YOUR HEALTH INFORMATION RIGHTS

Set forth below is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

Inspection and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. This means you may inspect and obtain an electronic or paper copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that Fenway Health uses regarding your care. We will ask that you submit these requests in writing. If you are denied access to medical information, you may request that the denial be reviewed. To request access or to ask that we amend the information, you may do so in writing. If we deny your request, we will notify you, in writing, of the denial. You may ask that we make a notation on the record of your request and the reason for the denial. You also have the right to receive a statement of the reasons for our denial. If you are not satisfied with the outcome of the review, you may request that the practice’s decision be reviewed by a registrar, notifying the Department of Public Health, in accordance with regulations, that records will be destroyed. Please email MedicalRecords@fenwayhealth.org for more information.

Identity and Access: We may not use or disclose your protected health information except as described above. You have the right to restrict the use or disclosure of your protected health information. Often, we will comply with your request unless the information is needed to perform any necessary tasks. You can give us a written request to restrict the use and disclosure of your information for our own internal purposes. We will consider the request and get back to you in writing. If we deny your request, we will notify you, in writing, of the denial. You may ask that we make a notation on the record of your request and the reason for the denial. You also have the right to receive a statement of the reasons for our denial. If you are not satisfied with the outcome of the review, you may request that the practice’s decision be reviewed by a registrar, notifying the Department of Public Health, in accordance with regulations, that records will be destroyed. Please email MedicalRecords@fenwayhealth.org for more information.

Portability and Access: You have the right to request a copy of your health information. Fenway Health will provide the first accounting of such disclosures to you in any 12-month period without charge. We ask that you submit these requests in writing. If you are denied access to medical information, you may request that the denial be reviewed. To request access or to ask that we amend the information, you may do so in writing. If we deny your request, we will notify you, in writing, of the denial. You may ask that we make a notation on the record of your request and the reason for the denial. You also have the right to receive a statement of the reasons for our denial. If you are not satisfied with the outcome of the review, you may request that the practice’s decision be reviewed by a registrar, notifying the Department of Public Health, in accordance with regulations, that records will be destroyed. Please email MedicalRecords@fenwayhealth.org for more information.

Matter of Public Health: We will provide information to public health authorities as required by law. We may disclose information that is necessary to prevent or control disease. You have the right to receive a notice of these disclosures. If you request a copy of your health information, we will include the information in your health record.

Health Insurance Portability and Accountability Act of 1996

Notice of Privacy Practices

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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, product defects or problems, biologic product defects, track products, to enable product recalls, to make repairs or replacements; or to conduct post market surveillance, as required.

Legal or Administrative Proceedings or Investigations: We may disclose protected health information in the course of any judicial or administrative proceeding, or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized, in certain conditions in response to a subpoena, discovery request or other lawful process or request).

Law Enforcement: We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include requests: (1) pursuant to legal processes or as otherwise required by law; (2) for limited information for identification and location purposes; (3) pertaining to potential victims of a crime; (4) relating to suspicion that a death has occurred as a result of criminal conduct; (5) in the event that a crime occurs at Fenway Health; or (6) relating to a medical emergency (not at Fenway Health) and it is necessary to alert law enforcement regarding a potential crime.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identifying and accounting for deaths; determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. Protected health information will be disclosed to the coroner, to the funeral director, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to additional exceptions, restrictions and limitations. Fenway Health will provide the first accounting to you in any 12-month period without charge. We ask that you submit these requests in writing. 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. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing. 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 with emergency treatment. You have the ability to restrict your protected health information from payer disclosure when you pay for services yourself instead of having charges filed with an insurance carrier.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We ask that you submit these requests in writing. 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 of this notice at any time. To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

Record Retention & Destruction Policy: In accordance with Massachusetts General Law c.111, §70 Fenway Health maintains health records for a period of 20 years after the discharge of the final treatment of the patient to whom it relates. Following this period records may be destroyed after notifying the Department of Public Health, in accordance with regulations, that records will be destroyed. Please email MedicalRecords@fenwayhealth.org for more information.

Breach Procedure: If there is an unintended disclosure of your information you will be contacted with details of this breach. We are also required to notify the Secretary of Health and Human Services that a breach occurred, however, your protected health information will not be included in that initial breach report. If the unintended disclosure of your information was part of a breach that involved five hundred or more individuals, we would also be required to notify the media.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by calling our Privacy Officer, Dani Laub, at 617.927.6006, or by emailing privacy@fenwayhealth.org. You may also contact the Secretary of the Federal Department of Health and Human Services. All complaints must be also submitted in writing. 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 the laws that apply to us 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. However, we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provided to you.
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.

If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the end of this Notice.

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, services you received for your health care and actions you took to treat, and billing-related information. This Notice applies to all of the records of your care generated by your Fenway Health provider.

WE WILL USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe examples of the way we use and disclose medical information. These examples are not meant to be exhaustive, but rather to describe for you the types of uses and disclosures that may be made:

For Treatment: We may use medical information about you, your records and your medical information to provide, coordinate and manage your treatment or services. We may disclose medical information about you to other doctors, nurses, technicians, medical students, or other personnel who are involved in your care. For example, a laboratory or medical specialist may need to know information about you to run tests or to provide treatment.

We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. For example, your medical information may be provided to a physician to whom you have been referred so as to ensure that the physician has appropriate information regarding your previous treatment and diagnosis. The amount of information shared will be the “minimum necessary” for a healthcare provider to make informed decisions about your care.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third-party payer. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend for you. The insurance company may use that information in connection with making a determination of eligibility or coverage for insurance benefits. We may also use it to bill and collect payment from you or your insurance company, or to determine whether you qualify for Medicaid or other healthcare programs.

We may also provide subsequent healthcare providers with copies of various reports that should assist him or her in treating you. For example, your medical information may be provided to a physician to whom you have been referred so as to ensure that the physician has appropriate information regarding your previous treatment and diagnosis. The amount of information shared will be the “minimum necessary” for a healthcare provider to make informed decisions about your care.

For Health Care Operations: We may use or disclose, as needed, your health information to support our business activities. These activities may include, but are not limited to quality improvement activities, employee review activities, training of medical students, licensing, marketing activities, fundraising activities, support, medical records storage, transcription and coding or arranging for other business activities. For example, we may provide medical records to a storage company for long-term safekeeping.

We are required by law to abide by the terms of this Notice and to inform you of your rights with regard to your medical information. You have the right to ask us to change any information that you believe is inaccurate or incomplete. If you wish to request a change in our record about you, you must write to us giving us the relevant facts and requesting the correction or amendment. In any event, we will provide you with a copy of the notice and will acknowledge receipt of the notice with your signature. We are required by law to abide by the terms of this Notice and notify you if we make changes to this Notice, which may be made at any time. Changes to the Notice will apply to information we create or receive in the future.

We will provide you with a copy of this notice and we will request you acknowledge receipt of the notice with your signature.

In an emergency treatment situation, we may have to use or disclose your health information without your consent to appropriate persons. For example, your information may need to be given to your insurance company information before it approves or pays for the health care services we recommend for you. The insurance company may use that information in connection with making a determination of eligibility or coverage for insurance benefits. We may also use it to bill and collect payment from you or your insurance company, or to determine whether you qualify for Medicaid or other healthcare programs.

We may disclose information to researchers when the research is approved in accordance with this Notice. Our Privacy Officer has reviewed the research proposal and established protocols to ensure the privacy of your health information. This also may include preparing for research or telling you about research studies that might interest you.

OTHER PERMITTED & REQUIRED USES & DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We also may use and disclose your health information as set forth below. You have the opportunity to agree to or object to the use or disclosure of all or part of your health information in these instances. If you are not present or able to agree or object to the use or disclosure of the health information (such as in an emergency situation), then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, the clinician will be required to document the information that is relevant to your health care will be disclosed.

In an emergency treatment situation, we may have to use or disclose your health information without your consent to appropriate persons. For example, your information may need to be given to your insurance company information before it approves or pays for the health care services we recommend for you. The insurance company may use that information in connection with making a determination of eligibility or coverage for insurance benefits. We may also use it to bill and collect payment from you or your insurance company, or to determine whether you qualify for Medicaid or other healthcare programs.

We may disclose information to researchers when the research is approved in accordance with this Notice. Our Privacy Officer has reviewed the research proposal and established protocols to ensure the privacy of your health information. This also may include preparing for research or telling you about research studies that might interest you.

OTHER PERMITTED & REQUIRED USES & DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

There are other circumstances in which we may have to use or disclose your protected health information, even without your consent or authorization. These situations include:

Communications Barriers: If we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree to the use or disclosure under the circumstances, we may use and disclose your protected health information.

Disclosure Required By Law: We may use or disclose your protected health information when the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, for any such uses or disclosures.

Public Health: We may use or disclose your protected health information to a government authority that is authorized by law to receive this information on health-related benefits or services, disease-management programs, other government regulatory programs and civil rights laws.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a government oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the delivery of health care (such as Medicare, Medicaid, or other programs), government programs that regulate health care providers and services, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a government authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.