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>If you feel we have violated your rights, you can complain by contacting us at <b>1-877-652-7624</b>.</li> <li>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling <b>1-877-696-6775</b>, or visiting <b><a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints">www.hhs.gov/ocr/privacy/hipaa/complaints</a></b>.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>



## Your choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p><b>In these cases, you have both the right and choice to tell us to:</b></p>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in payment for your care.</li> <li>• Share information in a disaster relief situation.</li> <li>• Share information through digital technologies.</li> </ul> <p>If you are not able to tell us your preference — for example, if you are unconscious — we may share your information with others (such as your family or a disaster relief organization) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. However, we will not use digital technologies to send you health information unless you agree to let us do so.</p> <p>The use of digital technologies (such as text message and email) has a number of risks that you should consider. Text messages and emails may be read by a third party if your digital device is stolen, hacked, or unsecured. Message and data rates may apply.</p>
<p><b>In these cases, we never share your information unless you give us written permission:</b></p>	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> <li>• Most sharing of psychotherapy notes</li> </ul>



## Our uses and disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

<p><b>Help manage the health care treatment you receive</b></p>	<p>We can use your health information and share it with professionals who are treating you.</p>	<p><b>Example:</b> A treatment provider sends us information about your diagnosis and treatment plan so we can authorize additional services.</p>
<p><b>Run our organization</b></p>	<p>We can use and disclose your information to run our organization and contact you when necessary.</p>	<p><b>Example:</b> We use health information about you to develop better services for you.</p>
<p><b>Administer your service</b></p>	<p>We may disclose your health information for service administration.</p>	<p><b>Example:</b> We share health information with contractors for administrative services.</p>

<p><b>Coordinate your care among various health care providers</b></p>	<p>Our contracts with various programs may require that we participate in certain electronic health information networks (HINs) and/or health information exchanges (HIEs) so that we are able to more efficiently coordinate the care you receive from health care providers.</p> <p>If you are enrolled or enrolling in a government-sponsored program, such as Medicaid or Medicare, please review the information provided to you by that program to determine your rights with respect to participating in an HIN or HIE.</p>	<p><b>Example:</b> We may share health information through an HIN or HIE to provide timely information to providers rendering services to you.</p>
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**How else can we use or share your health information?** We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<p><b>Help with public health and safety issues</b></p>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease.</li> <li>• Helping with product recalls.</li> <li>• Reporting adverse reactions to medications.</li> <li>• Reporting suspected abuse, neglect, or domestic violence.</li> <li>• Preventing or reducing a serious threat to anyone's health or safety.</li> </ul>
<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research, provided appropriate safeguards are in place.</li> </ul>
<p><b>Comply with the law</b></p>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if the department wants to see that we're complying with federal privacy law.</li> </ul>
<p><b>Address workers' compensation, law enforcement, and other government requests</b></p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers' compensation claims.</li> <li>• For law enforcement purposes or with a law enforcement official.</li> <li>• With health oversight agencies for activities authorized by law.</li> <li>• For special government functions such as military, national security, and presidential protective services.</li> </ul>

<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>
<b>Additional restrictions on use and disclosure</b>	<ul style="list-style-type: none"><li>• Certain federal and state laws may require greater privacy protections. When possible, we will follow stricter federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, mental health, alcohol and/or substance abuse, genetic testing, sexually transmitted diseases, and reproductive health.</li><li>• <b>Information about substance use disorder (SUD)</b> We may get information about your substance use treatment from a program that helps people with substance use problems (called a “SUD program”). If you agreed to let that program share your information with us for things like treatment, payment, or health care services, we can use and share it the same way we use your other health information. However, we will not use or share your SUD information in any court case or legal process against you unless:<ul style="list-style-type: none"><li>• You give us written permission, or</li><li>• A judge gives us a court order and legal papers that require us to share it. This can only happen after you and we are told about it and have a chance to speak up, unless the law says otherwise.</li></ul></li></ul>

## Our responsibilities

PerformCare takes your right to privacy seriously. To provide you with your benefits, PerformCare creates and/or receives personal information about your health. This information comes from you and your treatment provider. This information, called protected health information, can be oral, written, or electronic.

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to ensure that third parties who assist with your treatment, our payment of claims, or health care operations maintain the privacy and security of your protected health information in the same way that we protect your information.
- We are also required by law to ensure that third parties who assist us with treatment, payment, and operations abide by the instructions outlined in our Business Associate Agreement.
- We will let you know promptly if a breach occurs that may compromise the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you give us written permission. You may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website, and we will mail a copy to you.

**Effective date of this notice: January 2026.**

### Privacy Office

300 Horizon Drive, Suite 306, Robbinsville, NJ 08691-1919

**1-877-652-7624** or **TTY 1-866-896-6975**

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The information in this notice is available in other languages and formats by calling Member Services at 1-877-652-7624 or 1-866-896-6975 (TTY).

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