



## **Notice of Privacy Practices**

**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.**

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. 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. This notice applies to all of the records of your care generated by Greater Lawrence Family Health Center and Methuen Family Health Center.

We are required by law to: make sure that medical information that identifies you is kept private; make available to you this notice of our legal duties and privacy practices concerning medical information about you; and follow the terms of the notice that is currently in effect.

### **UNDERSTANDING YOUR PERSONAL HEALTH RECORD INFORMATION**

Each time you visit the health center, your provider or health care professional makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that you actually received the services that we billed for.
- A tool in medical education
- A source of information for public health officials charged with improving the health of the regions they serve.
- A tool to assess the appropriateness and quality of care you received.
- A tool to improve the quality of healthcare and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who may access your health information and how it might be used.

- Make informed decisions about authorizing disclosures to others.
- Better understand the health information rights detailed below.

**What Health Information is Protected.** We are committed to protecting the privacy of the information we gather about you while providing health-related services. Some examples of protected health information (PHI) are: information indicating that you are a patient at GLFHC, information about your health condition (such as a disease that you may have); information about healthcare products or services you have received or may receive in the future (such as an operation); or information about your healthcare benefits under an insurance plan (such as whether a prescription is covered) *when combined with*: demographic information (such as your name, address, or insurance status); unique numbers that may identify you (such as your social security number, your phone number or your driver's license number); and other types of information that may identify who you are.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

We use and disclose medical information in many ways. 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 medical information about you to doctors, nurses, technicians, nursing and medical students, or hospital personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for nutritional counseling. We also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and diagnostic testing. With consent or as required or permitted by law, we also may disclose medical information about you to people who may be involved in your medical care such as family members, clergy, rehabilitation centers, etc.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the health center may be billed for and payment may be collected from you or on your behalf from an insurance company or a third party. For example, we may need to give your health plan information about testing that you received at our Practice so your health plan will pay us or reimburse you for those services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for the health center's daily operations. These uses and disclosures are necessary to run our organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many GLFHC patients to decide what additional services our Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, nursing and medical

students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other similar organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We provide some services through contracts with business associates. Examples include but are not limited to diagnostic tests, paper shredding, medical records storage, billing services, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function(s) we have contracted with them to do and bill you, your third-party insurer, or GLFHC for services rendered. Our business associates are also required by law to protect your health information, just as GLFHC is.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at GLFHC. Reminders may be made by phone, mail, Patient Portal, or by text messaging, if you have agreed to receive text messages from the health center.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. If the health center receives payment from a third party to market a product or service to you, we may need your authorization in some instances to send that information to you.

**Fund-raising:** We may contact you as part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials. To opt out, you must notify the Privacy Officer in writing. Your treatment or payments for treatment will not be affected should you decide to opt out of receiving these materials.

**Sale of Protected Health Information.** We cannot sell your protected health information without your consent.

**Individuals Involved in Your Care or Payment for Your Care.** With consent or as required or permitted by law, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons. In addition, we may disclose medical information about you to a friend or family member 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, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our organization. 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.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, or death.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority when required by law, if we believe a patient has been the victim of abuse or neglect.
- To a counseling agency if we believe you are a victim of domestic violence. We will only make this disclosure if you agree.

**Health Oversight Activities.** We may disclose medical information 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.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain 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 at the health center; and
- In emergency circumstances 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 medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Department of Health and Human Services (DHHS):** Under the HIPAA privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards

All other uses and disclosures of information not contained in this Notice of Privacy Practices will not be disclosed without your authorization.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

Although your health records are the physical property of the Greater Lawrence Family Health Center, you have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and receive a paper or electronic copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If psychotherapy notes are to be disclosed, we must obtain your specific authorization or a court order. We may deny your request to inspect and copy in certain very limited circumstances, such as psychotherapy notes. If you are denied access to medical information, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by GLFHC will review your request and the denial. The person

conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.

To inspect and receive a copy of your medical information, you must submit a signed authorization form to our Health Information Management department. You may request your records in person, by mail or fax, or via our Patient Portal. Patients must provide a unique email address and be 18 years of age or older to use the patient portal. Requests via the Patient Portal can only be for personal use. We cannot release information to other individuals via the Patient Portal. The first copy you request for your personal use within a 12-month period will be free. If you request additional copies of the information within a 12-month period, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

If a person has the authority under law to make decisions for you relating to your healthcare (“personal representative”), GLFHC will treat your personal representative the same way we would treat you with respect to your protected health information. Parents and guardians will generally be personal representatives of minors unless the minors are permitted by law to act on their own behalf.

We will maintain your records for at least 20 years after your last date of service at GLFHC/MFHC, at which time, we may destroy your records as allow by MA state law.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all of the information, both old and new, is kept by or for GLFHC. To request an amendment, your request must be made in writing and submitted to our 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 GLFHC
- Is not part of the medical information kept by or for GLFHC
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have a right to request an “accounting of disclosures” which is a list with information about how the health center has shared your information with others outside GLFHC. An accounting list will not include:

- Disclosures we made to you or your personal representative
- Disclosures we made pursuant to your written authorization
- Disclosures we made for treatment, payment or business operations
- Disclosures made to friends and family involved in your care or payment for your care
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another person passing by)
- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you
- Disclosures made to federal officials for national security and intelligence activities
- Disclosures about inmates to correctional institutions or law enforcement officers

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 back from the date of the request. Your request should indicate in what form you want to receive the list (for example, on paper or electronic media). 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 medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communication.** 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 at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

**Right to Restrict Disclosure of Information for Certain Services.** You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out of pocket basis. This information can be released only upon your written authorization.

**Genetic Information Nondiscrimination Act.** Information about your genetic information cannot be used by your health plan to deny you coverage.

**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 at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, ask any of our office staff or our Privacy Officer.

**Right to Breach Notification.** You have the right to be notified of any breach of your unsecured healthcare information.

In addition to providing you your rights, as detailed above, the federal HIPAA privacy standard requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Train our personnel concerning privacy and confidentiality.

- Implement a sanction policy to discipline those who breach privacy / confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy / confidentiality.

### **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 our office and on our website <http://glfhc.org> .

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint. Please contact the Privacy Officer at Greater Lawrence Family Health Center, 401 Griffin Brook Drive, Suite 200, Methuen, MA 01844. All complaints must be submitted in writing. If you feel that we have not adequately addressed your concerns, you may contact the Privacy Official at the above address or contact the Secretary of the Department of Health and Human Services at <http://www.hhs.gov> . You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or by State or Federal laws will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You should understand that we are unable to take back any disclosures we may have already made with your permission, and that we are required to retain our records of the care that we provided to you.

If you have any questions about this notice, please contact the Privacy Officer at GLFHC, One Griffin Brook Drive, Suite 101, Methuen, MA 01844 or call 978-722-2863.