



## NOTICE OF PRIVACY PRACTICES (NPP)

### YOUR INFORMATION. YOUR RIGHTS.

### OUR RESPONSIBILITIES.

Greater Lawrence Family Health Center (GLFHC) is committed to maintaining the privacy and confidentiality of your health information. This Notice explains how we may use and share your health information, how you can access it, and outlines your rights under HIPAA, 42 CFR Part 2, and Massachusetts law. We take our responsibility to keep your protected health information (PHI) secure very seriously.

#### OUR RESPONSIBILITIES

We are required by law to keep your medical information confidential and to provide you with this Notice of our legal duties and privacy practices. We are required to follow the terms of this Notice. If we make material changes to our privacy policies or practices, we will update this Notice and post it in our waiting areas of our clinical sites, mobile health units, and on our website (<https://glfhc.org>).

#### OUR USES AND DISCLOSURES

We may use or share your health information in the following ways:

***For Treatment.*** We share your information with health professionals involved in your care.

***For Payment.*** We use your information to bill and receive payment for services we provide.

***For Health Care Operations.*** We use your information to run our organization and improve care. We provide some services through contracts with Business Associates. We may share your information with trusted business partners to help us operate. They are required to protect your information.

***Public Health and Safety.*** We may share your information for public health or safety purposes.

***As Required by Law.*** We will share information when laws require us to do so.

***Persons Involved in Your Care or Payment for Your Care.*** We may share your information with family, or others you identify as involved in your care or payment for your care unless you tell us not to. We will only share information that is directly relevant to their involvement.

***Other Special Situations.*** We can share information in certain situations including for:

- Research
- Organ/tissue donation
- Working with a coroner, medical examiner, or funeral director after death
- Workers' compensation claims
- Legal requests or law enforcement purposes
- Health oversight activities, such as audits, inspections, or investigations.

## **YOUR RIGHTS**

You have certain rights regarding your health information. This section outlines those rights.

***Right to Access Your Protected Health Information.*** You can review and/or request a copy of your medical and billing records. We will respond within 30 days. You may request your records in electronic form if they are available.

***Right to Request Amendment.*** You can request a correction to your medical record if you think something is incorrect. We will respond within 60 days.

***Right to Request Confidential Communications.*** You can ask that we communicate with you about your health information in a specific way. We will accommodate reasonable requests.

***Right to Request Restrictions.*** You can request to limit how we use or share your health information for treatment, payment, or healthcare operations. We may not always be able to agree. If you pay for a service in full out of pocket, you may request that we not share that information with your health plan, unless disclosure is required by law.

***Right to an Accounting of Disclosures.*** You can request a list (accounting) of when we shared your health information, who we shared it with, and why.

***Copy of This Notice.*** You can ask us for a paper copy of this notice at any time at the front desk, or by contacting the Privacy Officer.

***Notification of Breaches of your Health Information.*** We will notify you promptly of any breach of your protected health information.

***Choose someone to act for you if legally authorized.*** If you have given someone medical power of attorney or if someone is your legal guardian, that person can make decisions regarding your health information. We will confirm their authority.

## **YOUR CHOICES**

You can tell us how to share information in the following situations. If you have specific preferences for how your information is handled in the situations below, please let us know.

- Sharing with family/friends or other individuals involved in care.
- Disaster relief situations.
- Including your information in a directory listing (if applicable)
- Fundraising; you can opt out at any time.

We will never share or sell your information for marketing or other purposes.

## **SPECIAL PROTECTIONS (42 CFR PART 2)**

Substance Use Disorder (SUD) records have extra protections:

- We will not use/disclose SUD records in civil, criminal, administrative, or legislative proceedings without consent or a court order plus subpoena.
- Any permitted disclosure must include a prohibition on redisclosure.
- We may share for Treatment, Payment, Operations (TPO), but records cannot be used against you legally.
- We do not release SUD counseling notes without permission.

Some rules align with HIPAA, but additional protections still apply.

### **MASSACHUSETTS-SPECIFIC PRIVACY & CONSENT LAWS**

***HIV Testing & Results*** (M.G.L. c.111 §70F): This information is confidential and requires your consent to share.

***Genetic Testing*** (M.G.L. c.111 §70G): Requires written consent before these test results are shared.

***Mental Health Records*** (M.G.L. c.123 §36): This information must be kept for at least 20 years.

***Minors' Consent to Care*** (M.G.L. c.112 §12F): inors (under the age of 18) may consent to their certain care and control who can see that information.

***Record Retention*** (M.G.L. c.111 §70): Providers must retain your medical records for at least 20 years.

***Protection of Personal Information of Residents of the Commonwealth*** (201 CMR 17.00): These state rules require organizations to protect your information.

### **GLFHC-SPECIFIC INFORMATION**

***Patient Portal:*** Access to the patient portal follows all federal/state law and GLFHC policies. If there are questions about access for minors or individuals acting on someone's behalf (proxies), ontact Privacy Officer for guidance.

### **QUESTIONS OR COMPLAINTS**

If, at any time, you have questions about information in this Notice or about our privacy policies, or practices, please contact GLFHC's Privacy Officer.

If you believe your privacy rights have been violated, you may file a complaint by contacting GLFHC's Privacy Officer in writing at the address below. You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

**Privacy Officer**

Greater Lawrence Family Health Center  
401 Griffin Brook Drive – Suite 200  
Methuen, MA 01844  
978-686-2497 x8531

**Regional Manager**

Office for Civil Rights  
U.S. Dept. of Health & Human Services  
Government Center,  
J.F.K. Building, Room 1875  
Boston, MA 02203

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We will post a copy of the current notice in our sites and on our website <https://glfhc.org>.

**Effective Date: February 16, 2026 (updated March 26, 2026).**