

## **Privacy Policy**

**This pamphlet describes how medical information about you may be used and disclosed by New England Center for Mental Health, including its employees, staff, and all other personnel, and how you can get access to this information. It describes our obligations and your rights regarding the use and disclosure of your medical information. Please read it carefully.**

### **Our Privacy Obligations to You**

Protecting your medical information is an important priority for New England Center for Mental Health (“The Practice”). This Notice explains what information we collect, with whom we share it, and how you can direct us not to share information with certain parties. We are required by law to:

- Maintain the privacy of your health and medical information
- Give you this Notice of our legal duties and privacy practices
- Follow the terms of this Notice that are currently in effect.
- Notify you following a breach of privacy of your PHI. If you are a minor, or otherwise incapacitated, we will notify your parent/guardian, or other person responsible for you.

### **What this Privacy Notice Covers**

This Notice describes the privacy practices of New England Center for Mental Health. New England Center for Mental Health participates in an Organized Health Care Arrangement with Emerson Hospital and its medical staff.

### **Information, Collection, and Use**

The following categories describe different ways that we use and disclose PHI about you without your authorization. Please note that not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of these categories.

*For Treatment:* We may use PHI about you to provide you with treatment and other services, such as to diagnose your injury or illness. We may disclose PHI about you to medical personnel involved in your treatment. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*For Payment:* We may use PHI to obtain payment for services that we provide to you from you, an insurance company, or a third party. We may tell your health plan about a treatment you are going to receive in order to get approval for treatment coverage by your plan or to determine if your plan covers that treatment. We may also give information to someone who helps pay for your care.

*For Health Care Operations:* We may use PHI for our health care operations, which are activities that are necessary to run the Practice and ensure that patients receive quality care. This includes internal administration and planning, and various activities that improve the quality and cost effectiveness of the care and customer service that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers and we may provide

PHI to our office manager in order to resolve any complaints you may have and ensure that you have a pleasant visit with us. We may combine medical information about several patients so we can make decisions about what additional services we should offer, what services are unnecessary, and whether certain treatments are effective. We may disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. When we do this, your identifying information may be removed.

*Individuals Involved in Your Care or Payment for Your Care:* Unless you object, we may share your medical information with a friend or family member who is involved in your medical care. If you are incapacitated or in an emergency circumstance, we may use our professional judgment to determine whether a disclosure is in your best interest. We may also give your information to someone who helps pay for your care. If you have identified a specific person in writing or verbally for such purposes, we will disclose to that person.

*Public Health Risks:* We may disclose your medical information for certain public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability
- To report child abuse and neglect, elder abuse, and disabled persons abuse, or rape or sexual assault to public health authorities or other government authorities authorized by law to receive such reports
- To report information about products and services under the jurisdiction of the U.S. Food and Drug Administration
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a sexually transmitted disease
- To report information to your employer and/or the Massachusetts Industrial Accident Board as required under laws addressing work-related illnesses and injuries or workplace medical surveillance
- To report information related to birth and subsequent health of an infant to state government agencies as required by law
- To file a death certificate and report fetal deaths
- To report abortions to state government agencies as required by law.

*Health Oversight Activities:* Your medical information may be shared with a health oversight agency for activities authorized by law (for example, audits, investigations, inspections, and licensing).

*Law Enforcement:* We may disclose your medical information to law enforcement as required or permitted by law (for example, gun wounds, dog bites, and rape/sexual assault).

*Judicial and Administrative Proceedings:* We may disclose your medical information in response to a court order, subpoena, or other lawful process.

*Coroners, Medical Examiners:* We may release your medical information to a coroner or medical examiner as authorized by law.

*Organ and Tissue Procurement:* If you are an organ donor, we may disclose your PHI to organizations that facilitate organ, eye, or tissue procurement, banking or transplantation.

*Workers' Compensation:* We may release your medical information to your insurer or state agencies responsible for monitoring and processing claims for workers' compensation.

*Health or Safety:* We may use or disclose your medical information to prevent or lessen a serious danger to you or to others. In addition, we may disclose your medical information to an entity assisting in disaster relief efforts.

*Research:* We may use or disclose PHI without your consent or authorization for research purposes if an Institutional Review Board/Privacy Board approves a waiver of authorization for such use or disclosure.

*Specialized Government Functions:* We may use and disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances required by law.

*Ordered Examination:* We may disclose PHI when required to report findings from an examination ordered by a court or detention facility.

*Marketing:* We will not share your information unless you give us written permission for marketing purposes. We can, however, provide you with marketing materials in a face-to-face encounter, without obtaining your authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your authorization and we may use PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

*Fundraising:* We may contact you for fundraising efforts, but you can tell us not to contact you again.

*As Required by Law:* We may use and disclose your medical information when required to do so by federal, state, or local law.

*Authorizations:* If we want to use or disclose your medical information for any purpose not listed in this Notice, we may do so if you give us your written authorization.

**Highly Confidential Information:** Federal and state law require special privacy protections for certain highly confidential information including:

- HIV/AIDS status
- Mental/behavioral documentation and genetic testing information
- Confidential communications with a psychotherapist, psychologist, social worker, allied mental health professional, human services professionals, or other mental health professional
- Substance abuse treatment or rehabilitation information
- Venereal disease information
- Abortion consent
- Mammography records
- Family planning services
- Treatment or diagnosis of emancipated minors
- Mental health community program records
- Research involving controlled substances

In order for us to disclose your Highly Confidential Information for a purpose related to treatment, payment, or health care operations, we ask for your separate, specific written consent unless we are otherwise permitted or required by law to make such disclosure.

In addition, if you are an emancipated minor, or we are treating you as a mature minor without parental consent as allowed under Massachusetts law, certain information relating to your treatment or diagnosis may be considered “Highly Confidential Information” and as a result will not be disclosed to your parent or guardian without your consent. Your consent is not required, however, if a physician reasonably believes your condition to be so serious that your life or limb is endangered. Under such circumstances, we may notify your parents or legal guardian of the condition, and will inform you of any such notification.

Please note that if you are a parent or legal guardian of an emancipated minor, certain portions of the emancipated minor’s medical record (or, in certain instances, the entire medical record may not be accessible to you).

### **Uses and Disclosures Requiring Your Written Authorization**

For any purposes other than those already described, for which no consent or authorization is required, we may only use or disclose PHI when you give us your written authorization. For instance, we will need your written authorization before we can send PHI to your life insurance company, to your child’s camp or school, or to the attorney representing the other party in litigation in which you are involved (unless the attorney has obtained a court order for such PHI).

In order for us to disclose your Highly Confidential Information for purposes other than treatment, payment, or health care operations (for which your separate, specific consent is required), we must obtain a separate, specific authorization unless we are otherwise permitted or required by law to make such disclosures.

### **Your Rights Regarding Your Medical Information**

You have the following rights regarding medical information we maintain about you.

*Right to Inspect and Copy:* You may request access to your medical information and billing records in order to inspect and request copies of the records. To inspect and copy billing records or medical information that may be used to make decision about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access, you may ask that the denial be reviewed by a licensed health care provider at the practice. Certain information (for example, psychotherapy notes) may be withheld from you in certain circumstances.

*Right to Amend:* If you feel that your medical information is incorrect or incomplete, you may submit a written request for an amendment. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

*Right to an Accounting of Disclosures:* You have the right to request an “accounting of disclosures.” This is a list of certain types of disclosures we made of your medical information. To request this list of disclosures, you must submit your request in writing. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Requests made more than once during a 12-month period will incur a copying charge.

*Right to Request Restrictions:* You may request restrictions on our use and disclosure of your medical information (1) for treatment, payment and health care operations, (2) to individuals (such as family members, other relatives, close personal friend, or any other person identified by you) involved with

your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. If you request such a limitation on any family member we will not be able to bill your family's health plan and you will have to be financially responsible to pay us for your care. You may not ask us to restrict disclosures that we are legally required to make. While we will consider all requests for additional restrictions carefully, we are not required to agree to all requested restrictions. If you wish to request additional restrictions, please submit a written request.

- However, if you pay for service(s) in full, out-of-pocket, and you request that we not share any information about the service(s) to your health plan for purposes of carrying out payment or health care operations, we will comply with your request, unless otherwise instructed by law.

*Right to Receive Confidential Communications:* You may request, and we will accommodate, any reasonable written request to receive your medical information by alternative means of communication or at alternative locations.

*Right to Revoke Your Authorization:* You may revoke any written authorizations you have signed with a written request. We are unable to take back any disclosures that were made before you revoked your authorization.

*Right to Receive Paper Copy of this Notice:* Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically. You may also print and copy the Notice from our web site at [www.nementalhealth.com](http://www.nementalhealth.com).

*Changes to this Privacy Notice:* The Practice may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all medical information that we maintain, including any information created or received prior to issuing the new Notice. Changes to this Notice will be posted at Pediatrics West and on our web site. You also may obtain any new Notice by contacting New England Center for Mental Health.

*Questions and Complaints:* If you would like more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your medical information, you may contact our Privacy Officer. You may also file written complaints with the Secretary of the Department of Health and Human Services, J.F.K. Federal Building, Room 1875, Boston, MA 02203, voice phone (617) 565-1340), or email [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). You will not be penalized for filing a complaint.

*Effective Date:* This Notice is effective on 9/23/2013.

## **Office Manager**

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