



Fox Rothschild LLP
ATTORNEYS AT LAW

UPDATED
STATE LAW REVIEW OF
LOCAL HEALTH DEPARTMENT-RELATED LAWS

Revised as of February 2007

For: Thomas Edison State College

By: Fox Rothschild LLP

Date: April 3, 2007

A. BACKGROUND

In March of 2004, Thomas Edison State College (“TESC”) retained Fox Rothschild to complete the “State Law Review of Local Health Department-Related Laws” document (hereinafter, referred to as the “**2004 State Law Review**”) for the purpose of assisting the New Jersey Department of Health and Senior Services (“NJDHSS”) and local health agencies with compliance with the Health Insurance Portability and Accountability Act of 1996 and the Privacy Rule (collectively referred to herein as “HIPAA”), and with New Jersey law. Since then, some of the laws included and analyzed in the 2004 State Law Review have been amended or have otherwise changed. As a result, TESC has retained Fox Rothschild to review and, as necessary, update the 2004 State Law Review to reflect current law.

B. THE 2007 UPDATE

Attached to this cover letter is the 2004 State Law Review that Fox Rothschild has amended and updated to incorporate changes to the laws included therein, which became effective over the last three (3) years (e.g., between March, 2004 – February, 2007) (hereinafter, referred to as the “**Updated State Law Review**”).

In completing the Updated State Law Review, we reviewed only the laws that were originally provided to us by TESC and that were included in the 2004 State Law Review. For purposes of the Updated State Law Review, TESC did not retain Fox Rothschild to, and Fox Rothschild did not, complete an independent and exhaustive review of all state and/or federal law to determine whether any other new laws or changes may affect the manner in which local health agencies use and disclose protected health information. Stated another way, the completed Updated State Law Review document does not include any amendments to other state or federal laws not originally cited to in the original 2004 State Law Review. That said, however, Fox Rothschild is completing a separate review of State law that may impact or govern the exchange of electronic health information by local health agencies. That analysis, when completed, will be furnished to TESC as a separate document and is not incorporated into the Updated State Law Review.

To complete the Updated State Law Review, Fox Rothschild reviewed the provisions of each statute and regulation listed in the “Index of Laws” in the 2004 State Law Review. If we identified a provision of law that was amended, the revised or new language was included in the “Relevant Provisions” section of Section “**II. HIPAA Analysis.**” In each instance new language was included in the Relevant Provisions section, the “HIPAA Relevant Cites” and “Summary of Impact” columns were also reanalyzed and revised, as needed. Finally, any amendments to the laws contained in the 2004 State Law Review that were “more stringent” than HIPAA were also incorporated into **Section “I. Crosswalk.”**

The same HIPAA definitions and standards described in the 2004 State Law Review were also used for purposes of completing the Updated State Law Review. A description of these definitions and standards is set forth in the “Introduction” section of the 2004 State Law Review document, which follows below.

C. SUMMARY OF UPDATES TO THE 2004 STATE LAW REVIEW

Below is a summary of the changes that were identified with respect to the laws cited in the 2004 State Law Review, and the general impact of the change on the manner in which health information is handled, if any. More detail is included in section “II. HIPAA Analysis.”

	Amendment	Impact
1	<u>N.J.S.A. 26:1A-15.1</u> – establishes advisory board to develop policy on electronic health records (“EHR”).	None. However, once the advisory board develops EHR policies, this will likely have an impact.
2	<u>N.J.S.A. 26:2C</u> – adds “domestic partners” as a legally authorized individual who can have access to health records.	Local Health Agencies (LHAs) must now recognize “domestic partners” individuals as individuals with potential authority to be “legal representatives” under HIPAA.
3	<u>N.J.S.A. 26:8-40.22</u> – limits reporting to those cases where infant is diagnosed with severe hyperbilirubinemia, but increases reporting duty to 5 years of age.	None, for purposes of HIPAA analysis. But LHA’s should comply with changes to state law.
4	<u>N.J.S.A. 26:8-48</u> – permits authentication on the NJ-EDRS as prescribed by the State registrar.	None.
5	<u>N.J.S.A. 26:8-52</u> – permits authentication on the NJ-EDRS as prescribed by the State registrar.	None.
6	<u>N.J.A.C. 8:18-1.9</u> – adds mandatory reporting for certain labs.	Comply with state law as “required.”
7	<u>N.J.A.C. 8:18-1.13</u> – limits disclosure of reports in connection with the Newborn Biochemical Screening Program.	LHAs must <u>limit</u> their disclosures of this information as specified by this state law.
8	<u>N.J.A.C. 8:19-1.10</u> – required mandatory reporting on Newborn hearing Follow up report form.	Comply with state law as “required.”
9	<u>N.J.A.C. 8:19-1.11</u> – required reporting of newborn hearing loss.	Comply with state law as “required.”
10	<u>N.J.A.C. 8:19-1.13</u> – limits disclosure of reports in connection with the Newborn Screening Program.	LHAs must <u>limit</u> their disclosure of this information as specified by this state law.
11	<u>N.J.A.C. 8:19-2.9</u> – repealed.	Remove from policies and procedures.
12	<u>N.J.A.C. 8:19-2.13</u> – repealed.	Remove from policies and procedures.
13	<u>N.J.A.C. 8:61-5.1</u> – permits disclosure of a child’s HIV/AIDS records for care and treatment of the child.	Comply with state law.
14	<u>N.J.A.C. 10:162-2.2</u> – has been relocated in the Statutes.	No substantive impact.

STATE LAW REVIEW OF LOCAL HEALTH DEPARTMENT-RELATED LAWS

FOR:

DEPARTMENT OF HEALTH AND SENIOR SERVICES
c/o THOMAS EDISON STATE COLLEGE

BY:

FOX ROTHSCHILD LLP

DISCLAIMER: FOX ROTHSCHILD LLP ("Fox Rothschild") has developed this State Law Review of Local Health Department-Related Laws document (the "State Law Review") for its client, Thomas Edison State College, for the purpose of assisting local health agencies with compliance with the Health Insurance Portability and Accountability Act of 1996 and the Privacy Rule (collectively referred to herein as "HIPAA"), and with New Jersey law. The views expressed in the State Law Review represent our reasonable judgment as to the matters of law addressed herein, based upon the laws of the State of New Jersey (the "State") and based on HIPAA. Our views and analysis should not be construed or considered as, a guaranty. In addition, this State Law Review is given as of the date hereof, and we expressly disclaim any obligation to update or supplement our analysis and conclusions contained herein to reflect any facts or circumstances that may hereafter come to our attention or any changes in laws that may hereafter occur. The conclusions contained herein may be relied on by Thomas Edison State College School and should not be relied upon by any other person or entity without our prior written consent and should only be used, circulated, furnished, quoted or otherwise referred to for informational purposes. Specifically, the State Law Review does not constitute legal advice to local health agencies, and **LOCAL HEALTH AGENCIES SHOULD ONLY RELY UPON THE CONCLUSIONS CONTAINED IN THIS DOCUMENT AFTER CONSULTING LEGAL COUNSEL.** Furthermore, local health agencies are not obligated to follow the opinions expressed herein; and, each local health agency is free to determine what materials and tools it will utilize for its HIPAA and/or State law compliance efforts.

INTRODUCTION

A. SCOPE OF LAWS INCLUDED

The State Law Review includes a listing of many State law provisions that: (a) concern the privacy of health information and (b) govern the conduct of a local health agency (“LHA”). The review also contains a comparison of those State laws with the analogous provisions of HIPAA (“HIPAA Analysis”). Whether the HIPAA Analysis applies will turn on whether the part of the LHA making the use or disclosure included in the LHA’s “covered entity” designation. The LHA should consult its legal counsel for more information regarding these designations and/or how to perform the “covered entity” analysis.

Fox Rothschild (at times, referred to simply as “we” “us” or “our”), Thomas Edison State College and the New Jersey Department of Health and Senior Services (the “Department”) collaborated in creating the scope of the State Law Review. Input and feedback was sought from various health officers and other representatives of State LHAs during scheduled workgroup meetings and through other communications. Through this process, the Department identified and provided to Fox Rothschild a list of State laws relating to health information that it believed would be most widely encountered by LHAs. A complete list of the State laws that Fox Rothschild reviewed in preparing the State Law Review is located on Page 72 herein, the “Index of Laws”.

Fox Rothschild reviewed each statute and regulation identified and included in the State Law Review a summary of the text of those State law provisions that refer to information that relate to medical information. Although every effort was made to incorporate and analyze each State law that is believed to apply to LHAs, Fox Rothschild does not represent that the list of State laws included in this State Law Review is exhaustive. Fox Rothschild was not asked to, and therefore did not, complete independent legal research of State law to determine whether or not other State laws may apply to LHAs. Yet, it is our view that the number of such State laws potentially excluded from the State Law Review should be relatively small. Finally, the State Law Review also does not include an analysis of the interplay between HIPAA and any other federal laws, except, we *have* flagged instances where the Family Education Rights and Privacy Act (“FERPA”) may intersect and possibly control over HIPAA.

B. DEFINED TERMS

The terms used throughout the State Law Review generally have the definitions assigned to them by HIPAA. However, for convenience, we have provided here a selection of terms frequently used in the State Law Review and the definitions that apply:

Covered Entity is an entity, the activities of which meet the HIPAA definitions of a “*Health Care Provider*,” “*Health Plan*,” or “*Health Care Clearinghouse*.” Generally, an entity engages in activities as a “Health Care Provider” if it furnishes, bills, or is paid for health care in the normal

course of business, and transmits health information in electronic form in connection with a “standard transaction” as specified in the HIPAA rules. These “standard transactions” include requests for payment, among others. An entity engages in activities as a “HIPAA Health Plan” if it “[p]rovides or pays for the cost of medical care.” However, there is an exception for government-funded programs for which: (1) the principal purpose is other than providing, or paying the cost of health care; or (2) the principal activity is the direct provision of health care to persons or the making of grants to fund the direct provision of health care to persons. Finally, an entity may engage in functions as a “Health Care Clearinghouse” if it is specialized for the purpose of taking paper or electronic information that does not meet the HIPAA standards set forth in the Standards for Electronic Transactions (EDI Rule) and converting the information into a HIPAA-designated “standard transaction,” and vice versa, for billing purposes. A Covered Entity is directly obligated to comply with HIPAA. You should consult with legal counsel to determine whether, and to what extent, your LHA is a “covered entity.” This will tell you whether to follow State Law only or to perform the HIPAA Analysis with respect to the use and disclosure of medical information.

De-Identified Health Information means, generally, health information that does not identify the individual about whom the information pertains to and with respect to which no reasonable basis exists to believe that the information can be used to identify the individual. 45 C.F.R. § 164.514(a).

Protected Health Information (“PHI”) means individually identifiable information that is transmitted by, or maintained in, electronic media or any other form or medium. To be PHI, the information must relate to 1) the past, present, or future physical or mental health, or condition of an individual; 2) provision of health care to an individual; or 3) payment for the provision of health care to an individual. Information that is “de-identified” is not PHI. In addition, PHI does not include individually identifiable health information in (i) education records covered by FERPA, as amended, 20 U.S.C. 1232g and records described at 20 U.S.C. 1232g(a)(4)(B)(iv).

Public Health Authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or person or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate. 45 C.F.R. § 164.501. State and local health departments are examples of one type of public health authority.

Required by Law means a mandate contained in law that compels a Covered Entity to make a use or disclosure of PHI and that is enforceable in a court of law. This term includes, but is not limited to court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health-care providers participating in the program; and statutes or regulations that required the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits. 45 C.F.R. § 164.103.

C. THE HIPAA ANALYSIS

Note: *This is only applicable if the LHA is a “covered entity” and the part of the LHA making the use or disclosure is included in the “covered entity” designation. Consult legal counsel to address this issue.*

1. The Standards

Using the preemption standards set forth in HIPAA, we compared each State law provision with the HIPAA standards and restrictions concerning the use and disclosure of PHI to see which law would control. We used the following HIPAA preemption standards for this analysis:

“Contrary to” - When used to compare a provision of state law to a standard, requirement, or implementation specification adopted under HIPAA, the phrase “*contrary to*” means: (1) a Covered Entity would find it *impossible* to comply with both the State law and HIPAA requirements; or (2) the provision of State law stands as an *obstacle* to the accomplishment and execution of the full purposes of the provisions of HIPAA. See 45 C.F.R. § 160.202. In order for a State law to truly be “contrary to” HIPAA, it must be “*impossible*” for a Covered Entity to comply with both the State law requirement and HIPAA. Accordingly, in our analysis, we did not conclude that a provision of State law is contrary to HIPAA where it is merely inconsistent with HIPAA. By applying the “impossibility standard” when comparing State law with analogous HIPAA provisions, there were relatively few instances where a State law was “contrary to” a HIPAA standard. The majority of State law provisions we analyzed in this State Law Review are either supplementary to or subsumed within the HIPAA standards.

“More Stringent” - With respect to a use or disclosure of PHI, generally, a State law is “*more stringent*” if the law prohibits or restricts a use or disclosure in circumstances under which such use or disclosure otherwise would be permitted under HIPAA. However, with respect to information to be provided to an individual who is the subject of the PHI about a use, a disclosure, rights and remedies, a State law is considered more stringent if it provides the individual greater amounts of access to his or her information. In addition, with respect to the form or substance of an Authorization for the use and disclosure of PHI, a State law is more stringent if it provides requirements that narrow the scope or duration, increase the privacy protections afforded, or reduce the coercive effect of the circumstances surrounding the Authorization or consent, as applicable. Finally, with respect to record keeping or requirements relating to accounting of disclosures, a State law that is more stringent if it provides for the retention or reporting of more detailed information for a longer duration. It is important to also note that a more stringent State law standard cannot be followed to the extent that it would prohibit or impede a disclosure to the Secretary of Health and Human Services in determining compliance with HIPAA or to the individual about whom the information pertains. A Covered Entity is always required to comply with a request by the Secretary of Health and Human Services for purposes of determining compliance with HIPAA and to permit the individual to access his or her PHI.

2. Required By Law Disclosures

As previously noted above in Section “A.”, certain public health laws were identified for us to be analyzed and included in the State Law Review. Many of these public health laws include mandatory reporting. In these cases, when a provision of State law “requires” a particular use or disclosure, we cited only the HIPAA section that corresponds to uses and disclosures that are “required by law.” We viewed State law provisions that included phrases such as “shall”, “must” or “is required to” to designate that a particular disclosure is mandatory and thus “required by law.” In those instances, we did not reference other HIPAA provisions that may also permit the particular disclosure. For instance, a State law provision mandating that information gathered about a patient with a communicable disease must be reported to the Department is a “required by law disclosure.” However, other corresponding HIPAA provisions, such as those provisions allowing “public health disclosures” or disclosures “to avert serious health or injury” are arguably also triggered here. Nonetheless, in these cases, we included only the “most controlling” HIPAA provision that is triggered. When dealing with a disclosure required by State law, it is our view that the most controlling provision will always be the HIPAA section permitting disclosures that are “required by law,” §164.512(a). Other “lesser included” HIPAA sections are not listed as it was our view that they were redundant and including them would be confusing.

3. Public Health Disclosures

The State Law Review also includes any State law provision that concerns the use and disclosure of information for purposes of public health activities, *including* provisions that provide for the reporting of disease or injury, child abuse, birth, or death, or for the conduct of public health surveillance, investigation, or intervention etc. Even though HIPAA statutorily excludes provisions of State law governing these public health topics from preemption, (See 45 C.F.R. § 160.203(c)), we decided to include and analyze all State law provisions that concern public health. We believe that this approach is useful for a number of reasons. First, the terms that are referred to in HIPAA’s statutory exclusion are not defined terms. Thus, for example, it is not clear under what circumstances a particular public health disclosure constitutes “public health surveillance”. However, by analyzing the authorized or required public health disclosure under HIPAA provisions governing permissible disclosures (i.e., “required by law” or “public health”), we assessed whether the State law is “more stringent” (as defined below) than HIPAA. When we determined that the State law was more stringent, it was not then necessary for us to also determine whether or not the State law provision is “saved” from preemption under HIPAA’s statutory exclusion. Moreover, since our analysis did not reveal any State law provisions that were “contrary to” and “less stringent” than HIPAA, it was not necessary to utilize the HIPAA statutory exclusion to prevent any State law provision from being preempted. Finally, it is our view that listing all of the provisions of State law concerning public health is, generally, a valuable resource and reference for LHAs.

D. HOW TO USE THE STATE LAW REVIEW DOCUMENT

1. Organization of State Law Review Document

The State Law Review Document consists of two parts. The laws contained in Section II. - HIPAA Analysis (Page 71) are arranged by statute, in numerical order, and then by regulation, in numerical order. A list of the specific statutes and regulations included is found in the “Index of Laws” on Page 72. Each State

law is cited by Title and Chapter (and Subchapter, if applicable) in the first column. For those LHAs that are “covered entities,” a synopsis of the provision of State law is provided in the second column and then cross-referenced to the potentially applicable HIPAA sections in the third column. Finally, in the last column, captioned “Summary of Impact”, a legal determination as to whether HIPAA or State law controls is then made and explained. For example, if a State law provision is “more stringent” than HIPAA, we explain that it must be followed even if HIPAA would otherwise permit the disclosure under other circumstances. In this regard, a second part of the State Law Review, “Section I. - Crosswalk (Page 7),” summarizes the additional requirements imposed by more stringent State laws by listing each State law provision identified in the HIPAA Analysis as “more stringent” than HIPAA. The Crosswalk also provides a list of all disclosures identified in the HIPAA Analysis that are required by State law.

2. Direct vs. Indirect Applicability

The HIPAA Analysis and the Crosswalk may be a helpful resource for LHAs under two circumstances: first, in instances where HIPAA **directly** applies to a LHA and second, in those instances where a LHA is **indirectly** affected by HIPAA. HIPAA applies directly to a LHA if the LHA is a covered entity. However, HIPAA may also affect a LHA indirectly if the LHA seeks information *from* a Covered Entity.

The conclusions and recommendations provided in this State Law Review document apply directly to a LHA only if the LHA is a “covered entity.” If a LHA is a “covered entity” (referred to hereafter as a “Covered Entity-LHA”), then it must implement all of the HIPAA requirements and standards **and** the more stringent State law requirements with respect to uses and disclosures made by those parts of the LHA included in the “covered entity” designation. We have flagged in the HIPAA Analysis each State law provision that we believe is “more stringent” than HIPAA and then listed those provisions again in the Crosswalk. The Crosswalk also includes “Recommendations for Tailoring HIPAA Documents” in the last column, which provides more specific directions as to how to incorporate these more stringent State law provisions into a Covered Entity-LHA’s HIPAA documents (i.e., Notice, Authorization, Policies and Procedures etc.).

If the LHA is not a Covered Entity, then HIPAA does not directly apply and the LHA is not required to implement the HIPAA requirements and standards with respect to how it uses and discloses health information. However, such LHA may still be **indirectly affected** by HIPAA. For example, if a LHA seeks to obtain health information *from* a Covered Entity, and the Covered Entity refuses to disclose the information to the LHA, citing HIPAA as a reason for the refusal, the LHA would experience the indirect impact of Covered Entities attempting to comply with HIPAA. In such instance, the LHA may choose to refer to the State Law Review and review whether the Covered Entity may indeed no longer be permitted to make a particular disclosure because HIPAA controls. If the State Law Review indicates that the State law is not preempted by HIPAA or otherwise that the disclosure is one that is permitted by HIPAA (i.e., for purposes of treatment), then the LHA would know that HIPAA does not stand as an obstacle to obtaining the health information sought from that Covered Entity. In these instances, the State Law Review may serve as a valuable resource and reference for the LHA.

I. CROSSWALK

DISCLAIMER: This Crosswalk is designed to aid a Local Health Agency (“LHA”) in its efforts to comply with the privacy and confidentiality laws imposed by New Jersey law and the federal HIPAA law. If a LHA is a "covered entity" under HIPAA, this resource may also provide a general guidance as to which law (state or HIPAA) is "more stringent" and therefore must be followed. It is organized in such a manner that a LHA may quickly determine which of the laws contained in the HIPAA Analysis (See Section II. of the State Law Review) should be added to the covered entity's HIPAA policies and procedures. However, please be aware that the laws contained in this Crosswalk were identified through the informal efforts of representatives of several local health departments and the New Jersey Department of Health and Senior Services. Thus, while we believe that this document contains most of the laws that impact your operations on a daily basis, it may not contain the entire universe of laws applicable to your LHA as the functions of each LHA vary -- meaning that the laws that apply to them will vary as well. Thus, you may want to consult counsel and have them review the document to determine whether there are additional laws that are relevant to your particular operation that should be considered. In addition, while the summary of laws and conclusions set forth in this Crosswalk have been prepared by a legal team, you may not rely on these statements as constituting legal advice to you. Thus, while we believe this document is a valuable resource and tool for a New Jersey LHA, the statements contained herein are offered as guidance only and not as a guaranty of compliance with any laws or standards. You should consult your attorney with respect to the creation of policies and procedures and/or if you have any questions regarding the legality of the use or disclosure of any information created or maintained by your LHA.

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA DOCUMENTS
I. GENERAL			
NOTICE OF PRIVACY PRACTICES	45 C.F.R. § 164.520	<p>[1] N.J.S.A. 26:1A-37.2.</p> <p>[2] N.J.S.A. 26:2-107(4)</p> <p>[3] N.J.S.A. 25:2-111</p> <p>[4] N.J.S.A. 26:2-137.6</p> <p>[5] N.J.S.A. 26:2B-20.a.</p> <p>[6] N.J.S.A. 26:4-37</p> <p>[7] N.J.S.A. 26:4-41</p>	<p>When tailoring the NOTICE OF PRIVACY PRACTICES, incorporate these State law restrictions on the use and disclosure of PHI:</p> <p>[1] Information obtained in connection with research studies approved by the Public Health Council cannot to be revealed or disclosed under any circumstances except: (a) to persons within the department, (b) to other persons participating in such research studies or (c) in such impersonal form that your information or data that relates to you cannot be identified therefrom.</p> <p>[2] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and may not be disclosed or made public so as to disclose your identity.</p> <p>[3] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[4] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[5] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon proper judicial order.</p> <p>[6] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[7] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>.</p>

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA DOCUMENTS
		<p data-bbox="876 695 1145 727">[8] N.J.S.A. 26:5C-8</p> <p data-bbox="876 1166 1185 1198">[9] N.J.S.A. 26:8-40.23</p> <p data-bbox="876 1300 1185 1333">[10] N.J.A.C. 8:19-1.13</p>	<p data-bbox="1257 264 2395 695">The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p data-bbox="1257 699 2395 1166">[8] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to qualified personnel for the purpose of conducting scientific research, but only following review of the research protocol by an Institutional Review Board (the person who is the subject of the record shall not be identified, directly or indirectly, in any report of the research and research personnel shall not disclose the person's identity in any manner); (3) to qualified personnel for the purpose of conducting management audits, financial audits or program evaluation, but identifying information shall not be released to the personnel unless it is vital to the audit or evaluation; (4) to qualified personnel involved in medical education or in the diagnosis and treatment of the person, but only if the personnel are directly involved in medical education or in the diagnosis and treatment of the person); (5) to the Department of Health as required by State or federal law; (6) as permitted by rules and regulations adopted by the commissioner for the purposes of disease prevention and control; OR (7) if otherwise authorized by State or federal law.</p> <p data-bbox="1257 1170 2395 1300">[9] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p data-bbox="1257 1305 2395 1391">[10] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by DHSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the</p>

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA DOCUMENTS
		<p>[11] N.J.A.C. 8:20-1.2(g)</p> <p>[12] N.J.A.C. 8:51-3.3</p> <p>[13] N.J.A.C. 8:57-1.12(a)</p> <p>[14] N.J.A.C. 8:57-1.12(b)</p> <p>[15] N.J.A.C. 8:57-2.7</p> <p>[16] N.J.A.C. 8:57-3.3(a)</p> <p>[17] N.J.A.C. 8:57-3.3(b)</p> <p>[18] N.J.A.C. 8:57-4.7(b)</p>	<p>identity of the person to whom they relate.</p> <p>[11] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] be included under materials available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[12] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a signed release from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[13] Reports made relating to communicable diseases may only be used by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[14] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[15] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only by</i> the Department of Health and Senior Services for public health purposes.</p> <p>[16] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[17] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[18] If a child withdraws, is promoted, or transfers to another school, preschool, or child care center, the immunization record, or a certified copy thereof, along with</p>

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		<p>[19] N.J.A.C. 8:57-5.14(a)</p> <p>[20] N.J.A.C. 8:66A-4.1(d)</p> <p>[21] N.J.A.C. 8:66A-4.2(g)</p> <p>[22] N.J.A.C. 8:18-1.13</p>	<p>statements pertaining to religious or medical exemptions and laboratory evidence of immunity, shall be given to the parent or guardian upon request, within 24 hours of such a request.</p> <p>[19] Patient medical information or information concerning “reportable events” relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[20] An Authorization form must be filled out to allow patient’s information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client’s attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[21] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[22] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>
WRITTEN AUTHORIZATION	45 C.F.R. § 164.508	None Identified.	N/A
BUSINESS ASSOCIATE	45 C.F.R. § 164.504(e)	None Identified.	N/A

HIPAA TOPIC AGREEMENTS	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA DOCUMENTS
<p>MINIMUM NECESSARY STANDARD</p>	<p>45 C.F.R. § 164.502(b) 45 C.F.R. § 164.514(d)</p>	<p>[1] N.J.S.A. 26:4-23</p> <p>[2] N.J.S.A. 26:5C-8</p> <p>[3] N.J.A.C. 8:19-1.13</p> <p>[4] N.J.A.C. 8:20-1.2(g)</p> <p>[5] N.J.A.C. 8:57-2.7</p> <p>[6] N.J.A.C. 8:57-3.3(a)</p> <p>[7] N.J.A.C. 8:18-1.13</p>	<p>When tailoring the HIPAA policy and procedure reflecting that a covered entity use and disclose only the MINIMUM NECESSARY PHI, when permitted, incorporate these State law restrictions:</p> <p>[1] Facts contained in a report of a communicable disease must be entered by the health officer to whom the report is delivered and may be accessed only by the local board and its proper officers, and the State Department and its officers.</p> <p>[2] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed (1) to qualified personnel for the purpose of conducting management audits, financial audits or program evaluation, but identifying information shall be released to the personnel only if it is vital to the audit or evaluation; and (2) to qualified personnel involved in medical education or in the diagnosis and treatment of the person, only if the personnel are directly involved in medical education or in the diagnosis and treatment of the person.</p> <p>[3] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[4] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services.</p> <p>[5] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to access only by the Department of Health and Senior Services for public health purposes.</p> <p>[6] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[7] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA DOCUMENTS
DE-IDENTIFIED INFORMATION	45 C.F.R. § 164.514(a) 45 C.F.R. § 164.514(b) 45 C.F.R. § 164.514(c)	None Identified.	N/A
VERIFICATION REQUIREMENTS	45 C.F.R. § 164.514(h)	None Identified.	N/A
REASONABLE SAFEGUARDS	45 C.F.R. § 164.530(c)	[1] N.J.S.A. 26:4-23 [2] N.J.S.A. 26:5C-8 [3] N.J.A.C. 8:19-1.13	When tailoring the HIPAA policy and concerning REASONABLE SAFEGUARDS, incorporate these State law restrictions: [1] Facts contained in a report of a communicable disease must be entered by the health officer to whom the report is delivered and may be accessed only by the local board and its proper officers, and the State Department and its officers. [2] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed (1) to qualified personnel for the purpose of conducting management audits, financial audits or program evaluation, but identifying information shall be released to the personnel only if it is vital to the audit or evaluation; and (2) to qualified personnel involved in medical education or in the diagnosis and treatment of the person, only if the personnel are directly involved in medical education or in the diagnosis and treatment of the person. [3] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA DOCUMENTS
		<p>[4] N.J.A.C. 8:20-1.2(g)</p> <p>[5] N.J.A.C. 8:57-2.7</p> <p>[6] N.J.A.C. 8:57-3.3(a)</p> <p>[7] N.J.A.C. 8:57-3.3(b)</p> <p>[8] N.J.A.C. 8:18-1.13</p>	<p>disclose the identity of the person to whom they relate.</p> <p>[4] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services.</p> <p>[5] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only by</i> the Department of Health and Senior Services for public health purposes.</p> <p>[6] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[7] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[8] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>
MITIGATION OF IMPROPER DISCLOSURES	45 C.F.R. § 164.530(f)	None Identified.	N/A
RESOLUTION OF COMPLAINTS	45 C.F.R. § 164.530(d)	None Identified.	N/A
WRITTEN POLICIES AND PROCEDURES	45 C.F.R. § 164.530(i)		When tailoring the HIPAA POLICIES AND PROCEDURES, incorporate these State law requirements:

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		[1] N.J.A.C. 8:8-4.2 (a) N.J.A.C. 8:8-4.2 (b) N.J.A.C. 8:8-4.2 (f)	[1] Policies and procedures developed for use in the blood bank and required by State law must be detailed in a written procedure manual; each procedure must have a current pertinent literature reference; and all significant changes to procedures must be reviewed, dated and signed by the blood bank director.

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA POLICIES & PROCEDURES
II. <u>USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION</u>			
TREATMENT, PAYMENT & HEALTH CARE OPERATIONS	45 C.F.R. § 164.502(a) 45 C.F.R. § 164.506	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a.</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for purposes of TREATMENT, PAYMENT or HEALTH CARE OPERATIONS, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information “to the public” is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person’s <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a</p>

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		<p>[7] N.J.S.A. 26:5C-8</p> <p>[8] N.J.S.A. 26:8-40.23</p> <p>[9] N.J.A.C. 8:19-1.13</p> <p>[10] N.J.A.C. 8:20-1.2(g)</p> <p>[11] N.J.A.C. 8:51-3.3</p>	<p>venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connection with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to qualified personnel for the purpose of conducting management audits, financial audits or program evaluation, but identifying information shall not be released to the personnel unless it is vital to the audit or evaluation; (3) to qualified personnel involved in medical education or in the diagnosis and treatment of the person, but only if the personnel are directly involved in medical education or in the diagnosis and treatment of the person); (4) to the Department of Health as required by State or federal law; (5) as permitted by rules and regulations adopted by the commissioner for the purposes of disease prevention and control; OR (6) if otherwise authorized by State or federal law.</p> <p>[8] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[9] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[10] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] be available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[11] All records maintained by the Department, and by local boards of health,</p>

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		<p>[12] N.J.A.C. 8:57-1.12(a)</p> <p>[13] N.J.A.C. 8:57-1.12(b)</p> <p>[14] N.J.A.C. 8:57-2.7</p> <p>[15] N.J.A.C. 8:57-3.3(a)</p> <p>[16] N.J.A.C. 8:57-3.3(b)</p> <p>[17] N.J.A.C. 8:57-5.14(a)</p>	<p>regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[12] Reports made relating to communicable diseases may only be used <i>by</i> the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[13] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[14] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only by</i> the Department of Health and Senior Services for public health purposes.</p> <p>[15] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[16] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[17] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is</p>

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		<p>[18] N.J.A.C. 8:66A-4.1(d)</p> <p>[19] N.J.A.C. 8:66A-4.2(g)</p> <p>[20] N.J.A.C. 8:18-1.13</p>	<p>necessary to or to <i>protect the life or health of a named party</i>, or (4) pursuant to a <i>valid court order</i>.</p> <p>[18] N.J.A.C. 8:66A-4.1(d) An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[19] N.J.A.C. 8:66A-4.2(g) Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[20] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>
<p>FACILITY DIRECTORIES</p>	<p>45 C.F.R. § 164.510(a)</p>	<p>[1] N.J.S.A. 26:2B-20.a.</p> <p>[2] N.J.S.A. 26:4-41</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for FACILITY DIRECTORIES, incorporate these State law restrictions:</p> <p>[1] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[2] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the</p>

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA POLICIES & PROCEDURES
		<p>[3] N.J.S.A. 26:5C-8</p> <p>[4] N.J.A.C. 8:57-5.14(a)</p> <p>[5] N.J.A.C. 8:66A-4.1(d)</p>	<p>custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[3] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) as permitted by rules and regulations adopted by the Commissioner for the purposes of disease prevention and control; OR (3) if otherwise authorized by State or federal law.</p> <p>[4] Patient medical information or information concerning “reportable events” relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[5] An Authorization form must be filled out to allow patient’s information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; or the Intoxicated Driver Resource Centers; the client’s attorney; and any other persons that a patient authorizes to receive protected information.</p>
<p>FAMILY, FRIENDS AND PERSONS INVOLVED IN CARE OF THE INDIVIDUAL</p>	<p>45 C.F.R. 164.510(b)</p>	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI to FAMILY MEMBERS and FRIENDS, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information “to the public” is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for</p>

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		<p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a.</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p> <p>[7] N.J.S.A. 26:5C-8</p>	<p>hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) as</p>

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		<p>[8] N.J.S.A. 26:8-40.23</p> <p>[9] N.J.A.C. 8:19-1.13</p> <p>[10] N.J.A.C. 8:20-1.2(g)</p> <p>[11] N.J.A.C. 8:51-3.3</p> <p>[12] N.J.A.C. 8:57-1.12(a)</p> <p>[13] N.J.A.C. 8:57-1.12(b)</p> <p>[14] N.J.A.C. 8:57-2.7</p> <p>[15] N.J.A.C. 8:57-3.3(a)</p>	<p>permitted by rules and regulations adopted by the Commissioner for the purposes of disease prevention and control; OR (3) if otherwise authorized by State or federal law.</p> <p>[8] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[9] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[10] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[11] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[12] Reports made relating to communicable diseases may only be used by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[13] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[14] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only</i> by the Department of Health and Senior Services for public health purposes.</p> <p>[15] The reports made pursuant to this subchapter shall be used only by the</p>

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		<p>[16] N.J.A.C. 8:57-3.3(b)</p> <p>[17] N.J.A.C. 8:57-5.14(a)</p> <p>[18] N.J.A.C. 8:66A-4.1(d)</p> <p>[19] N.J.A.C. 8:66A-4.2(g)</p>	<p>Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[16] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[17] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[18] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[19] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p>
<p>PUBLIC HEALTH ACTIVITIES</p>	<p>45 C.F.R. § 164.512(b)</p>	<p>[1] N.J.S.A. 26:2-107(4)</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for PUBLIC HEALTH PURPOSES, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such</p>

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		<p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a.</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p>	<p>other agencies as may be designated by the Commissioner of HSS and disclosure of such information “to the public” is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law. N.J.S.A. 25:2-111</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person’s <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any</p>

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		<p>[14] N.J.A.C. 8:57-2.7</p> <p>[15] N.J.A.C. 8:57-3.3(a)</p> <p>[16] N.J.A.C. 8:57-3.3(b)</p> <p>[17] N.J.A.C. 8:57-5.14(a)</p> <p>[18] N.J.A.C. 8:66A-4.1(d)</p> <p>[19] N.J.A.C. 8:66A-4.2(g)</p> <p>[20] N.J.A.C. 8:18-1.13</p>	<p>[14] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only</i> by the Department of Health and Senior Services for public health purposes.</p> <p>[15] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[16] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[17] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[18] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[19] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[20] Laboratory result reports in connection with Newborn Biochemical Screening</p>

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			may be used only by DHSS and other agencies that may be designated by the Commissioner.
ABUSE, NEGLECT OR DOMESTIC VIOLENCE	45 C.F.R. § 164.512(c)	None Identified.	<i>Although no laws concerning abuse, neglect or domestic violence were identified and presented to Fox Rothschild for purposes of this State Law Review, there <u>are</u> New Jersey laws that may affect how an LHA may use and/or disclose PHI where abuse, neglect or domestic violence is concerned. For purposes of flagging <u>only</u>, please note the following State laws that bear on abuse, neglect and domestic violence: (1) N.J.S.A. 9:6-8.9-14 concerning abuse, provides that anyone suspecting child abuse is <u>required</u> to report; (2) the Handicapped Persons – Adult Protective Services Act of New Jersey encourages (but does <u>not</u> require an individual who suspects an incident or elder abuse to report the information to the county adult protective services provider; (3) the Domestic Violence Act of New Jersey covers a person of 18 years or older, or an emancipated minor, who has been subject to domestic violence (including sexual assault) by a spouse, former spouse or any other person who is a former or present household member, or a person with whom the person has had a child with. Individuals are <u>not</u> required to report suspected cases of domestic violence in New Jersey.</i>
HEALTH OVERSIGHT ACTIVITIES	45 C.F.R. § 164.512(d)	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for HEALTH OVERSIGHT purposes, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information “to the public” is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates</p>

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		<p>[4] N.J.S.A. 26:2B-20.a.</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p> <p>[7] N.J.S.A. 26:5C-8</p> <p>[8] N.J.S.A. 26:8-40.23</p> <p>[9] N.J.A.C. 8:19-1.13</p>	<p>without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to the Department of Health as required by State or federal law; (3) as permitted by rules and regulations adopted by the commissioner for the purposes of disease prevention and control; OR (4) if otherwise authorized by State or federal law.</p> <p>[8] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[9] Any forms and reports furnished to the Department in connection with the</p>

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<p>JUDICIAL AND ADMINISTRATIVE PROCEEDINGS</p>	<p>45 C.F.R. § 164.512(e)</p>	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for JUDICIAL and ADMINISTRATIVE purposes, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information “to the public” is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of</p>

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		<p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a.</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:5C-8</p> <p>[7] N.J.S.A. 26:8-40.23</p> <p>[8] N.J.A.C. 8:19-1.13</p> <p>[9] N.J.A.C. 8:20-1.2(g)</p> <p>[10] N.J.A.C. 8:51-3.3</p>	<p>carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only (1) with prior written informed consent; (2) to the Department of Health as required by State or federal law; OR (3) if otherwise authorized by State or federal law.</p> <p>[7] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[8] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[9] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[10] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not</p>

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		<p>[11] N.J.A.C. 8:57-1.12(a)</p> <p>[12] N.J.A.C. 8:57-1.12(b)</p> <p>[13] N.J.A.C. 8:57-2.7</p> <p>[14] N.J.A.C. 8:57-3.3(a)</p> <p>[15] N.J.A.C. 8:57-3.3(b)</p> <p>[16] N.J.A.C. 8:57-5.14(a)</p>	<p>be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[11] Reports made relating to communicable diseases may only be used by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[12] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[13] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only by</i> the Department of Health and Senior Services for public health purposes.</p> <p>[14] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[15] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[16] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p>

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA POLICIES & PROCEDURES
		<p>[17] N.J.A.C. 8:66A-4.1(d)</p> <p>[18] N.J.A.C. 8:66A-4.2(g)</p> <p>[19] N.J.A.C. 8:18-1.13</p>	<p>[17] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[18] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[19] N.J.A.C. 8:18-1.13 [22] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>
LAW ENFORCEMENT PURPOSES	45 C.F.R. § 164.512(f)	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a.</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for LAW ENFORCEMENT purposes, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information "to the public" is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities,</p>

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA POLICIES & PROCEDURES
		<p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p> <p>[7] N.J.S.A. 26:5C-8</p> <p>[8] N.J.A.C. 8:51-3.3</p> <p>[9] N.J.A.C. 8:57-1.12(b)</p> <p>[10] N.J.A.C. 8:57-2.7</p>	<p>your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; OR (2) if otherwise authorized by State or federal law.</p> <p>[8] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[9] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[10] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and §</p>

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		<p>[11] N.J.A.C. 8:57-3.3(a)</p> <p>[12] N.J.A.C. 8:57-3.3(b)</p> <p>[13] N.J.A.C. 8:57-5.14(a)</p> <p>[14] N.J.A.C. 8:66A-4.1(d)</p> <p>[15] N.J.A.C. 8:66A-4.1(d)</p> <p>[16] N.J.A.C. 8:18-1.13</p>	<p>26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only</i> by the Department of Health and Senior Services for public health purposes.</p> <p>[11] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[12] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[13] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[14] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[15] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[16] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the</p>

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CORONERS	45 C.F.R. § 164.512(g)		Commissioner.
		<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI to CORONERS, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information “to the public” is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person’s <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the</p>

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		<p>[7] N.J.S.A. 26:5C-8</p> <p>[8] N.J.S.A. 26:8-40.23</p> <p>[9] N.J.A.C. 8:19-1.13</p> <p>[10] N.J.A.C. 8:20-1.2(g)</p> <p>[11] N.J.A.C. 8:51-3.3</p> <p>[12] N.J.A.C. 8:57-1.12(a)</p> <p>[13] N.J.A.C. 8:57-1.12(b)</p>	<p>custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to the Department of Health as required by State or federal law; OR (3) if otherwise authorized by State or federal law.</p> <p>[8] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[9] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[10] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[11] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[12] Reports made relating to communicable diseases may only be used by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[13] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an</p>

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		<p>[14] N.J.A.C. 8:57-2.7</p> <p>[15] N.J.A.C. 8:57-3.3(a)</p> <p>[16] N.J.A.C. 8:57-3.3(b)</p> <p>[17] N.J.A.C. 8:57-5.14(a)</p> <p>[18] N.J.A.C. 8:66A-4.1(d)</p> <p>[19] N.J.A.C. 8:66A-4.2(g)</p>	<p>individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[14] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only by</i> the Department of Health and Senior Services for public health purposes.</p> <p>[15] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[16] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[17] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[18] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[19] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or</p>

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		[20] N.J.A.C. 8:18-1.13	physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information. [20] N.J.A.C. 8:18-1.13 [22] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.
DONATION OF CADAVERIC ORGAN, EYE OR TISSUE	45 C.F.R. § 164.512(h)	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a.</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for ORGAN DONATION purposes, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information “to the public” is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person’s <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address</p>

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		<p>[7] N.J.S.A. 26:5C-8</p> <p>[8] N.J.S.A. 26:8-40.23</p> <p>[9] N.J.A.C. 8:19-1.13</p> <p>[10] N.J.A.C. 8:20-1.2(g)</p> <p>[11] N.J.A.C. 8:51-3.3</p>	<p>or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to the Department of Health as required by State or federal law; (3) as permitted by rules and regulations adopted by the commissioner for the purposes of disease prevention and control; OR (4) if otherwise authorized by State or federal law.</p> <p>[8] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[9] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[10] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[11] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except</p>

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		<p>[12] N.J.A.C. 8:57-1.12(a)</p> <p>[13] N.J.A.C. 8:57-1.12(b)</p> <p>[14] N.J.A.C. 8:57-2.7</p> <p>[15] N.J.A.C. 8:57-3.3(a)</p> <p>[16] N.J.A.C. 8:57-3.3(b)</p> <p>[17] N.J.A.C. 8:57-5.14(a)</p> <p>[18] N.J.A.C. 8:66A-4.1(d)</p>	<p>to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[12] Reports made relating to communicable diseases may only be used <i>by</i> the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[13] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[14] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only by</i> the Department of Health and Senior Services for public health purposes.</p> <p>[15] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[16] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[17] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[18] An Authorization form must be filled out to allow patient's information held by the</p>

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		<p>[19] N.J.A.C. 8:66A-4.2(g)</p> <p>[20] N.J.A.C. 8:18-1.13</p>	<p>Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[19] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[20] N.J.A.C. 8:18-1.13 [22] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>
<p>RESEARCH PURPOSES</p>	<p>45 C.F.R. § 164.512(i)</p>	<p>[1] N.J.S.A. 26:1A-37.2.</p> <p>[2] N.J.S.A. 26:2-107(4)</p> <p>[3] N.J.S.A. 25:2-111</p> <p>[4] N.J.S.A. 26:2-137.6</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for RESEARCH purposes, incorporate these State law restrictions:</p> <p>[1] Information obtained in connection with research studies approved by the Public Health Council cannot to be revealed or disclosed under any circumstances except: (a) to persons within the department, (b) to other persons participating in such research studies or (c) in such impersonal form that the individual to whom the information or data relates cannot be identified therefrom.</p> <p>[2] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information "to the public" is prohibited if it discloses the identity of any person.</p> <p>[3] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[4] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p>

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		<p>[5] N.J.S.A. 26:2B-20.a.</p> <p>[6] N.J.S.A. 26:4-37</p> <p>[7] N.J.S.A. 26:4-41</p> <p>[8] N.J.S.A. 26:5C-8</p> <p>[9] N.J.S.A. 26:8-40.23</p>	<p>[5] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[6] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[7] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[8] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to qualified personnel for the purpose of conducting scientific research, but only following review of the research protocol by an Institutional Review Board (the person who is the subject of the record shall not be identified, directly or indirectly, in any report of the research and research personnel shall not disclose the person's identity in any manner); (3) to the Department of Health as required by State or federal law; (4) as permitted by rules and regulations adopted by the commissioner for the purposes of disease prevention and control; OR (5) if otherwise authorized by State or federal law.</p> <p>[9] Confidential reports made in connection with aborted fetuses can only be used</p>

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		<p>[10] N.J.A.C. 8:19-1.13</p> <p>[11] N.J.A.C. 8:20-1.2(g)</p> <p>[12] N.J.A.C. 8:51-3.3</p> <p>[13] N.J.A.C. 8:57-1.12(a)</p> <p>[14] N.J.A.C. 8:57-1.12(b)</p> <p>[15] N.J.A.C. 8:57-2.7</p> <p>[16] N.J.A.C. 8:57-3.3(a)</p>	<p>by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[10] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[11] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[12] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[13] Reports made relating to communicable diseases may only be used by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[14] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[15] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only</i> by the Department of Health and Senior Services for public health purposes.</p> <p>[16] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p>

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		<p>[17] N.J.A.C. 8:57-3.3(b)</p> <p>[18] N.J.A.C. 8:57-5.14(a)</p> <p>[19] N.J.A.C. 8:66A-4.1(d)</p> <p>[20] N.J.A.C. 8:66A-4.2(g)</p> <p>[21] N.J.A.C. 8:18-1.13</p>	<p>[17] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[18] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[19] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[20] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[21] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>
<p>TO AVERT SERIOUS THREAT TO HEALTH OR SAFETY</p>	<p>45 C.F.R. § 164.512(j)</p>	<p>[1] N.J.S.A. 26:2-107(4)</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI to AVERT SERIOUS THREAT TO HEALTH OR SAFETY of the Individual or the public, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of</p>

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		<p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a.</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:5C-8</p> <p>[7] N.J.S.A. 26:8-40.23</p> <p>[8] N.J.A.C. 8:19-1.13</p>	<p>such information “to the public” is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to qualified personnel involved in the diagnosis and treatment of the person, but only if the personnel are directly involved in medical education or in the diagnosis and treatment of the person); (3) to the Department of Health as required by State or federal law; (4) as permitted by rules and regulations adopted by the commissioner for the purposes of disease prevention and control; OR (5) if otherwise authorized by State or federal law.</p> <p>[7] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[8] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p>

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		<p>[9] N.J.A.C. 8:20-1.2(g)</p> <p>[10] N.J.A.C. 8:51-3.3</p> <p>[11] N.J.A.C. 8:57-1.12(a)</p> <p>[12] N.J.A.C. 8:57-1.12(b)</p> <p>[13] N.J.A.C. 8:57-2.7</p> <p>[14] N.J.A.C. 8:57-3.3(a)</p> <p>[15] N.J.A.C. 8:57-3.3(b)</p> <p>[16] N.J.A.C. 8:57-5.14(a)</p>	<p>[9] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[10] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[11] Reports made relating to communicable diseases may only be used by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[12] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[13] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only</i> by the Department of Health and Senior Services for public health purposes.</p> <p>[14] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[15] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[16] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of</p>

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		<p>[17] N.J.A.C. 8:66A-4.1(d)</p> <p>[18] N.J.A.C. 8:66A-4.2(g)</p> <p>[19] N.J.A.C. 8:18-1.13</p>	<p>the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[17] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[18] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[19] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>
<p>SPECIALIZED GOVERNMENT FUNCTIONS</p>	<p>45 C.F.R. § 164.512(k)</p>	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for SPECIALIZED GOVERNMENT FUNCTIONS, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information "to the public" is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior</p>

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		<p>[4] N.J.S.A. 26:2B-20.a.</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p> <p>[7] N.J.S.A. 26:5C-8</p>	<p>Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to qualified personnel for the purpose of conducting scientific research, but only following review of the research protocol by an Institutional Review Board (the person who is the subject of the record shall not be identified, directly or indirectly, in any report of the research and research personnel shall not disclose the person's identity in any manner); (3) to qualified personnel for the purpose of conducting management</p>

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA POLICIES & PROCEDURES
		<p>[8] N.J.S.A. 26:8-40.23</p> <p>[9] N.J.A.C. 8:19-1.13</p> <p>[10] N.J.A.C. 8:20-1.2(g)</p> <p>[11] N.J.A.C. 8:51-3.3</p> <p>[12] N.J.A.C. 8:57-1.12(a)</p> <p>[13] N.J.A.C. 8:57-1.12(b)</p>	<p>audits, financial audits or program evaluation, but identifying information shall not be released to the personnel unless it is vital to the audit or evaluation; (4) to qualified personnel involved in medical education or in the diagnosis and treatment of the person, but only if the personnel are directly involved in medical education or in the diagnosis and treatment of the person); (5) to the Department of Health as required by State or federal law; (6) as permitted by rules and regulations adopted by the commissioner for the purposes of disease prevention and control; OR (7) if otherwise authorized by State or federal law.</p> <p>[8] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[9] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[10] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[11] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[12] Reports made relating to communicable diseases may only be used by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[13] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health</p>

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		<p>[14] N.J.A.C. 8:57-2.7</p> <p>[15] N.J.A.C. 8:57-3.3(a)</p> <p>[16] N.J.A.C. 8:57-3.3(b)</p> <p>[17] N.J.A.C. 8:57-5.14(a)</p> <p>[18] N.J.A.C. 8:66A-4.1(d)</p> <p>[19] N.J.A.C. 8:66A-4.2(g)</p>	<p>officer or the Department.</p> <p>[14] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only</i> by the Department of Health and Senior Services for public health purposes.</p> <p>[15] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[16] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[17] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[18] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[19] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p>

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		[20] N.J.A.C. 8:18-1.13	[20] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.
WORKERS' COMPENSATION	45 C.F.R. § 164.512(l)	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a.</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for WORKERS' COMPENSATION purposes, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information "to the public" is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a</p>

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		<p>[7] N.J.S.A. 26:5C-8</p> <p>[8] N.J.S.A. 26:8-40.23</p> <p>[9] N.J.A.C. 8:19-1.13</p> <p>[10] N.J.A.C. 8:20-1.2(g)</p> <p>[11] N.J.A.C. 8:51-3.3</p>	<p>venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to qualified personnel for the purpose of conducting management audits, financial audits or program evaluation, but identifying information shall not be released to the personnel unless it is vital to the audit or evaluation; (3) to qualified personnel involved in medical education or in the diagnosis and treatment of the person, but only if the personnel are directly involved in medical education or in the diagnosis and treatment of the person); (4) to the Department of Health as required by State or federal law; (5) as permitted by rules and regulations adopted by the commissioner for the purposes of disease prevention and control; OR (6) if otherwise authorized by State or federal law.</p> <p>[8] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[9] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[10] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[11] All records maintained by the Department, and by local boards of health,</p>

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		<p>[12] N.J.A.C. 8:57-1.12(a)</p> <p>[13] N.J.A.C. 8:57-1.12(b)</p> <p>[14] N.J.A.C. 8:57-2.7</p> <p>[15] N.J.A.C. 8:57-3.3(a)</p> <p>[16] N.J.A.C. 8:57-3.3(b)</p> <p>[17] N.J.A.C. 8:57-5.14(a)</p>	<p>regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[12] Reports made relating to communicable diseases may only be used <i>by</i> the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[13] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[14] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only by</i> the Department of Health and Senior Services for public health purposes.</p> <p>[15] The reports made pursuant to this subchapter shall be used only by the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[16] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[17] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is</p>

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		<p>[18] N.J.A.C. 8:66A-4.1(d)</p> <p>[19] N.J.A.C. 8:66A-4.2(g)</p> <p>[20] N.J.A.C. 8:18-1.13.</p>	<p>necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[18] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[19] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[20] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>
PSYCHOTHERAPY NOTES	45 C.F.R. 164.508(a)(2)	None Identified.	N/A
MARKETING	45 C.F.R. 164.508(a)(3)	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p> <p>[3] N.J.S.A. 26:2-137.6</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for MARKETING purposes, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information "to the public" is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other</p>

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		<p>[4] N.J.S.A. 26:2B-20.a</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p> <p>[7] N.J.S.A. 26:5C-8</p> <p>[8] N.J.S.A. 26:8-40.23</p>	<p>agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to the Department of Health as required by State or federal law; OR (3) if otherwise authorized by State or federal law.</p> <p>[8] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p>

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FUNDRAISING	45 C.F.R. § 164.514(f)	<p>[1] N.J.S.A. 26:2-107(4)</p> <p>[2] N.J.S.A. 25:2-111</p>	<p>When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI for FUNDRAISING purposes, incorporate these State law restrictions:</p> <p>[1] Use of cancer reports made pursuant to the Act is limited to DHHS and such other agencies as may be designated by the Commissioner of HSS and disclosure of such information “to the public” is prohibited if it discloses the identity of any person.</p> <p>[2] Information on newborn infants compiled as a result of testing for</p>

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		<p>[3] N.J.S.A. 26:2-137.6</p> <p>[4] N.J.S.A. 26:2B-20.a</p> <p>[5] N.J.S.A. 26:4-37</p> <p>[6] N.J.S.A. 26:4-41</p> <p>[7] N.J.S.A. 26:5C-8</p>	<p>hypothyroidism, galactosemia and phenylketonuria may only be used by the Department and agencies designated by the Commissioner for the purpose of carrying out this Act, and may not be otherwise divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.</p> <p>[3] Information reported to and compiled by the Department of Health and Senior Services in relation to lead screening is to be used <u>only</u> by the Department and other agencies as may be designated by the Commissioner and shall not otherwise be divulged or made public so as to disclose the identity of any child to whom it relates without written parental consent.</p> <p>[4] If you are a patient receiving treatment at a facility (public, private or portion thereof) providing services especially designed for the treatment of intoxicated persons or alcoholics, including, but not limited to intoxication treatment centers, inpatient treatment facilities, outpatient facilities, and residential aftercare facilities, your records must be kept confidential and may only be divulged upon judicial order.</p> <p>[5] A complaint, commitment and all other papers relating to a case to force quarantine on a person are not open to public inspection.</p> <p>[6] The identity of any person known or suspected to have a venereal disease cannot be disclosed except to: (1) the <i>State Department of Health</i>; (2) the person's <i>physician</i> or to a <i>health authority</i>, or (3) in the event of a prosecution, to a <i>State prosecuting officer</i>. The physician or health authority may disclose the name, address or identity of such person only when the disclosure is necessary in order to protect the health or welfare of the person or his family or of the public. Documents that contain the name, address or identity of a person known or suspected to have a venereal disease or treated for such a disease shall not be open to inspection except by an authorized representative of the State Department of Health or, in the event of a prosecution, by a prosecuting officer or the court; provided, however, that the custodian of any such documents, records or reports may permit inspection of them by a licensed physician or a health official whenever deemed necessary to protect the health or welfare of the person or of his family or of the public and the custodian of any hospital record shall permit examination of such record in connections with any claim for compensation or damages for personal injury or death resulting therefrom by any person authorized by any other law to make such an examination.</p> <p>[7] Identifying information about a person who has or is suspected of having AIDS or HIV infection may be disclosed only: (1) with prior written informed consent; (2) to</p>

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		<p>[8] N.J.S.A. 26:8-40.23</p> <p>[9] N.J.A.C. 8:19-1.13</p> <p>[10] N.J.A.C. 8:20-1.2(g)</p> <p>[11] N.J.A.C. 8:51-3.3</p> <p>[12] N.J.A.C. 8:57-1.12(a)</p> <p>[13] N.J.A.C. 8:57-1.12(b)</p> <p>[14] N.J.A.C. 8:57-2.7</p> <p>[15] N.J.A.C. 8:57-3.3(a)</p>	<p>the Department of Health as required by State or federal law; OR (3) if otherwise authorized by State or federal law.</p> <p>[8] Confidential reports made in connection with aborted fetuses can only be used by the Department of Health and other agencies that may be designated by the Commissioner and cannot otherwise be divulged or made public so as to disclose the identity of any person to whom they relate.</p> <p>[9] Any forms and reports furnished to the Department in connection with the Newborn Screening Program can only be used by the Department of HSS and other agencies that may be designated by the Commissioner, and cannot be made public so as to disclose the identity of the person to whom they relate.</p> <p>[10] Reports made in connection with the Birth Defects Registry can only be used by the Department of HSS and other agencies that may be designated by the Commissioner of Health and Senior Services and shall not otherwise be divulged or made public so as to disclose the identity of any person; and such reports shall [not] available to public inspection pursuant to N.J.S.A. 47:1A-1.</p> <p>[11] All records maintained by the Department, and by local boards of health, regarding blood lead screening and environmental interventions, that identify individual children, including address information and laboratory test results may not be released without a <i>signed release</i> from the child's parent or legal guardian, except to other government agencies having regulatory responsibility regarding lead hazards.</p> <p>[12] Reports made relating to communicable diseases may only be used by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties.</p> <p>[13] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual may not be disclosed without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.</p> <p>[14] Information reported to the Department as provided by N.J.S.A. § 26:4-2 and § 26:5C-5 through 14 shall not be subject to public inspection, but shall be subject to <i>access only by</i> the Department of Health and Senior Services for public health purposes.</p> <p>[15] The reports made pursuant to this subchapter shall be used only by the</p>

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		<p>[16] N.J.A.C. 8:57-3.3(b)</p> <p>[17] N.J.A.C. 8:57-5.14(a)</p> <p>[18] N.J.A.C. 8:66A-4.1(d)</p> <p>[19] N.J.A.C. 8:66A-4.2(g)</p> <p>[20] N.J.A.C. 8:18-1.13</p>	<p>Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress occupational and environmental diseases, injuries and poisonings.</p> <p>[16] Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease, injury or poisoning and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by the Department.</p> <p>[17] Patient medical information or information concerning "reportable events" relating to communicable diseases may not be disclosed without the prior written consent of the person identified, except no consent is required for: (1) <i>research purposes</i>, provided that the study is reviewed and approved by the applicable Institutional Review Board, and is done in a manner that does not identify any person, either by name or other identifying data element; (2) if the Commissioner, or his or her designee, determines that the disclosure is necessary to enforce <i>public health laws</i>; (3) if the Commissioner, or his or her designee, determines that such disclosure is necessary to or to <i>protect the life or health of a named party</i>; or (4) pursuant to a <i>valid court order</i>.</p> <p>[18] An Authorization form must be filled out to allow patient's information held by the Intoxicated Driver Resource Center to be released to: the court; the Intoxicated Driving Program; the Division of Alcoholism and Drug Abuse; the treatment program; the Division of Motor Vehicles; other Intoxicated Driver Resource Centers; the client's attorney; and any other persons that a patient authorizes to receive protected information.</p> <p>[19] Information received by the Driver Resource Center/Intoxicated Driving Program from outside sources, such as your family, treatment facilities, counselors or physicians, will not be utilized until the source of the information is disclosed to you and you have been given the opportunity to review and comment on the information.</p> <p>[20] Laboratory result reports in connection with Newborn Biochemical Screening may be used only by DHSS and other agencies that may be designated by the Commissioner.</p>
REQUIRED BY LAW	45 C.F.R. § 164.512(a)		When tailoring the HIPAA policy and procedure governing uses and disclosures of PHI that are "REQUIRED BY LAW," a covered entity may indicate

HIPAA TOPIC	HIPAA PROVISION	MORE STRINGENT NEW JERSEY LAWS	RECOMMENDATIONS FOR TAILORING HIPAA POLICIES & PROCEDURES
		<p>[1] N.J.S.A. § 26:1A-16</p> <p>[2] N.J.S.A. § 26:1A-17</p> <p>[3] N.J.S.A. § 26:1A-18</p> <p>[4] N.J.S.A. § 26:1A-20</p> <p>[5] N.J.S.A. § 26:1A-37</p> <p>[6] N.J.S.A. § 26:1A-50</p> <p>[7] N.J.S.A. § 26:1A-97</p> <p>[8] N.J.S.A. § 26:1A-113</p> <p>[9] N.J.S.A. § 26:2-103.6</p> <p>[10] N.J.S.A. § 26:2-106(3)(a)</p> <p>[11] N.J.S.A. § 26:2-106(3)(e)</p> <p>[12] N.J.S.A. § 26:2-137.4(c)</p>	<p>that the following uses and disclosures are <u>required</u> by State law and therefore may be made:</p> <p>[1] The Commissioner must have to access any premises in order to determine if a violation of any health law of the State or State Sanitary Code may exist.</p> <p>[2] The Commissioner must be given the same rights as local boards of health have with respect to inspection regarding matters affecting the public health.</p> <p>[3] The Commissioner must be permitted to supervise and conduct oversight activities relating to the sanitation and hygiene throughout the State.</p> <p>[4] Every local health official <u>must</u> furnish the Commissioner with such information as the Commissioner may demand, with regard to, and within, the territory under the jurisdiction of the local health official.</p> <p>[5] The Department <u>must</u> be permitted to collect information required by law regarding births, marriages and other vital facts relating to the health of people of the State.</p> <p>[6] Each District State health officer <u>must</u>, in accordance with the Commissioner's directions, enforce provisions of the State Sanitary Code and laws of this State pertaining to public health.</p> <p>[7] The State Department <u>must</u> be permitted to collect, prepare and distribute information which will afford the general public greater insight into chronic sickness; and to maintain and expand cooperative relationships with others in the care and treatment of the sick.</p> <p>[8] The Division <u>must</u> be provided with information required in order to permit it to maintain a continuous study, analysis and interpretation of all information, data, programs and developments pertaining to the aging processes and the needs of the older residents of New Jersey.</p> <p>[9] A hospital, birthing center or health care professional who performs hearing loss testing under "the Act" <u>must</u> report the results to the Department when hearing loss is found as a result of such testing.</p> <p>[10] Health care providers, individuals and other organizations specified by the Commissioner of HSS <u>must</u> report cases of cancer and other specified tumorous and precancerous diseases as specified by the Commissioner.</p> <p>[11] Health insurers and third party health care payers providing health benefit plans to residents of the State <u>must</u> report cases of cancer to the DHSS.</p> <p>[12] Physicians, registered nurses, health care facilities, or agencies or programs who</p>

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		<p>[13] N.J.S.A. § 26:2-137.5</p> <p>[14] N.J.S.A. § 26:2-144</p> <p>[15] N.J.S.A. § 26:2-159</p> <p>[16] N.J.S.A. § 26:2B-16</p> <p>[17] N.J.S.A. § 26:2B-17</p> <p>[18] N.J.S.A. § 26:2N-5</p> <p>[19] N.J.S.A. § 26:2N-6</p> <p>[20] N.J.S.A. § 26:4-19</p>	<p>receive a laboratory test result that indicates that a child has lead poisoning <u>must</u> notify in writing the parent or guardian of the child about the test results.</p> <p>[13] Laboratories that perform lead screening tests <u>must</u> report the test results to the Department and the local health department in the municipality where the child who is the subject resides, and to the physician, registered professional nurse or health care facility, agency or program that submitted the specimen, within five days of obtaining the test result.</p> <p>[14] A physician or licensed health professional <u>must</u> submit the blood specimen to a licensed clinical laboratory or a laboratory approved by the State Department of Health for a determination of rhesus (Rh) blood type and the laboratory <u>must</u> report the results to the physician or other person engaged in the prenatal care of the woman at the time of delivery, miscarriage or abortion.</p> <p>[15] The Commission <u>must</u> annually report (to the Governor and to each Senate and General Assembly committee with responsibility for issues affecting children, health and human services on the status of the program) information about the number of participants in the program, average expenditures per participant, the nature and type of catastrophic illnesses for which the fund provided financial assistance, and the average income and expenditures of families who received financial assistance under the program.</p> <p>[16] An intoxication treatment center or other facility that received person assisted by a police officer <u>must</u> provide to the police officer a copy of the certification stating that the person is intoxicated.</p> <p>[17] The administrator of an intoxication treatment center or other appropriate facility <u>must</u> notify the police prior to releasing a person from the center/facility.</p> <p>[18] A health care provider <u>must</u> make available to the child's parent or guardian information concerning the pertussis vaccine administered to the child.</p> <p>[19] A health care provider <u>must</u> report information regarding a patient's major adverse reaction to the pertussis vaccine to the Department, and the Department <u>must</u> notify the manufacturer and the Center for Disease Control of the reaction.</p> <p>[20] A physician, superintendent or other person having control or supervision over a State, county or municipal hospital, sanatorium or other public or private institution in which any person ill or infected with any disease required by law or the State Sanitary Code to be reported <u>must</u> report such information to the health officer or other officer or employee designated to receive such reports.</p>

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		<p>[21] N.J.S.A. § 26:4-20</p> <p>[22] N.J.S.A. § 26:4-24</p> <p>[23] N.J.S.A. § 26:4-35</p> <p>[24] N.J.S.A. § 26:4-38</p> <p>[25] N.J.S.A. § 26:4-39</p> <p>[26] N.J.S.A. § 26:4-49.8</p> <p>[27] N.J.S.A. § 26:4-71</p> <p>[28] N.J.S.A. § 26:4-71.3</p> <p>[29] N.J.S.A. § 26:4-73</p> <p>[30] N.J.S.A. § 26:4-79</p>	<p>[21] A person designated by a local board of health to receive reports of communicable diseases who receives such report from a physician, superintendent or other person <u>must</u> transmit the report to the officer designated to receive the reports in the locality in which the sick person resided before being admitted into the institution, if such transfer is necessary.</p> <p>[22] A health officer who receives a report of a communicable disease <u>must transmit</u> the facts contained in the report to the State Department and, upon request by the State Department, provide all information concerning the measures employed by the local board to prevent the spread of the diseases mentioned in the reports.</p> <p>[23] A physician <u>must</u> report to the local board or to the State Department (which shall forward the information to the local board) a patient's failure to report to the physician for treatment for an infectious stage of a venereal disease when directed to do so by the physician.</p> <p>[24] Any physician, nurse, or other person treating a venereal disease <u>must</u> report the case immediately to the State Department.</p> <p>[25] A physician, superintendent or other person having control or supervision over any State, county or municipal hospital, sanatorium or other public or private institution <u>must</u> report a case of any person infected with venereal disease to the State Department.</p> <p>[26] A warden, superintendent or other person in charge of inmates at an institution <u>must</u> notify the State Department if a person has a venereal disease or if any person has refused to submit to examination or to allow specimens to be taken.</p> <p>[27] When cases of tuberculosis are reported to the State, local boards and the State Department <u>must</u> be provided with the information necessary to investigate whether rules and regulations of the State Department were complied with.</p> <p>[28] The administrator of a hospital <u>must</u> report to the local board of health and to the State Commissioner of Health any person afflicted with tuberculosis in a communicable form that leaves the hospital against medical advice.</p> <p>[29] A midwife, nurse, attendant or relative in charge of an infant (with no responsible physician) <u>must</u> report to the local board of health any instance where one or both eyes of an infant become inflamed, swollen or reddened, or show any unnatural discharge at any time within two weeks after its birth.</p> <p>[30] A physician <u>must</u> report to the local board's designee (authorized to receive reports regarding communicable diseases) patient's information in connection with</p>

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		<p>[31] N.J.S.A. § 26:5C-8</p> <p>[32] N.J.S.A. § 26:6-8.2</p> <p>[33] N.J.S.A. § 26:8-40.12</p> <p>[34] N.J.S.A. § 26:8-40.22</p> <p>[35] N.J.A.C. § 8:8-1.4</p> <p>[36] N.J.A.C. § 8:8-5.2(a)</p> <p>[37] N.J.A.C. § 8:8-5.2(b)</p> <p>[38] N.J.A.C. § 8:19-1.4</p> <p>[39] N.J.A.C. § 8:20-1.2(a)</p> <p>[40] N.J.A.C. § 8:20-1.2(j)</p> <p>[41] N.J.A.C. § 8:20-1.2(k)</p>	<p>being bitten by a dog, cat or other animal.</p> <p>[31] A person's record (which contains identifying information about a person who has or is suspected of having AIDS or HIV infection) <u>must</u> be provided to the Department of Health if the disclosure is required by a State of federal law.</p> <p>[32] A physician, registered professional nurse or State or county medical examiner who makes the actual determination and pronouncement of death knows that the deceased person was infected with HIV or hepatitis B virus or any of the contagious, infectious or communicable diseases as shall be determined by the Commissioner of the Department of Health <u>must</u> notify the funeral director of the condition of the body.</p> <p>[33] The State registrar <u>must</u> notify the appropriate local registrar of vital statistics when a birth certificate is amended in connection with sex reassignment surgery.</p> <p>[34] Health care providers and facilities designated by the Commissioner <u>must</u> report to the Department of Health all cases where a pregnancy results in aborted fetuses affected by a birth defect that the Commissioner requires.</p> <p>[35] Blood bank facilities and operations <u>must</u> permit an authorized representative of the Department to inspect its premises.</p> <p>[36] Certain adverse and fatal reactions to transfusions <u>must</u> be reported to the Department.</p> <p>[37] Cases of transfusion-associated AIDS <u>must</u> be reported to the Department.</p> <p>[38] A person completing the Newborn Hearing Follow-up Report on an infant <u>must</u> submit the results to Special Child, Adult and Early Intervention Services.</p> <p>[39] A physician, dentist, certified nurse midwife, advanced practice nurse and other health care professional that diagnoses or confirms a birth defect <u>must</u> report such information to the Department. Directors of clinical labs <u>must</u> report postmortem examinations revealing a defect to the Department.</p> <p>[40] A health care facility and independent clinical laboratory <u>must</u> allow access to or provide necessary information on infants with birth defects and other patients specified by characteristics for research studies related to birth defects conducted by the State Department of Health and Senior Services and which have been approved by the State Commissioner of Health and Senior Services after appropriate review for assuring protection of human subjects by the Department's IRB.</p> <p>[41] An agency designated by the Commissioner to receive reports regarding birth defects <u>must</u> provide any updated diagnostic or demographic information to Special Child, Adult and Early Intervention Services.</p>

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		<p>[42] N.J.A.C. § 8:25-5.1(d)</p> <p>[43] N.J.A.C. § 8:25-5.1(f)</p> <p>[44] N.J.A.C. § 8:25-5.3(j)</p> <p>[45] N.J.A.C. § 8:25-14.2(d)</p> <p>[46] N.J.A.C. § 8:44-2.11(a)</p> <p>[47] N.J.A.C. § 8:44-2.11(b)</p> <p>[48] N.J.A.C. § 8:51-2.3(b)</p> <p>[49] N.J.A.C. § 8:51-3.1</p> <p>[50] N.J.A.C. § 8:51-3.2</p> <p>[51] N.J.A.C. § 8:51A-4.1</p>	<p>[42] A youth camp <u>must</u> notify a parent or guardian and consult the physician listed in the child's records regarding any injury or serious illness.</p> <p>[43] A youth camp <u>must</u> report all accidents resulting in death or serious injuries to the Department.</p> <p>[44] The health director of a youth camp and the prescribing physician <u>must</u> be notified of all medication errors and adverse drug reactions.</p> <p>[45] The Department or local health authority <u>must</u> be permitted to inspect every youth camp as often as deemed necessary.</p> <p>[46] A laboratory supervisor <u>must</u> report results of laboratory examinations of specimens of humans, animals, or birds indicating or suggesting the existence of communicable diseases to the Department of Health, to the physician or veterinarian submitting the specimen and, excepting results pertaining to venereal diseases, simultaneously forward a copy to the health officer having jurisdiction where the patient is located. A laboratory supervisor <u>must</u> also immediately report results of laboratory examinations of specimens of persons being considered for release from isolation or quarantine from any disease listed, whether said report be positive or negative, to the physician submitting the specimen and simultaneously forward a copy thereof to the health officer having jurisdiction where the patient is located. Finally, A laboratory supervisor <u>must</u> promptly report to the Department of Health the results of comparative and evaluation examinations made of specimens.</p> <p>[47] Laboratory supervisors <u>must</u> report the results of laboratory examinations for hazardous substances in blood and urine to the State Department of Health and Senior Services.</p> <p>[48] The appropriate local board of health <u>must</u> contact the child's parent or guardian if a child is reported to have a blood lead level of 20 microg/dL or greater on a capillary sample. If the child has moved to another jurisdiction subsequent to being tested but before a venous confirmatory test can be obtained, the local board of health <u>must</u> notify the local board of health in whose jurisdiction the child now resides.</p> <p>[49] The Department <u>must</u> notify the appropriate local board of health whenever the Department receives a report from a laboratory of a blood lead level of 20 micro g/dL or greater in a child.</p> <p>[50] A local board of health that receives a report of a child with a blood lead level of 20 micro g/dL or greater <u>must</u> inform the Department.</p> <p>[51] A physician, registered professional nurse or health care facility that screens a</p>

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		<p>[52] N.J.A.C. § 8:52-5.2(f)</p> <p>[53] N.J.A.C. § 8:52-5.2(g)</p> <p>[54] N.J.A.C. § 8:52-15.2</p> <p>[55] N.J.A.C. § 8:57-1.3</p> <p>[56] N.J.A.C. § 8:57-1.4</p> <p>[57] N.J.A.C. § 8:57-1.5</p> <p>[58] N.J.A.C. § 8:57-1.6</p> <p>[59] N.J.A.C. § 8:57-1.6(b)</p> <p>[60] N.J.A.C. § 8:57-1.6(f)</p> <p>[61] N.J.A.C. § 8:57-1.6(g)</p> <p>[62] N.J.A.C. § 8:57-1.7</p>	<p>child for lead poisoning <u>must</u> inform the parent or legal guardian with the results.</p> <p>[52] A local health agency <u>must report</u> all diseases, threats, and emergencies in accordance with all applicable State and Federal laws.</p> <p>[53] A local health agency <u>must</u> report to the Department all emergencies that threaten the health or safety of the citizens in its jurisdiction.</p> <p>[54] A local health agency <u>must</u> report to the Office of Local Health epidemiological, economic and health services research findings whenever such findings are available.</p> <p>[55] Diseases and/or infectious agents designated in List 1 or List 2 <u>must</u> be reported.</p> <p>[56] A physician, advanced practice nurse, physician's assistant or person having control or supervision over a hospital or other health care institution, or institution of higher education <u>must</u> report any person who is ill or infected with the diseases listed in N.J.A.C. 8:57-1.3.</p> <p>[57] An individual with a disease listed in N.J.A.C. 8:57-1.3 <u>must</u> be reported to the appropriate health officer, and individuals with Hepatitis C, sexually transmitted diseases and tuberculosis and all individuals in State institutions <u>must</u> be reported directly to the Department. Any outbreak or suspected outbreak listed in N.J.A.C. 8:57-1.3 <u>must</u> be reported to the appropriate health officer.</p> <p>[58] A laboratory director <u>must</u> report to the appropriate local health department any positive culture, test, or assay result specific for one of the designated organisms, except that a laboratory director <u>must</u> report positive results for Hepatitis C, tuberculosis and sexually transmitted diseases directly to the Department.</p> <p>[59] A laboratory director <u>must</u> report to the appropriate health officer patients' positive cultures or laboratory test results for certain specified organisms, except that a laboratory director <u>must</u> report organisms for hepatitis C, tuberculosis and sexually transmitted diseases and reports where the patient is a resident of a State institution directly to the Department.</p> <p>[60] A laboratory director <u>must</u> submit to the New Jersey Department of Health and Senior Services all microbiologic cultures obtained from human or food specimens of containing specified organisms for purposes of further testing.</p> <p>[61] A hospital laboratory director <u>must</u> submit to the Department data regarding specific microorganisms occurring during that month within the hospital.</p> <p>[62] A health officer who is notified of the existence of any disease outbreak or of any single case of a disease listed in N.J.A.C. § 8:57-1.3(a) <u>must</u> notify the Department.</p>

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		<p>[63] N.J.A.C. § 8:57-1.8(c)</p> <p>[64] N.J.A.C. § 8:57-1.8(e)</p> <p>[65] N.J.A.C. § 8:57-2.2(a)</p> <p>[66] N.J.A.C. § 8:57-2.2(b)</p> <p>[67] N.J.A.C. § 8:57-2.2(c)</p> <p>[68] N.J.A.C. § 8:57-2.3(a)</p>	<p>A health officer is notified of any outbreak of disease <u>must</u> notify the appropriate health officer if necessary.</p> <p>[63] A health officer <u>must</u> relay to the Department all available information pertaining to an investigation regarding a reportable disease or an outbreak of a reportable disease.</p> <p>[64] A health officer <u>must</u> submit to the Department and all physicians (who reported cases of illness connected with the outbreak) a summary report of the completion of the outbreak investigation.</p> <p>[65] Every physician treating a person infected with HIV <u>must</u> report the condition directly to the Department of Health and Senior Services, <u>except</u> a physician <u>must not</u> report a person infected with HIV to the Department if the physician is aware that the person having control or supervision of certain institutions (i.e., hospital, sanitarium, nursing home, penal institution, clinic, blood bank, insurance company or other entity requiring HIV testing as part of an underwriting process, or facility for HIV counseling and testing) is reporting that person as being infected with HIV or if the physician is aware that the person has previously been reported to the Department.</p> <p>[66] Any person having control or supervision over any institution such as a hospital, sanitarium, nursing home, penal institution, clinic, blood bank, insurance company or other entity requiring HIV testing as part of an underwriting process, or facility for HIV counseling and testing in which any person is determined to be infected with HIV <u>must</u> report such condition, and other information required by the Department, directly to the Department, <u>except</u> such person <u>must not</u> report a person infected with HIV if it is known that a physician is reporting the person or that the person has previously been reported to the Department as being infected with HIV.</p> <p>[67] A clinical laboratory <u>must</u> report to the Department of HSS the results, and any other information that the Department may require, regarding the result of a quantitative PCR (viral load) test, regardless of result, or any other laboratory test which indicates infection with HIV.</p> <p>[68] A physician <u>must</u> report to the Department of HSS results, and other required information, regarding any laboratory report indicating a child is perinatally exposed to HIV, <u>except</u> a physician <u>must not</u> make such report if the physician is aware that the person having control or supervision of certain institutions (i.e., hospital, sanitarium, nursing home, penal institution, clinic, blood bank, insurance company or facility for HIV counseling and testing) is reporting that child as being infected with HIV, or if the</p>

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		<p>[69] N.J.A.C. § 8:57-2.3(b)</p> <p>[70] N.J.A.C. § 8:57-2.4(a)</p> <p>[71] N.J.A.C. § 8:57-2.4(b)</p> <p>[72] N.J.A.C. § 8:57-2.4(c)</p> <p>[73] N.J.A.C. § 8:57-3.1</p> <p>[74] N.J.A.C. § 8:57-3.2</p> <p>[75] N.J.A.C. § 8:57-4.7(b)</p> <p>[76] N.J.A.C. § 8:57-4.7(c)</p> <p>[77] N.J.A.C. § 8:57-4.8</p> <p>[78] N.J.A.C. § 8:57-4.9</p>	<p>physician is aware that the child has previously been reported to the Department as being perinatally exposed to HIV.</p> <p>[69] Any person having control or supervision over any institution such as a hospital, sanitarium, nursing home, penal institution, clinic, blood bank, insurance company or facility for HIV counseling and testing in which a child is determined to be perinatally exposed to HIV <u>must</u> report the condition directly to the Department, <u>except</u> that the person <u>must not</u> make the report if it is known that a physician is reporting the child or that the child has previously been reported to the Department of Health and Senior Services as being perinatally exposed to HIV.</p> <p>[70] A physician <u>must</u> report a patient ill with AIDS to the Department of HSS.</p> <p>[71] A person having control or supervision over any institution, such as a hospital, sanitarium, nursing home, penal institution, or clinic, in which a person is ill with AIDS <u>must</u> report the condition directly to the Department of HSS.</p> <p>[72] A clinical laboratory <u>must</u> report to the Department of HSS the results of a CD4 count that has absolute or relative results below a level specified by the Centers for Disease Control and Prevention as criteria for defining AIDS. Only specimens sent to the laboratory from physicians' offices in New Jersey or from institutions in New Jersey should be reported.</p> <p>[73] The chief administrator or other persons having control or supervision over any hospital in which any person has been diagnosed with certain specified diseases or poisonings <u>must</u> report such disease or poisoning to the Department.</p> <p>[74] A physician <u>must</u> report to the Department of HSS information pertaining to a patient who is ill or diagnosed with any of the diseases or injuries specified by the Department.</p> <p>[75] If a child is withdraws, is promoted, or transfers to another school, the original school <u>must</u> provide a child's immunization records to either: (a) the child's parent or guardian, upon request, or (2) the new school.</p> <p>[76] A child's' record <u>must</u> be sent to an institution of higher education when the child graduates from secondary school.</p> <p>[77] The principal, director, or other person in charge of a school, preschool, or child care center <u>must send</u> to the Department of HSS the immunization status of the pupils in the school, preschool, or child care center and a copy of the report to the appropriate local board of health.</p> <p>[78] A school, preschool, and child care center <u>must</u> make available for inspection by</p>

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		<p>[79] N.J.A.C. § 8:57-5.3</p> <p>[80] N.J.A.C. § 8:57-5.5(c)</p> <p>[81] N.J.A.C. § 8:57-5.5(e)</p> <p>[82] N.J.A.C. § 8:57-6.12(d)</p> <p>[83] N.J.A.C. § 8:57-6.13(a)</p> <p>[84] N.J.A.C. § 8:57-6.14</p> <p>[85] N.J.A.C. § 8:57-6.16</p> <p>[86] N.J.A.C. § 8:57-7.5(a)</p> <p>[87] N.J.A.C. § 8:66A-2.2(a)</p> <p>[88] N.J.A.C. § 8:66A-2.10</p>	<p>authorized representatives of the Department of HSS or the appropriate local boards of health, records of their children's immunization status.</p> <p>[79] A health care provider <u>must</u> report certain events to the appropriate local health officer or Manager of the TB Program regarding persons diagnosed with active tuberculosis disease or clinically suspected active tuberculosis; and the local health officer <u>must</u> then report the events to the Manager of the TB Program.</p> <p>[80] A person with clinically suspected active tuberculosis who does not keep his or her appointment <u>must</u> be reported to the local health officer.</p> <p>[81] A local health officer who determines that there is a "close contact" who must be examined for tuberculosis (as a result of being notified of a TB Case from either a health care provider or the Department of HSS) <u>must</u> notify that close contact (if the contact is in the officer's jurisdiction) or if the close contact is outside the local health officer's jurisdiction, <i>the officer must</i> wither notify the appropriate local health officer in New Jersey or TB control agency where the contact resides or the Manager of the TB Program (if outside the State). The local health officer <u>must</u> provide the Department of HSS with a copy of the notification.</p> <p>[82] New Jersey institutions of higher education <u>must</u>, upon request of a student who is transferring to another institution, send <i>the</i> student's original record of immunization to the other institution.</p> <p>[83] A report of the immunization status of students in every institution must be sent yearly to the Department of HSS. A four year institution of higher education <u>must</u> also submit an annual meningococcal report provided by the Department of HSS.</p> <p>[84] Educational institution <u>must</u> make students' immunization status available for inspection by authorized representatives of the Department of HSS or the appropriate local board of health.</p> <p>[85] Each New Jersey institution of higher education <u>must report</u> the suspected presence of any reportable communicable disease, as identified at N.J.A.C. 8:57-1.3 and N.J.A.C. 8:57-1.4, to the appropriate local health officer.</p> <p>[86] Records or other such evidence of compliance required by this subchapter <u>must</u> be made available for inspection by representatives of the Department of HSS upon request.</p> <p>[87] A client who fails to appear at an Intoxicated Driver Resource Center <u>must</u> be reported to the Division of Motor Vehicles and to the court of conviction.</p> <p>[88] An Intoxicated Driver Resource Center <u>must</u> be filed monthly with the Intoxicated</p>

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		<p>[89] N.J.A.C. § 8:66A-3.2</p> <p>[90] N.J.A.C. § 8:66A-3.5(b)</p> <p>[91] N.J.A.C. § 8:66A-3.6</p> <p>[92] N.J.A.C. § 8:66A-3.7</p> <p>[93] N.J.A.C. § 8:66A-4.6(f) N.J.A.C. § 8:66A-6.1(b)</p> <p>[94] N.J.A.C. § 8:66A-6.2</p> <p>[95] N.J.A.C. § 8:66A-6.5(a) N.J.A.C. § 8:66A-6.9</p> <p>[96] N.J.A.C. § 8:66A-6.12</p> <p>[97] N.J.A.C. § 8:66A-6.14(d)</p> <p>[98] N.J.A.C. § 8:66A-6.17</p> <p>[99] N.J.A.C. § 8:66A-8.1(a).2</p> <p>[100] N.J.A.C. § 8:66A-8.2</p> <p>[101] N.J.A.C. § 8:66A-8.3</p> <p>[102] N.J.A.C. § 8:66A-8.4</p> <p>[103] N.J.A.C. § 8:66A-8.7</p>	<p>Driving Program.</p> <p>[89] The Intoxicating Driving Program <u>must</u> refer a driver to an Intoxicating Driver Resource Center.</p> <p>[90] The Intoxicating Driver Resource Center <u>must</u> forward all client records to a receiving Intoxicating Driver Resource Center, in the case of a transfer.</p> <p>[91] The Intoxicating Driver Resource Center <u>must</u> send second-offender client's records to a monitoring county.</p> <p>[92] Third and subsequent offenders <u>must</u> be monitored by the Intoxicated Driver Resource Center for one full year from the time the client begins treatment.</p> <p>[93] A client participating in the Intoxicate Driver program <u>must</u> sign an authorization permitting the program to release records to certain agencies.</p> <p>[94] The client intake form and the results of the intake by the treatment program <u>must</u> be sent to the Intoxicated Driver Resource Center.</p> <p>[95] Failure to comply with the treatment program <u>must</u> be reported by the treatment program to the Intoxicated Driver Resource Center; and by the Intoxicated Driver Resource Center to the treatment program, as applicable</p> <p>[96] When a client is transferred from one treatment program to another, the clients records <u>must</u> be channeled through the Intoxicated Driver Resource Center office.</p> <p>[97] The Intoxicated Driver Resource Center/Intoxicated Driving Program <u>must</u> report to the Division of Motor Vehicles any client who is not able to resume driving after a year of continuous treatment.</p> <p>[98] The Intoxicated Driver Resource Center <u>must</u> update its approved treatment lists and provide a copy to the Intoxicated Driving Program.</p> <p>[99] The Intoxicated Driver Resource Center/Intoxicated Driving Program <u>must</u> send a copy of noncompliance report to the court of conviction when a client is a new law offender.</p> <p>[100] The Intoxicated Driver Resource Center/Intoxicated Driving Program <u>must</u> mail a copy of the treatment agreement to the court of conviction if the Center/Program was notified that the client did not contact the treatment facility.</p> <p>[101] The Intoxicated Driver Resource Center/Intoxicated Driving Program <u>must</u>, for all new law clients, mail a copy of the treatment agreement to the court of conviction.</p> <p>[102] The Intoxicated Driver Resource Center/Intoxicated Driving Program <u>must</u>, for all new law clients, mail any necessary documents to the court of conviction.</p> <p>[103] The treatment programs <u>must</u> notify the Intoxicated Driver Resource</p>

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		<p data-bbox="881 329 1217 362">[104] N.J.A.C. § 8:18-1.9</p> <p data-bbox="881 431 1231 464">[105] N.J.A.C. § 8:19-1.10</p> <p data-bbox="881 496 1231 529">[106] N.J.A.C. § 8:19-1.11</p>	<p data-bbox="1284 264 2386 329">Center/Intoxicated Driving Program of any noncompliance and the Intoxicated Driver Resource Center <u>must</u> notify the courts and the Intoxicated Driving Program.</p> <p data-bbox="1284 329 2395 431">[104] A laboratory testing in connection with the Newborn Biochemical Screening Program <u>shall</u> issue result reports to the CEO or responsible physician (the submitter of the specimen)</p> <p data-bbox="1284 431 2395 496">[105] Individuals who conduct outpatient screening or audiologic testing on newborns <u>shall</u> submit related information to DHSS.</p> <p data-bbox="1284 496 2395 599">[106] Information regarding permanent hearing loss <u>shall</u>, upon diagnosis, be submitted to DHSS, and responsible physicians shall register children diagnosed with hearing loss with the Registry</p>

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III. <u>INDIVIDUAL'S RIGHTS</u>			
PERSONAL REPRESENTATIVES	45 C.F.R. § 164.502(g)	N/A	<i>Note that, a "personal representative" will generally be an individual who is a "legal" representative of the individual/ patient. In most cases, this will be a person who is either a: court-ordered guardian; power of attorney with a health care proxy; executor or legal representative of a deceased's estate; or parent, when a minor is the individual (but see below where minors <u>must</u> be treated as the individual with rights under State Law).</i>
PERSONAL REPRESENTATIVES OF <u>MINORS</u>	45 C.F.R. § 164.502(g)	See: N.J.S.A. § 9:17B-3 N.J.S.A. § 9:17A-1 N.J.S.A. § 9:17A-1.1 N.J.S.A. § 9:17A-4 & 5 N.J.S.A. § 9:2-4.2	Follow HIPAA Policy and Procedure regarding disclosure of information pertaining to emancipated minors.
CONFIDENTIAL COMMUNICATIONS	45 C.F.R. § 164.522	None Identified.	N/A
ACCESS	45 C.F.R. § 164.524	[1] N.J.A.C. 8:57-4.7(b)	[1] If a child withdraws, is promoted, or transfers to another school, preschool, or child care center, the immunization record, or a certified copy thereof, along with statements pertaining to religious or medical exemptions and laboratory evidence of immunity, shall be given to the parent or guardian upon request, within 24 hours of such a request.
AMENDMENT	45 C.F.R. § 164.526	None Identified.	N/A
ACCOUNTING	45 C.F.R. § 164.528	None Identified.	N/A