

**The Edinburg Center, Inc.
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781-862-3600**

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.

We, at The Edinburg Center, are dedicated to protecting the privacy of all our clients. We will protect the privacy of your health information and will not use or disclose your health information without your written permission, except as described in this Notice.

In accordance with state and federal laws, this Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out your plan of care, get paid for our services, administer The Edinburg Center and for other purposes that are permitted or required by law.

This Notice also describes your rights with respect to your health information.

Throughout this Notice, we use the term "protected health information" or PHI. PHI is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services.

Using and Disclosing Your PHI without Your Authorization

We will use your information for your care and treatment. We will use and disclose your health information without your authorization to provide, coordinate and manage your care and treatment. For example, information about you will be recorded in your record and used to determine and carry out your plan of care. This information may be shared with others who are directly involved in your care and treatment. In addition, we may also disclose information to your case manager or others who are responsible for coordinating your care and treatment.

We will use your information for payment. For example, a bill may be sent to you, your insurance company or Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as the treatment provided to you.

We will use your protected health information for the operation of The Center. We may use your PHI for quality improvement activities, for licensing purposes, and for service planning. For example, members of our quality improvement team may use information in your healthcare record to assess the care and outcomes in your case and others like it. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care

fraud and abuse detection and compliance efforts.

Other Uses or Discloses of Your PHI without Your Authorization:

É **Emergency Situations:** We may use or disclose your PHI without your authorization in an emergency treatment situation. For example, we may provide your health information to a paramedic who is transporting you in an ambulance. We may also give information about you to the staff of the hospital emergency department.

É **Persons involved in your care or payment for your care:** We may provide health information about you to someone who helps pay for your care. We may also use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

É **Appointment Reminders:** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

É **Sign In Sheet:** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

É **To avert a serious threat to health or safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.

É **Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

É **When a disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement:** For example, we may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health 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.

É **Food and Drug Administration (FDA):** We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance

information to enable product recalls, repairs, or replacement.

É **Worker's compensation:** We may disclose your PHI 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.

É **Public health and health oversight activities:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may disclose your PHI to an oversight agency for activities authorized by law, including audits and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

É **Specific government functions:** For example, if you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also disclose your PHI to authorized state or federal officials for national security purposes, such as protecting government officials and performing intelligence activities or investigation.

É **Medical examiners and funeral directors:** We may provide PHI to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose PHI to funeral directors as necessary to carry out their duties.

É **Organ or Tissue Donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

É **Business associates:** There are some services provided by The Center through contracts with business associates such as billing companies. When these services are contracted for, we may disclose your PHI to our business associates so that they can perform the job we have asked them to do. We require our business associates to appropriately safeguard your information.

É **Personal communications:** 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.

É **Fundraising:** We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the director of the program where you are receiving services and we will stop any further fundraising communications. Similarly, you should notify the director of the program where you are receiving services if you decide you want to start receiving these solicitations again.

É **Marketing:** Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we

may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

É **Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

É **Sale of Health Information:** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

É **Research:** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

- **Psychotherapy Notes:** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

- **Change of Ownership:** In the event that The Edinburg Center is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Notification of Breach

In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

Your Written Authorization

Under any circumstances other than those listed above, we will request that you sign a written authorization before we use or disclose your PHI to anyone. If you sign an authorization allowing us to disclose PHI about you in a specific situation, you can later revoke (cancel) the authorization in writing. If you revoke (cancel) your authorization in writing, we will not disclose your PHI after we receive your cancellation, except for disclosures already made before we received your cancellation.

You Have a Right to:

• ***Request that we limit certain uses and disclosures of your information.*** You have the right to request that we limit how we use or disclose your PHI to carry out your plan of care, get paid for our services or administer our agency. (This is also referred to as "treatment, payment, or health care operations.") You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. We will grant all reasonable requests if it is possible to implement the restrictions in our agency practices. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. To request limitations or restrictions, you must send a written request to the director of the program where you are receiving services.

• ***See and get a copy of your information.*** You have the right to look at and to obtain a copy of PHI about you contained in your agency and billing records, with limited exceptions. To look at or receive a copy your PHI, please send a written request to the director of the program where you are receiving services that specifies what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we cannot agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

• ***Correct or update your information.*** If you feel that PHI we have about you is incomplete or incorrect, you may request that we correct or update (amend) the information. You may request an amendment for as long as we maintain your health information. To request an amendment, you must send a written request to the director of the program where you are receiving services. In addition, you must include the reasons for your request. We will grant all reasonable requests if it is possible to implement them in our agency practices. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may prepare a response to your statement, which we will provide to you.

• ***Receive a list of the disclosures of your information.*** You have the right to receive a list (accounting) of the disclosures we have made of your PHI. This is a listing of disclosures made by us or by others on your behalf. However, we are not required to include the following types of disclosures:

1. Made for treatment;
2. Made for billing or collection of payment for your treatment;
3. Made directly to you, that you authorized, or those which were made to friends or family members involved in your care;
4. Allowed by law when the use or disclosure relates to certain government functions or in other law enforcement custodial situations;

5. Made in the process of our health care operations; and/or
6. disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

To request an accounting, you must submit your request in writing to the director of the program where you are receiving services. Your request must state the time period, but may not be longer than six (6) years before your request. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

• ***Request communications of your information by alternative means or at alternative locations.*** For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit your request in writing to the director of the program where you are receiving services. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

• ***Receive a paper or electronic copy of this notice.*** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

For More Information or to Report a Problem

If you have questions or would like additional information about The Center's privacy practices, you may contact the Privacy Officer at The Edinburg Center, 1040 Waltham Street, Lexington, MA 02421. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the same address.

If you are not satisfied with the manner in which The Edinburg Center handles a complaint, you may submit a formal complaint with the Office for Civil Rights of the United States Department of Health and Human Services. Information about how to file a complaint can be found at the Health and Human Services website at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. You will not be penalized in any way for filing a complaint.

This Notice is Effective as of September 23, 2013.