

**Notice of Privacy Practices
Effective September 16, 2013**

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information.

Dear Patient,

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It discloses how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This Notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our Health Center except when that release is required or authorized by law or regulation.

Acknowledgement of the Receipt of this Notice

You will be asked to sign a statement acknowledging receipt of this Notice. This statement is on the general registration form. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment and will use and disclose your protected health information in accordance with the law.

Our Duties to You Regarding Protected Health Information

“Protected health information” is individually identifiable health information and includes demographic information (for example, age or address) and relates to your past, present, or future physical or mental health condition and related health services. Our Health Center is required by law to do the following:

- Keep your protected health information private;
- Present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information;
- Follow the terms of the Notice currently in effect;
- Communicate to you any changes that we may make in the Notice.

We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future.

How We May Use or Disclose Your Protected Health Information

The following are some examples of permitted uses and disclosures of your protected health information:

1. Treatment

We will use and disclose your protected health information to provide, coordinate and manage your health care and any related services. This means that a physician, dentist, nurse or other member of your healthcare team will record information in your medical/dental record to diagnose your condition and determine the best course of treatment for you. The provider writes orders outlining the expectations of others in your care. When others follow through on those orders,

they will also write what they did, in your medical/dental record. Treatment also includes consultation with health care providers outside of the Health Center (for example, a specialist or a pharmacist) who at the request of your provider becomes involved in your care. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

2. Payment

Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services. This may include certain activities we may need to undertake before your health care insurer approves or pays for the health care services recommended for you, such as determining eligibility for services. The information that we send with the bill may

include information that identifies you, your diagnosis, treatment received and supplies used.

3. Health Care Operations

We may use or disclose, as needed, your protected health information to operate the Health Center. For example, we may use your information when we are evaluating the quality of the care our staff provides in caring for you or to consider new services that we should offer.

- **Appointment Reminders:** We may use and disclose your information to contact you as a reminder that you have an appointment for treatment or medical care at the Health Center.
- **Treatment Alternatives / Health Related Benefits and Services:** We may use and disclose your information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, health professionals using their best judgment may disclose to a family member, or other relative, close friend or any other person that you identify, health information relevant to that person's involvement in your care or payment related to your care. In addition, we may disclose medical information about you to a family member, relative, or close friend should an emergent situation arise while you are at our office.
- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **Business Associates:** We provide services through contracts with business associates who have access to your protected health information such as the company we use to shred paper or to a consultant who is assisting us with quality assessment studies. Each of these business associates is required to protect your privacy using the same high standards of the Health Center.

- **Family Members:** Unless you object, health professionals using their best judgment may disclose to a family member, or other relative, close friend or any other person that you identify, health information relevant to that person's involvement in your care or payment related to your care.

4. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

- **Required by Law:** We may use or disclose, as needed, your protected health information when required by specific laws to do so.
- **Public Health:** We may disclose your protected health information to a public health official who is permitted by law to collect or receive the information. Examples of information that is collected: births, deaths, reactions to medications or problems with products.
- **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading a disease or condition.
- **Immunization Records:** We may disclose your protected health information to a school in order to provide proof of immunization. We will make every effort to obtain verbal agreement to the disclosure.
- **Abuse or Neglect:** In certain circumstances we may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your information to the governmental entity or agency authorized to receive such information, if we believe that you have been a victim of abuse, neglect, or domestic violence.
- **Health Oversight:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These agencies may include government benefits programs or licensing boards.
- **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, track products, enable product recalls, make repairs or replacements, or conduct post marketing review as required.

- **Legal Proceedings:** We may disclose your protected health information during any judicial or administrative proceeding in response to a court order or administrative tribunal or in response to a subpoena.
- **Law Enforcement:** We may disclose your protected health information as required by law, (for example in circumstances pertaining to victims of crime).
- **Coroners and Funeral Directors:** We may disclose protected health information for identification to determine cause of death, or to funeral directors for the performance of their duties as authorized by law.
- **Research:** We may disclose protected health information to researchers when their research has been approved by the Health Center and if the privacy of the information can be ensured.
- **Threats to Health and Safety:** Under applicable Federal and State laws, we may disclose protected health information to law enforcement or another health care professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure proper execution of the military mission including determination of fitness for duty. We may also release your information for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.
- **Worker's Compensation:** We may disclose protected 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 established by law.
- **Inmates:** We may use or disclose your protected health information, under certain circumstances, if you are an inmate of a correctional institution.
- **Parental Access:** We will act consistently with the laws of the State as they relate to disclosure of protected information to parents, guardians, or persons acting in a similar legal status.

Your Rights Regarding Your Health Information

1. Right to Inspect and Copy

You may inspect and/or obtain a copy of your protected health information that is contained in a "designated record set" which is information contained in your medical/dental record, billing records and any other records that the Health Center maintains to help make decisions about your care. You have this right for as long as we keep this protected health information.

Information that you **cannot** inspect and copy includes: psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding; and any protected health information that is subject to a law that prohibits access to protected health information.

If you want a copy of the information that you have a right to have, we may charge you a reasonable fee for the copy. We will tell you what this fee is before making the copy. If we offer you a summary of your information and if you agree to receive a summary, we will tell you what the fee is before making this copy.

2. Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. If you want to restrict or not allow us to use/disclose information, you must:

- Put the request in writing addressed to the Health Center's Privacy Officer;
- Tell us what information you do not want us to use or give out;
- Tell us whether you want us to not use **or** not give out the information or **both** not use **and** not give out;
- Tell us to whom you do not want us to give the information to; and
- Tell us the date the restriction expires.

If we believe that your request is not in the best interests of either you or the Health Center, or that we could not reasonably accommodate the request, we are not required to agree to your request. If this occurs we will provide you with documentation stating the reason your request was denied.

If your request is agreed to by the Health Center, we will not use or give out your protected health information unless it is needed to provide emergency treatment.

If you change your mind about the restriction, you must notify us in writing.

3. Right to Opt-out of fundraising requests

You may ask us to refrain from sending you any fundraising materials. Requests must be made in writing. Additionally, instructions on how to opt out of future

requests will be included on any fundraising materials you receive from us.

4. Right to Limit Disclose of Out-of-Pocket Expenditures

You may request that any healthcare items or services that you have paid for fully out-of-pocket, not be disclosed to your health plan.

5. Right to Request Alternative Confidential Communications

You may ask us to communicate with you using alternative means or at an alternative location (for example, calling you at a place other than home). We will not ask you the reason for your request and we will accommodate a reasonable request, whenever possible.

6. Right to Request an Amendment

If you believe that the information that we have about you is incorrect or incomplete, you may ask for an amendment or a correction to your protected health information as long as we maintain this information. While we may accept your request for an amendment or correction, we are not required to agree to the amendment or correction. If this occurs we will provide you with documentation stating the reason your request was denied. You may then request to have a statement of disagreement permanently attached to your medical/dental record.

7. Right to an Accounting of Disclosure

You may ask us for an accounting (or a list) of whom we gave your protected health information out to. This right is for disclosures made for purposes other than treatment, payment or health care operations, as described in this Notice. This accounting or list does not include when we have given out information to you, to others that you have authorized, to family members or friends involved in your care or for notification purposes.

This accounting or list will only include disclosures made within the last 6 years prior to the date of your request.

The right to this information is subject to additional exceptions, restrictions and limitations as described earlier in this Notice.

8. Right to a Breach Notification

You have the right to receive notification of any breach of your protected health information.

9. Right to Obtain a Copy of this Notice

You may get a paper copy of this Notice from us by requesting one or by visiting the Health Center website.

10. Special Protections

This Notice is given to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). If we want to use your protected health information for uses other than for treatment, payment or Health Center operations or in compliance with other laws, we will need prior authorization from you. Examples of these non-routine uses include: disclosures of psychotherapy notes, uses and disclosures of protected health information for third-party marketing purposes, and disclosures that constitute a sale of protected health information. There are several other privacy laws that also apply to HIV-related information, genetic test results, mental health information and substance abuse information. The rights under HIPAA do not take priority over those other laws.

11. Complaints

If you think that your privacy rights have been violated, you may file a written complaint with the Health Center's Privacy Officer or with the U.S. Department of Health and Human Services' Office for Civil Rights. We will provide their address for you. No retaliation will occur against you for filing a complaint.

The Health Center's Privacy Officer can be contacted at 617-782-0500 extension 1515. The Privacy Officer can provide additional information about this notice especially as it relates to amendments, giving out information and the complaint process.

This Notice is effective in its entirety as of September 16, 2013