

HIPAA Notice (Health Insurance Portability and Accountability Act)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many healthcare professionals who contribute to your care. Understanding what is in your medical record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

This Notice of our Privacy Practices is being given to you because federal law gives you the right to be told ahead of time about:

- What our legal duties are related to your medical information;
- What your rights are with regard to your medical information; and
- A method for filing complaints about our privacy practices.

1. How We May Use and Disclose your Protected Health Information

When you need health care, you give information about yourself and your health to doctors, nurses, and other health care workers and staff. This information, along with the record of care you receive, is “protected health information” (or “health information”). This information is kept in a medical record on the computer.

(A) We use and disclose (share) health information for many different reasons. For some of these uses and disclosures, we will need to obtain prior written authorization (permission). However, we may legally use or disclose your health information for treatment, payment, and health care operations. We do not need to receive prior authorization for uses and disclosures described within the following categories:

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories:

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose (share) medical information about you to other doctors and health care providers involved in your care. Example: A primary care physician may refer you to a specialist such as a radiologist or a surgeon. The specialist may tell you that you need to be admitted to the hospital for treatment or surgery. All of the doctors in this example will share medical information about you. This is to coordinate care before, during, and after you go into the hospital..

For payment. We may use and disclose (share) your health information in order to bill and collect payment for the treatment and services provided you. Example: A bill may be sent to you or a third party payer. If you have health insurance, information on or accompanying the bill may include a portion of your health information that identifies you as well as your diagnosis, and procedures used for treatment. The insurance company uses the information to tell if you are eligible for benefits or if the services you received were medically needed for payment purposes. We may also provide your health information to our business associates, such as a billing company, claims processing companies and others that process our health care claims.

For health care operations. We may disclose (share) your health information for activities that are known as health care operations. These activities use health care information for the purpose of evaluating our performance and finding better ways to provide care. We may also share your health information with outside parties (“business associates”) who perform services on our behalf. These business associates must agree to keep your health information private. Examples of activities that make up health care operations include: legal counsel, transcription, storage, auditing, and consulting services.

(B) Other uses of your health information. We may use your health information to contact you:

- About scheduled appointments, registration/insurance updates, or test results;
- With information about patient care issues and treatment choices;
- With other health-related benefits and services that may be of interest to you.

(C) We may disclose (share) your health information to others without your consent in certain situations. Example: If you need emergency treatment, or if you are unable to communicate with us (unconscious or in severe pain). In each of these situations, we will try to get your consent. But, if you are unable to agree or disagree to consent and if we think you would consent if you were able to do so, we will disclose health information without consent.

D) Other Specific Uses and Disclosures that DO NOT REQUIRE YOUR CONSENT

a) When disclosure of health information is required by federal, state, or local law, administrative or legal proceedings, health oversight activities, or by law enforcement.

Examples of some required reporting include: health information about victims of abuse, neglect, or domestic violence; patients with gunshot and/or other wounds. In addition, we disclose health information when ordered in a legal or administrative proceeding.

b) To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel or persons able to prevent or lessen such harm. If there is an explicit threat to hurt an identified individual - we are required to intervene - this can either be to warn the person, contact the police or arrange for immediate psychiatric hospitalization. Similarly, if there is an explicit threat of suicide, we are required to intervene in order to allow for safe and rapid transportation to the hospital. This may require us to contact friends and family with or without consent.

c) In suspected cases of child or elder abuse. We are mandated reporters to report any suspected cases of child or elder abuse to DSS/Elder services.

(c) For specific government functions. We may disclose health information of military personnel and veterans in certain situations, and we may disclose health information for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

d) For worker's compensation purposes. We may provide health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs.

e) Appointment reminders and health-related benefits or services. We may use health information to provide appointment reminders

(E) The Use and Disclosure Requiring You to Have the Opportunity to Object.

Disclosure to family, friends or others. Unless you object, we may disclose some information about you, either to facilitate our provision of care or to receive payment for your care. In an emergency, we may seek your authorization to do so only retroactively.

(F) All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections 1 (A) through (E), we will ask for your written authorization before using or disclosing any of your health information.

2. OUR LEGAL DUTIES TO PROTECT YOUR HEALTH INFORMATION

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Provide you with this notice that explains our privacy practices and how, when, and why we use and/or disclose (share) your health information.
- Follow the terms of the Notice currently in effect. However, we reserve the right to change our privacy policies and the terms of this notice at any time. Any changes will apply to the health information we already have. Before any important policy change goes into effect, we will change this Notice, the new Notice will be posted on our website and in a clearly visible location within our practice site for public viewing.

You may request a copy of this notice at any time from the website.

3. YOUR HEALTH INFORMATION RIGHTS:

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it, and the information belongs to you. You have the right to:

(A) Request Limits on Uses and Disclosures of Your Health Information: You have the right to ask for restrictions on the use and disclosure (sharing) of your health information for treatment, payment or health care operations. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that are legally required or allowed to be made.

(B) The Right to ask that Your Health Information Be Communicated to You in a Confidential Manner: You have the right to ask for your health information to be sent to you in different ways. For example, you may ask for the Practice to contact you by mail rather than telephone, or only call at your home rather than at work. Your request must be in writing and you must explain the method of contact and location where you wish to be contacted. We will try to honor your request as long as we can easily provide it in the format you request.

(C) The Right to See and Get Copies of Your Health Information: In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. We will

respond within thirty (30) days from the receipt of your request. If you ask for a physical copy of your records, you will be charged a fee consistent with Massachusetts law (\$.25 per page to a maximum of \$20 per hour for clerical fees). If your request is denied, we will inform you, in writing, our reasons for the denial and explain your right to have the denial reviewed. We may offer to give you a summary or explanation of the information you requested as long as you agree in advance to this and to any fees that this might cost. If you ask for information we do not have, but we know where it is, we must tell you where to direct your request.

(D) The Right to Receive an Accounting of Disclosures (a record of when and to whom your health information was shared without your authorization). You have the right to obtain a list of the instances that we have shared your health information. You must make this request in writing. You may request as far back as six years, beginning September 1st 2018. The listing you get will include the date, name, and address (if known) of the person or organization receiving it. It will also include a brief description of the information given, a brief statement on why the information was shared, or a copy of the written request for the information.

The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you or your family. The list also will not include uses or disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We have 60 days to respond to your written request. If we do not act on your request within the 60 days, we will notify you that we are extending the response time by 30 days. If we do that, we will explain the delay in writing and give you a new date of when to expect a response. We will provide this list at no charge, but if you make more than one request in the same year, we will charge you \$10.00 for each additional request.

(E) The Right to Correct or Update your Health Information. If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing.

We have 60 days to respond to your request. We may deny your request, in writing, if the health information is: (i) correct and complete; (ii) not created by us; (iii) not allowed to be disclosed; or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your rights to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your health information.

4. HOW TO COMPLAIN ABOUT YOUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, You also may send a written complaint to either:

Office for Civil Rights - Region I Office:

Office for Civil Rights

U.S. Department of Health and Human Services

Government Center

J. F. Kennedy Federal Building – Room 1875

Boston, Massachusetts 02203

Or:

Secretary of the Dept. of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

Or e-mail the HHS Secretary at:
HHS.Mail@hhs.gov

We will take no retaliatory action against you if you file a complaint about our privacy practices.

Acknowledgement of HIPAA Notice

This form, when completed and signed by you, indicates that you 1) received a copy of the “HIPAA Notice” 2) have read the notice in its entirety, and 3) understand and agree to all terms outlined within the notice