



CAPE REGIONAL
HEALTH SYSTEM

NOTICE OF PRIVACY PRACTICES

Effective Date: March 2003; Updated September 2013, April 2016

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY**

If you have any questions about this notice, **please contact the Cape Regional Health System Privacy Officer.**

OUR COMMITMENT TO YOUR PRIVACY

Cape Regional Health System understands that medical information about you and your health is personal. We are committed to protecting medical information about you. This information is known as Protected Health Information (PHI). We create a record of the care and services you receive at Cape Regional Health System. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Cape Regional Health System, whether made by Cape Regional Health System personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of Protected Health Information (PHI)
- Give you this notice of our legal duties and privacy practices regarding your PHI
- Follow the terms of our notice that is currently in effect

WHO WILL FOLLOW THIS NOTICE. This notice describes Cape Regional Health System's practices and that of: any health care professional authorized to enter information into your Health System chart; all departments and units of Cape Regional Health System; any member of a volunteer group we allow to help you while you are in Cape Regional Health System; all employees, staff and other Cape Regional Health System personnel; Cape Regional Health System, Inc. follows the terms of this notice. In addition, this corporation may share medical information with other healthcare organizations for treatment, payment or Health System operations purposes described in this notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose PHI that identifies you. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our Health System, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to manage Health System operations. For example, we may use and disclose information to make sure the care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising Activities. We may disclose PHI to a foundation related to the Health System so that the foundation may contact you in raising money for the Health System. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the Health System. If you do not want the Health System to contact you for fundraising efforts, you must notify the **Cape Regional Health System Foundation in writing.**

Hospital Directory. We may include certain limited information about you in the Medical Center directory while you are a patient at the Medical Center. This information may include your name, location in the Medical Center, your general condition (e.g., fair, good, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the Medical Center and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose PHI for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.

SPECIAL SITUATIONS:

As Required by Law. We will disclose PHI when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked by a law enforcement official if the information is: in response to a court order, subpoena, warrant, summons or similar process; limited information to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be if necessary: for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT OR OPT-OUT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Health Information Exchange (HIE)

Cape Regional Health System and other health providers participate in an electronic Health Information Exchange (HIE). We and the other participants may use, disclose and access your information through the HIE for the purpose of treatment, payment and operations to the extent permitted by law. You have the right to “opt-out” or decline to participate in the HIE and we will provide you with this right at the earliest opportunity. If you choose to opt-out, your information maintained in the HIE prior to opt-out will continue to be used in accordance with the Notice and the law. However, your information created after the opt-out will not be displayed in the HIE. You also have the right to rescind your opt-out.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes; and
2. Disclosures that constitute a sale of your PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding PHI we have about you:

Right to Inspect and Copy. You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, you must make your request, in writing, to the Health Information Management Department. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health System.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for the Health System; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures we have made, if any, of your protected health information. This is a list of the disclosures we made of medical information about you to individuals or entities when we were not required to obtain an authorization from you to release your protected health information. For example, in a situation where we were served with a subpoena requiring us to release the information.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Privacy Officer.

Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our web site: <http://www.caperegional.com>;

To obtain a paper copy of this notice, contact the Privacy Officer at the Corporate Compliance Hotline and leave a message. The phone number is 1-888-325-6005.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Health System. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the Health System for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS:

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your protected health information, to file a complaint with Cape Regional Health System, contact:

Privacy Officer
Cape Regional Health System
2 Stone Harbor Boulevard
Cape May Court House, NJ 08210

Or you may call the Corporate Compliance Hotline at 1-888-325-6005. Please leave a detailed message with your complaint and how to contact you for follow up.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza - Suite 3312
New York, NY 10278

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

You will not be penalized for filing a complaint.



CAPE REGIONAL
CAPE ONDEMAND

Addendum to the Cape Regional Health System Notification of Privacy Practices

Effective Date: 8/7/2018

Cape Regional Health System (the “Company”) provides CapeOnDemand (the “Platform”), to you in order to provide you access to certain telemedicine services and consultations (“Services“) provided by the Cape Regional Providers (each a “Cape Regional Provider”). The Platform collectively includes a mobile app, the Platform, provider services and portal.

This privacy policy governs the collection and use of your information via the Platform as provided by Cape Regional Health Systems (the “Company” and it’s affiliated providers (collectively “Cape Regional Providers”) This Privacy Policy governs only the collection and use of your information via the Platform operated by the Company. This Privacy Policy does not govern any information you may share directly with the Cape Regional Provider outside of this Platform, such as in the course of a consultation.

Agreement to Privacy Policy

YOUR ACCESS AND USE OF THIS PLATFORM IS SUBJECT TO YOUR AGREEMENT WITH THE BELOW POLICY, ALONG WITH THE WEBSITE TERMS OF USE AND PATIENT REGISTRATION AGREEMENT, AS APPLICABLE. BY USING THIS PLATFORM, YOU EXPRESSLY AGREE TO THE TERMS OF THIS PRIVACY POLICY AND CONSENT TO THE COLLECTION AND USE OF INFORMATION AS DISCUSSED IN THIS PRIVACY POLICY.

IF YOU DO NOT AGREE WITH THE BELOW POLICY, PLEASE DO NOT USE OR ACCESS THIS PLATFORM FOR ANY PURPOSE. PLEASE PRINT A COPY OF THIS PRIVACY POLICY FOR YOUR RECORDS.

Modifications to Privacy Policy

THE COMPANY MAY REVISE THIS POLICY REGARDING THE COLLECTION OF INFORMATION AT ANY TIME. SHOULD ANY NEW POLICY TAKE EFFECT, THE COMPANY WILL GIVE NOTICE TO YOU AND ALL USERS BY POSTING A NOTICE REGARDING THE NEW POLICY ON THIS PLATFORM, AND THE NEW POLICY WILL APPLY ONLY TO INFORMATION COLLECTED THEREAFTER. NEW POLICIES WILL BE EFFECTIVE AS OF THEIR POSTING UNLESS OTHERWISE STATED.

BY ACCESSING OR USING THIS PLATFORM AFTER SUCH CHANGES ARE POSTED YOU AGREE AND CONSENT TO ALL SUCH CHANGES.

Applicability of this Privacy Policy

This Privacy Policy applies solely to the Platform and provides you information on the specific information that Company may collect from you via the Platform and how we may use it, whether you are using the Platform as a patient (or legal representative) or a Provider-affiliated physician.

If you are a patient or legal representative, the Cape Regional providers' use and disclosure of your identifiable health information is subject to the Company's Notice of Privacy Practices ([link](#)). The Company provides this Platform on behalf of the Cape Regional Providers and therefore protects identifiable health information as required by the applicable agreement between the Company and the Cape Regional Providers and in accordance with laws applicable to the Company's business.

Disclosure of Information Practices

Whether you are a patient (or legal representative) or a Provider-affiliated physician, if we collect information from or about you via the Platform, we will tell you what information we are collecting either at the point of collection or via this Privacy Policy. The amount and type of information that we receive depends on how you use this Platform and the information you choose to submit to us via the Platform.

Whether you are a patient (or legal representative) or a Provider-affiliated physician, we may track use of your user name and may also capture the paths taken as you move from page to page (i.e., your "click stream" activity). When you log in, your user name and password will be logged by our system in an audit log.

As a user of the Platform, you may also choose to use the secure messaging feature of the Platform which will allow the exchange of communications between patients and Cape Regional Providers which may contain identifiable health information. Communications sent via this feature are recorded and maintained by the Company, Platform users have the ability to view the trail of messages received and sent via their Platform account. The Company does not edit the content of the communications between patients and Cape Regional Providers.

Personally Identifiable Information

You may request additional information about the Platform and the Services by submitting your information to us or otherwise contacting us as set forth on the Platform. If you elect to send us your contact information, we will use your contact information to provide you the information you requested and otherwise communicate with you to respond to your inquiry.

Identifiable Health Information

If you are a patient or the legal representative of a patient, you must provide certain identifiable health information and medical history in order to complete your registration for Platform to request medical consultations provided by the Cape Regional Providers ("Services").

If you are a patient (or the legal representative of a patient), we will collect identifiable health information from you during the registration process and in the event you later request information or Services. We may collect any identifiable information that you provide to us, such as your name, address, e-mail address, gender, birth date and phone number. We also need your medical history in order for you to request Services.

When you register for the Platform via the Website, the registration process requires you to choose a user name and password for your account, which you should keep and maintain as confidential. If you choose to share your user name and password, you understand that those individuals to whom you share that information will have access to your identifiable health information and will be able to add to your identifiable health information as though they were you. You will be responsible for all activities by users resulting from sharing or not maintaining the confidentiality of your user name or password.

If you are a registered patient user of the Platform, your identifiable health information (or that of the patient for whom you are the legal representative) will become accessible to the Company in order to provide you access to such information through the Platform. This information includes the information you provide to the Company for us to share with the Cape Regional Providers and information uploaded to the Platform by the Cape Regional Providers related to any Services.

Non Identifiable Health Information

Either the Company or our third party vendor on behalf of the Company may also collect non-identifiable information, which is automatically collected as you browse or otherwise access the Platform. We may collect such information by tracking, or asking our third party vendor to track, your click-stream activity when such information is not tied to a user name through the use of "cookie" technology or by tracking internet protocol (IP) addresses, as explained below.

Cookies

Like many companies, we may use "cookie" technology on and off of the Platform. "Cookies" are small pieces of information that are stored by your browser on your computer's hard drive. They enhance your online experience by saving your preferences while you are visiting a particular website. The cookies do not contain any identifiable health information and cannot profile your system or collect information from your hard drive.

When you view or access our Platform, we may place a cookie on your computer, which may be either temporary or permanent. Temporary cookies are used to complete transactions with this Platform and for other purposes such as counting the number of visits to our certain web pages. These temporary cookies are eliminated when you exit your browser.

A permanent cookie may also be stored on your computer by your browser. When you log in, this type of cookie tells us whether you've visited us before or if you are a new visitor. The cookie doesn't obtain any identifiable health information about you or provide us with any way to contact you, and the cookie doesn't extract any information from your computer.

The "help" portion of the toolbar on most browsers will tell you how to prevent your browser from accepting certain types of cookies, how to have the browser notify you when you receive a new cookie, or how to disable cookies altogether. Please note that disabling temporary cookies may prevent you from using and accessing this Platform. Disabling permanent cookies may also impact your use and access of the Platform and in particular will not allow you to see any personalization on the Platform that you may activate.

In addition, if you visit our Platform again after deleting a cookie, a new cookie may be activated.

Since third parties may use their own cookies when you click on a hypertext link to their site or service, you should carefully review the privacy policy of other sites you link to from our Platform.

IP Addresses

We may also log and track IP addresses for systems administration purposes and for reporting usage trends. Your IP address is usually associated with the physical place from which you enter the Internet, the name of the domain and host from which you access the Internet, the browser software you use and your operating system, and may also depend on the date and time you access the Platform. By collecting your IP address,

we may record the page that linked you to this Platform, the web pages you visit, the ads you see or click on, and other information about the type of web browser, computer, platform and settings you are using, and any search terms you enter on this Platform. IP addresses are not used to track an individual user's session. This information only helps us determine how often different areas of our Platform are visited.

We may combine non-identifiable information collected automatically (such as through IP addresses, cookies or click-stream monitoring) with any previously submitted personal information that we may have received from you.

Geographic Location

We may collect your geographic location based on your IP address and other location-based data. However, we do not collect any device identifications.

Analytics

We may also use various third party internet vendors to collect, track and analyze track analytical data regarding Website usage and trends.

Surveys

Users of the Platform may have the opportunity to participate through the Platform in various Company surveys regarding use of the Platform and receipt of the Services.

If you choose not to receive survey invitations through the Platform you may change your privacy settings within the Platform.

Any survey responses that you choose to submit may be aggregated, de-identified and provided or sold to third parties as set forth below.

How Will Your Information Be Used And Disclosed?

We will not sell, share or rent the information that is collected via the Platform to others in ways that differ from what is disclosed in this Privacy Policy.

Identifiable Health Information

We may use any identifiable health information or other information that you voluntarily provide us in order to provide you with information, products or services that you may request from the Company or the Cape Regional Providers.

If you are a patient or the legal representative of a patient, any identifiable health information that you share via the Platform will be made accessible to the Providers provider and will become a part of the records maintained by the Company on behalf of the Cape Regional Providers, which records are subject to the Company's Notice of Privacy Practices. Any information generated by the Providers in providing the Services will be provided back to the Company by the Cape Regional Providers and will also become part of the records maintained by the Company. We may also use your identifiable information to send you appointment reminders or other notifications regarding the Services. If you elect to provide us a cell phone number, you expressly consent that we can provide these communications to you via text message. Data or text charges may apply. You may change your preferred method of communication in your "My Account" setting.

To the extent permitted by applicable law, the Company may use your information to communicate to you special offers and featured items from third parties, the Company, the Company's affiliates, and/or other suppliers and vendors. If you are receiving additional communications and special offers, you may revoke your authorization to receive such materials from the Company via the Platform at any time by contacting us using the contact information below or as outlined in the applicable communication. We will implement your revocation as soon as is commercially reasonable the Company

cannot control any communications and other materials that you may receive directly from third parties.

We will also use your information to customize your browsing experience and communicate with you and otherwise respond to your questions and suggestions regarding use of the Platform as may be permitted by applicable law.

We will share your information only with the Cape Regional Providers and our suppliers and vendors to the limited extent necessary to provide this Platform and the Services We require those suppliers and vendors to comply with all applicable data privacy laws and regulations, including HIPAA. We do not sell, lease or rent your identifiable health information.

Non-identifiable Health Information

The non-identifiable health information we collect may be de-identified and shared with our suppliers and vendors and used in the aggregate to create summary statistics that help us analyze Platform usage trends, assess what information is of most and least importance, determine technical design specifications, arrange the Platform in the most user-friendly way, and identify system performance or problem areas.

We may also use your geographic location to provide you with specific content and direct you to your closest service providers to the extent permitted by applicable law.

Aggregate Data

We may aggregate and de-identify identifiable health information in accordance with HIPAA, either alone or with other data to create anonymous "aggregate data" regarding the users of our Platform. Aggregate and de-identified data is information that describes the habits, treatment plans, usage patterns and/or demographics of users as a group but does not reveal the identity of particular users. This data will not identify you, but will be used as statistical information to determine such things as user demographics and usage patterns of our Platform. The Company may use aggregate data to understand the needs of our community of users and determine what kinds of programs and services we can help provide. Aggregate data may also be provided or sold to third parties, including to provide third party vendors, suppliers, business partners and/or affiliates a picture of our community and services.

Other Use and Ownership

We also reserve the right to share your information collected from this Platform with third parties to the extent permitted by applicable law and, in the case of identifiable health information, pursuant to the business associate agreement between and Cape Regional Provider and any business associate. The Company maintains full rights to any information collected on this Platform, and may freely collect, use and disclose such information unless prohibited by this Privacy Policy or applicable law.

Transfer of Data

In the event of a change in control of the Company or sale by The Company of substantially all of its assets or other acquisition, sale, merger or reorganization, any information owned by or in the control of the Company may be transferred and/or sold to the Company's successor, which will comply with the terms of this Privacy Policy.

Security

While no website can guarantee security, we maintain physical, administrative, electronic, technical and procedural safeguards to help protect your personal information collected via the Platform as required by applicable law. While we cannot guarantee that loss, misuse or alteration to data will not occur, we use industry standards, such as Secure Socket Layers ("SSL") technology, to help safeguard against such occurrences. In certain areas, the information passed between your browser and our system is encrypted with SSL technology to create a protected connection between you and our website to ensure confidentiality.

Our data center is both physically and electronically secured. Our servers are protected behind the Internet by using firewall and encryption technology. All data is stored and transferred in encrypted formats that exceed standards defined by HIPAA. No data is transferred to users that do not have specific data access keys.

We limit access to personally identifiable information about you to our employees and third-party agents, who we reasonably believe need to have access to your information to provide you with the information or services you request via the Platform.

In the event that a breach in our security systems occurs and there is a possibility that an unauthorized person acquires your personal information, we will notify you of such a breach as may be required by applicable law,

In order to help maintain security, you should never share your user ID or password and should always sign out when you are finished using the Platform.

Access

We will maintain your information and allow you to request updates at any time by logging into your Platform account to access your information. We will also take steps to make sure that any updates that you provide are processed in a timely and complete manner.

Third Party Websites

If you use the Platform to link to another websites, which is not controlled or maintained by the Company, you may decide to disclose personal information at that website. For example, you might provide your contact information to obtain an information packet from an organization. Please be aware that in contacting that site, or in providing information on that site, that third party may obtain personal information about you. This Privacy Policy does not apply when you leave the Platform and go to a third party website from the Platform. We structure the Service so that no personal or health information goes in the search string or URL when you move from the Platform to a linked web site. We encourage you to be aware when you leave our Service and to read the privacy statements of each and every site that collects personally identifiable information.

What if I am accessing this Platform from outside of the United States?

If you are visiting our Platform from outside the United States, please be aware that your information may be transferred to, stored or processed in the United States, where our servers are located and our central database is operated. The data protection and other laws of the United States and other countries might not be as comprehensive as those in your country, but please be assured that we take steps to protect your privacy. By using the Platform, you understand that your information may be transferred to our facilities and those third parties with whom we share it as described in this privacy policy.

Important Note Regarding Children

The Platform is not directed toward children under 18 years of age and The Company does not knowingly collect information from children under 18 through this Platform. Any information submitted via the Platform regarding a minor under the age of 18 must be submitted by the minor's legal representative. To the extent permitted by applicable state law, minors may access their identifiable health information through their physician.

What if I have questions or concerns regarding this Privacy Policy?

If you have any questions about this Privacy Policy or the use of your information by the Company please contact us at:

Cape Regional Health System Privacy Officer

2 Stone Harbor Boulevard

Cape May Court House, NJ 08210

You may also call the Corporate Compliance Hotline at 1-888-325-6005. Please leave a detailed message with your question and how to contact you for follow up.