

PRIVACY NOTICE

Effective April 14, 2003, Revised September, 2013

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, please contact our privacy officer.

Who will follow this notice?

The information privacy practices in this notice will be followed by:

- All contracted and employed associates of this organization
- Any business associate or partner of the agency with whom we share information.

Our pledge to you

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the care and services that you receive to provide quality care and to comply with legal requirements. We are required by law to:

- Keep health information about you private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the notice that is currently in effect.

Changes.

We may change our policies at any time. Changes will apply to medical information that we already hold, as well as new information after the change occurs. However, before we make a significant change in our policies, we will change our notice and post the new notice. You can receive a copy of the current notice at any time. The effective date is listed on the notice.

How we may use and disclose health information about you.

We may use and disclose health information about you for the following reasons:

- Treatment/services (such as sending health information about you to a specialist as part of a referral);
- To obtain payment for treatment (such as sending billing information to your insurance company); and
- For health care operations such as to conduct quality assessment and improvement activities.

Other uses of health information:

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing health information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred prior to that time.

We may use or disclose health information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out health information about you without prior authorization for:

- Abuse or neglect reporting,
- Health oversight audits or inspections
- Emergencies
- Public health purposes
- Legal proceedings or law enforcement
- Workers' compensation purposes
- Funeral arrangements and organ donation

- To avert a serious threat to health or safety
- Research purposes
- Military activity or National Security

We also disclose health information when required by law, or in response to valid judicial or administrative purposes and when the use and disclosure without your consent or authorization is allowed under sections of Section 164.512 of the Privacy rule and the state's confidentiality law. This includes certain narrowly defined disclosures to law enforcement agencies, to health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

Your rights regarding health information about you.

In most cases, you have the right to look at or get a copy of health information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the right to a list of those instances where we have disclosed health information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free. Other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

You have the right to restrict certain disclosures of Protected Health Information (PHI) to a health plan if you pay out of pocket in full for the health care service.

You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPPA Privacy Rule); (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

You have the right to request that health information about you be communicated to you in a confidential manner. You also may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request, but are not legally required to accept it. We will inform you of our decision on your request.

Complaints.

If you are concerned that your privacy rights may have been violated, you can file a complaint with this agency or with the Secretary of the United States Department of Health and Human Services. To file a complaint with this agency or to obtain the address of the Secretary of the HHS (617 565-1340), notify the privacy officer.

Under no circumstances will you be penalized or retaliated against for filing a complaint.

We will ask you to sign an acknowledgement that you have received a copy of this notice.