NSCS
North Suffolk
Community Services

OUTPATIENT SERVICES
CLIENT MANUAL

CBHC & Conexions Day and Evening Treatment

5 Winnisimmet St.

Chelsea, MA 02150

617-912-7900

Freedom Trail Clinic

25 Staniford Street, 2nd Floor

Boston, MA 02114

617-912-7800

Clinic hours are posted at each site

Revised October 2026

Outpatient Treatment Services Client Manual

Welcome to North Suffolk. We hope you find the assistance and support through our programs that you are looking for.

This booklet contains information about our services, about your rights, and provides copies of documents we ask you to sign at intake so that you can refer to them later. It is important that you read the documents carefully and thoroughly before you sign off on them.

Overview of Services

North Suffolk Community Services is a community-based, non-profit agency serving East Boston, Boston, Chelsea, Charlestown, Revere, Winthrop, surrounding communities, and the North Shore. We have a number of outpatient, mobile outreach, residential, day treatment and prevention programs for adults, children and families.
The Outpatient Program provides assessment, treatment, and referral services for children, adolescents, adults and families dealing with emotional, mental health, alcohol and other drug use problems, violence, problems at school or work, and many other issues. Our outpatient treatment services include: individual, family and group counseling; psychiatry (medication) evaluation and follow-up; education; and school-based therapy. The goal of these services is to assist the people we serve in managing problems, obtaining recovery and providing support as they work toward their goals. Outpatient providers can also refer you or your child to any of North Suffolk's other services that may be appropriate. Our providers are trained in a variety of disciplines and treatment models.

Our psychiatric day treatment program provides support three to five days per week and serves those with more serious behavioral health (mental health and substance use) needs.

Languages and Accessibility

Services are offered in both English and Spanish and, in some programs, other languages as well (Khmer, ASL, Vietnamese, etc.) as well as additional languages via translator. North Suffolk's programs are also accessible to individuals with disabilities, including those who use wheelchairs, and can provide materials in an alternative format when needed.

Privacy and Confidentiality

North Suffolk is very committed to preserving your privacy and protecting any protected health information (PHI). This booklet contains a copy of the Privacy Notice, which explains how your healthcare information is used. In addition, a Notice of Patient Rights is posted at each clinic site and a Human Rights Coordinator is available in our Quality Management office.

Admission Process

Each client or family seeking outpatient services participates in an individual intake assessment with a master level clinician. This provides information the therapist needs to make a diagnosis and develop an appropriate treatment plan. Your therapist will ask you and /or your child about the problem that brings you in. She or he will also ask you about areas of your life which might include social, economic, education, substance use and work, family, legal and medical issues. A therapist (usually the one who met with you for intake) will discuss the results of the evaluation with you and develop a treatment plan based upon your (or your child's) needs and goals. Some people start with individual counseling; others may start with family or group counseling, and some others may have a combination of services. If the evaluation shows that our services cannot meet your needs, we will assist you with a referral to a place that can.

Medication Services and Primary Care Providers

The intake worker will ask for written permission to contact your primary health care provider so that we are aware of any important health issues. In requesting records, the intake worker will give a brief description to your medical provider of the issues that brought you to seek services here.

Your North Suffolk provider may recommend a medication evaluation with one of our prescribers. If you would like to meet with a prescriber here, it is important to have had a physical examination within the past year and to allow our prescriber to communicate with your primary care provider.

Individuals may be asked to provide urine toxicology screens prior to referral for medication services. Because of the potential risk of medication interactions we need to be aware of all substances patients are using in order to safely prescribe.

Drug & Alcohol Consultation and Treatment

As part of all assessments, intake workers will talk with you about your use of alcohol, tobacco and other drugs, and may recommend treatment for any potential risks or problems. North Suffolk has a variety of services for those with substance use disorders, from outpatient to intensive outpatient programming to residential services.

North Suffolk contracts with Quest Diagnostics that provides on-site urine toxicology screens several times per week in our clinics. Clients requesting medication services will be required to submit urine toxicology screens. Clients may also be asked to submit urine toxicology screens as part of their treatment plan, to satisfy court requirements, as a support to sobriety or other reasons. For a client to take part in urine toxicology screens, he or she will need to sign a release of information so that the laboratory and North Suffolk can discuss results as indicated. It is your responsibility to determine whether your insurance covers urine toxicology screens. Your therapist can give you details about this and any other addictions treatment services.

Medically Assisted Treatment (MAT)

In addition to behavioral health treatment, there are three medications available for the treatment of **opioid** use disorder. One of the three, naltrexone (Vivitrol), has also been effective in reducing the pleasurable effects of **alcohol** on the brain. Behavioral health treatment, such as group or individual counseling, is recommended for all individuals taking MAT, and is a requirement for clients receiving MAT at NSCS.

- **Naltrexone (Vivitrol)**

Naltrexone acts by blocking opioids from acting on the brain, which takes away the ability to get high. This makes naltrexone a good option for preventing relapse, but it may not stop all drug cravings.

You should not have any opioids in your body when starting naltrexone. If you do, withdrawal symptoms will be intensified.

Naltrexone comes in a pill form, or an extended release form that is injected into the buttocks. The injection is administered by a medical provider once a month.

Naltrexone injections are offered at NSCS to persons participating in the IOP/SOAP level of care.

- **Buprenorphine (Suboxone)**

Buprenorphine reduces powerful desires for opioids, known as cravings, and helps avoid withdrawal symptoms. It comes in tablet form or as film, and many versions are combined with naloxone to prevent possible misuse. Insurance coverage and price may help determine which form should be chosen. When misused (injected, snorted, or other), it can bring unwanted withdrawal symptoms.
Your clinician will make sure you have a dosage and form that meets your medical needs, and the dosage may be adjusted over time. You should wait until you are experiencing mild to moderate opioid withdrawal before taking the first dose of buprenorphine.

Buprenorphine is offered at NSCS to persons participating in the IOP/SOAP level of care.

- **Methadone**

Methadone acts as an opioid in the brain to reduce the desire to use the problem drug. The person taking methadone does not feel high and withdrawal does not occur. Methadone can also reduce cravings, and can be safely started at the beginning of withdrawal. Methadone comes in a pill form, a liquid, and as a wafer. It is taken once per day, and over time, the dose may change. People who are stable in recovery may be provided a supply of medication to take home.

Methadone is not offered at NSCS. You can ask your clinician for a referral to a local methadone clinic.

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Crisis Management

Occasionally a client has a psychiatric crisis related to stressors or worsening symptoms. It is important to contact your provider if this occurs. If you have a crisis when the clinic is closed, call the NSCS Mobile Crisis Team at 1-888-309-1989, go to the nearest hospital emergency department, or call 911, and contact your provider when the office re-opens.

Ending Treatment

Treatment at NSCS is complete when a client, usually in consultation with the clinician, agrees she or he has achieved the goals in his/her treatment plan. Although infrequent, involuntary discharge may occur when a client repeatedly misses appointments, especially if they do not call to cancel or reschedule. Violence, abuse or threatening activity toward a clinician, program staff, or another client or visitor is strictly forbidden and may also be grounds for discharge. (Please refer to our “Zero Tolerance for Violence” Statement).

ZERO TOLERANCE FOR VIOLENCE AGREEMENT

Welcome to North Suffolk Community Services. We hope that you find here the assistance and help you are looking for. In our efforts to create a culture of respect and to make this a safe and welcoming place, we have developed a Zero Tolerance for Violence Agreement that we ask the individuals we serve to review and sign.

By signing, you are agreeing to abide by these guidelines. We hope you will join us in ensuring everyone's safety.

I UNDERSTAND THAT THE CLINICS OF NORTH SUFFOLK ARE TO BE SAFE AND VIOLENCE-FREE AT ALL TIMES.

I UNDERSTAND THAT COMMUNICATION IS TO BE RESPECTFUL. I UNDERSTAND THAT RAISING MY VOICE TOWARDS A STAFF PERSON OR ANOTHER PERSON BEING SERVED, VERBAL ABUSE OR ANY THREAT OF VIOLENCE AGAINST STAFF OR OTHER PEOPLE SERVED HERE IS STRICTLY PROHIBITED AND IS GROUNDS FOR DISCHARGE FROM SERVICES.

I UNDERSTAND THAT ANY PHYSICAL VIOLENCE IS STRICTLY FORBIDDEN AND IS GROUNDS FOR DISCHARGE FROM SERVICES. (THIS INCLUDES HITTING OR KICKING PEOPLE OR PROPERTY AND/OR ANY ACTION THE TREATMENT TEAM BELIEVES TO BE THREATENING.)

I UNDERSTAND THAT WEAPONS OF ANY KIND ARE NOT ALLOWED ON NORTH SUFFOLK PROPERTY, AND THAT VIOLATING THIS GUIDELINE IS GROUNDS FOR DISCHARGE FROM NORTH SUFFOLK SERVICES.

I UNDERSTAND THAT ANY CONFLICTS I HAVE WITH OTHER PEOPLE IN THE LARGER COMMUNITY ARE TO BE LEFT OUTSIDE THE CLINIC.

STATEMENT OF CONFIDENTIALITY PRACTICES

At North Suffolk Community Services, we are dedicated to maintaining the privacy and confidentiality of all of our clients. All communications between a client and our staff are confidential, with some exceptions.

According to Massachusetts law, we may be required to disclose information under the following circumstances:

If you present a clear and present danger to yourself or others and refuse to accept appropriate treatment, including hospitalization, we may have to disclose information to protect your safety.

If you communicate to us a clear and actual threat to kill or physically harm a specific person, we may have to disclose information to protect you and/or that person.

If you have a history of physical violence, and we reasonably believe that there is a clear and present danger that you will try to kill or cause serious physical harm to a specific person, we may have to disclose information to protect you and/or that person.

If we believe that a child under the age of 18, or an elderly person (60 years of age or older), or a disabled person between the ages of 18 and 60 is suffering physical or emotional injury from abuse or neglect, we must report this information to the proper State Agency.

If we are ordered, in a court proceeding or State Agency proceeding, to disclose confidential information, we may have to disclose such information.

Information may be provided to your health insurance company, such as Medicaid or Blue Cross, or the Department of Mental Health, for billing, benefits, and other related purposes.

If you are receiving services from more than one North Suffolk program, then the staff from each program may disclose information to better coordinate your care.

If you and your children are receiving services from more than one North Suffolk program, the treatment staff may disclose information to each other to better coordinate the family's care.

We may periodically disclose information to your other healthcare providers to better coordinate your care.

To monitor the quality of our services to you, your records may be reviewed by authorized persons from state agencies, licensing agencies, or third-party payers.

ASSIGNMENT OF BENEFITS & FEE CONTRACT

FOR OUTPATIENT SERVICES

Insurance cards must be presented and fees paid in full each time you have an appointment. I UNDERSTAND THAT ANY INSURANCE DEDUCTIBLES, CO-PAYS OR UNREIMBURSED FEES ARE MY RESPONSIBILITY AND I AGREE TO MAKE PAYMENT BEFORE EACH VISIT.

- I understand that North Suffolk Community Services will bill my insurance company (Medicare, Medicaid, MBHP, Network Health, BMC Healthnet, Value Options, Magellan, Tufts, Blue Cross & Blue Shield) or any other private, commercial or HMO company contracted or not contracted with NSCS.
- I authorize that payment of services rendered by North Suffolk Community Services is made directly to North Suffolk Community Services. I understand I have the right to know what the fees are for any service.
- I authorize the release of medical data related to a claim by North Suffolk Community Services to my insurance company for consideration of claim payment.
- I will inform the office manager at North Suffolk Community Services of any changes to my insurance status.
- I understand that as long as I am Medicaid eligible, I will not be charged any out-of-pocket fees.
- Clients in our addictions program who are without funds or health insurance may apply for subsidized care through the program's contract with the MA Department of Public Health. Other clients can also be evaluated for our sliding fee scale with proof of income.

It is your responsibility to determine whether your insurance covers urine toxicology screens (if applicable for your treatment) provided by an independent laboratory. You are responsible for coordinating insurance information with the independent laboratory and responsible for payment of services not covered by insurance.

OUTPATIENT TREATMENT AGREEMENT

CONSENT FOR TREATMENT:

I consent (or give consent for my child) to receive treatment from North Suffolk Community Services which may include mental health, substance use, medication or other counseling services. I understand that these services are meant to help me with life problems and difficult feelings or mental health symptoms. I understand that I can talk and work with my therapist about my thoughts, feelings and behaviors in order to help me reach my goals, and that my efforts between and in sessions are important to my progress. I understand I may have difficult feelings in therapy and/or between sessions and that if I need help to remain safe it is my responsibility to talk with my clinician about this. I understand that there is no guarantee that I will get better, but that for those who follow through, therapy often leads to improved relationships, relief of emotional distress and healthy solutions to problems.

ATTENDANCE:

I agree to attend all scheduled appointments and to cancel or reschedule only if absolutely necessary. If I need to cancel or reschedule, **I understand I must call at least 24 hours before the appointment time** so that my therapist may attempt to fill that hour with someone waiting for an appointment.

"NO-SHOWS"- MISSING AN APPOINTMENT WITHOUT CALLING, OR CANCELLING WITH LESS THAN 24 HOURS' NOTICE:

I understand that No-Shows are very disruptive to my treatment, take time that another person in need could use, and are a financial burden for the agency. If I miss an appointment without calling due to unavoidable circumstances, I will call to reschedule as soon as possible. I understand that if I do this I must talk with my provider or an engagement clinician and make a new plan for my treatment.

I UNDERSTAND THAT IF I MISS MORE THAN THREE APPOINTMENTS WITHOUT GIVING 24 HOURS' NOTICE IN ANY 4 MONTH PERIOD, I WILL NOT BE OFFERED ANY FURTHER SCHEDULED VISITS, AND THAT MY CASE WILL BE REVIEWED BY THE REVIEW TEAM FOR POSSIBLE CLOSURE.

Summary of Privacy Practices

This notice briefly describes how medical information about you may be used and shared and how you can get access to this information. This is a summary; a more complete and detailed version of this can be found in our official "Notice of Privacy Practices" and is available at every NSCS site and also on the Agency's Website.

If you have any questions about the privacy of your information at NSCS, please contact the Privacy Officer:

301 Broadway
Chelsea, MA 02150
617-912-7998

***"*Protected Health Information (PHI)"** is the technical term for the health care information about you that we collect and maintain as part of your record as a client of NSCS. It can include any information that can identify you and relates to your past, present, or future health, diagnoses, treatment, or payment for treatment.

How We Will Use and Disclose Your Health Information:

Uses and Disclosures for Which Authorization is Not Required
We may legally use and share your information without your authorization, in order to provide your services, access payment for your services, run our organization, carry out fundraising, and to inform you about certain health-related benefits and services.

Uses and Disclosures Allowed or Required By Law
We may use and share your health information for the following purposes, most of which are public health and safety related:

- Emergencies
- Research (some limits)
- As required by law
- To avert a serious threat to health and safety
- To support tissue/organ donation
- Public health systems
- Workman's Compensation authority
- Health oversight

- As required in legal proceedings
- To support law enforcement activities
- Medical examiners or funeral directors
- Military and veterans authorities
- National security initiatives
- Correctional facilities (if incarcerated)

We may also share information with your friends or family in the event of a serious medical situation if it seems in your best interest and you have not or cannot tell us your preference.

In the event of your death, your health information can be disclosed under certain circumstances (see complete notice for details)

Uses and Disclosures of Your Health Information with Your Permission

- If we were to use your health information for marketing ...
- If we were to sell your health information ...
- If we were to share your psychotherapy notes with anyone ...

We would need your signed authorization.

Any other uses and disclosures not described in this Notice of Privacy Practices will only be made with your signed authorization.

Confidentiality of Substance Abuse Records

Health information for any individual with a substance use disorder or addictions diagnosis is protected by additional federal regulations (42 CFR, part 2). We will not share any information about treatment for these diagnoses without your permission except in certain special circumstances.

Confidentiality of HIV/AIDS and Genetic Information

We are prohibited from using or disclosing any PHI related to HIV/AIDS, or genetic information or testing, without your permission.

Your Rights Regarding Your Health Information

With regard to your health information, you have the following rights:

- Right to revoke or amend authorizations
- Right to access and inspect PHI
- Right to receive (for nominal fee) a copy of your PHI in an electronic or paper format within 30 days
- Right to receive a list of those who have received your PHI going back six years
- Right to restrict a provider (NSCS) from sharing information with your insurance company if you pay out of pocket and in full for the service
- Right to have us offer the same respect to any guardian or other person acting on your behalf as we would to you
- Right to have your PHI sent to a third party within 30 days
- Right to confidential communications in a format that suits your preference (email, fax, phone, etc.)
- Right to request an amendment to your PHI if you feel there are errors or information missing
- Right to be notified in the event there is a "breach" (unintentional disclosure) or your PHI is unsecured
- Right to receive a paper copy of the complete "Notice of Privacy Practices," which is available at all NSCS sites

Privacy Complaints

If you believe we have violated your privacy rights, you may file a complaint with us. To file a complaint, please contact our Privacy Officer:

301 Broadway Chelsea MA 02150 617-912-7998

We will not retaliate against you for filing a complaint.

You may also file a complaint with the federal government through the Department of Health and Human Services. You can file a complaint (and find forms that you can print and mail) at the following web address:

http://www.hhs.gov/ocr/privacy/hipaa/complaints. You can also contact them at the phone number and address below:

Office for Civil Rights, DHHS
JFK Federal Building – Room 1875
Boston, MA 02203
(617) 565-1340; (617) 565-1343 (TDD)
(617) 565-3809 FAX

Problem Resolution Procedure (Grievances and Human Rights)

Staff at our programs make every effort to provide the best possible care. However, we encourage you to speak directly to your counselor about any concerns or questions you may have about your care so they can be addressed and resolved.

If, after talking with your counselor, you feel you have been treated or discharged unfairly, you may talk to the Clinical Manager or Director of the program. To reach a manager or director, please call any of the clinics or Central Services at 617-889-4860.

The manager or director will contact you within one week to determine how to resolve the situation. If the grievance is not resolved at this level, you may file a complaint by contacting our Human Rights Coordinator (Quality Management Department) at 617-912-7941. The address there is 301 Broadway, Chelsea, MA 02150.

As a client of a licensed Public Health clinic, you also have the right to contact the Licensing Unit of the MA Public Health Bureau of Substance Addiction Services, 250 Washington Street, Boston, MA 02111; (617) 624-5155.

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HARM REDUCTION GUIDE TO OVERDOSE PREVENTION



WHAT IS HARM REDUCTION?

The goal of harm reduction is to minimize negative health, social and legal impacts associated with drug use.

KNOW THE FACTS

- Any pill or powder can be cut or pressed with fentanyl.
- Use the buddy system: Never use alone.
- Tolerance Changes: If you haven't used in a few days, weeks or years, your body ***can't handle*** the same amount as before.
- Start Low & Go Slow: Heroin laced with fentanyl hits hard and fast. So, start low and go slow.

RECOGNIZE THE RISK

- If you've overdosed once, you are 9 TIMES more likely to overdose again.
- TRY NOT TO MIX DRUGS : Especially ones with the same effect like benzos, clonodine, gabapentin, heroin and alcohol.
  - *If you do mix, use the slow acting one first!*
- EVEN IN SMALL AMOUNTS fentanyl can cause an overdose.
- IF you have not used an opiate in the last 4 days, you are still at RISK OF AN OVERDOSE.



STRATEGIES TO PRACTICE HARM REDUCTION

- Always carry Narcan with you.
- Know your drug dealer.
- Take a tester shot before you use.
- Use a different vein every time you inject.
- Always use new or sanitized equipment.
- Dispose of used needles in a sharps container.
- Consider Medically Assisted Treatment: Methadone, Suboxone, naltrexone/Vivitrol



BE PART OF THE RESPONSE

❑ **CALL 911**

❑ **ADMINISTER NARCAN**

Ask your friends and family to carry Narcan and know how to use it

❑ **PERFORM RESCUE BREATHS**

Rescue breathing, not chest compressions, saves lives!

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June 2021

SAFER SEX 101 FOR HIV

There are now many tools to help prevent HIV.
Here's how to reduce your chance of getting or transmitting HIV through sex.

UNDERSTAND THE RISKS

Some kinds of sex are riskier than others for getting or transmitting the virus.

- Anal sex is when the penis is put inside the anus, and it is the riskiest kind of sex for getting or transmitting HIV. Being the bottom or having your partner's penis inside you is much riskier than being the top or putting your penis inside your partner.
- Vaginal sex is when the penis is put inside the vagina. Either partner can get HIV during vaginal sex, though it isn't as risky as anal sex.
- Oral sex is when the mouth touches the penis, vagina, or anus. There is little to no risk of getting or transmitting HIV from oral sex.
- You can't get or transmit HIV from sexual activities that don't involve contact with body fluids (e.g., touching).

The only way to know your HIV status is to get tested. Knowing your status can give you important information and help you make good decisions to prevent getting or transmitting HIV.

REDUCE YOUR RISK

There are a number of ways you can reduce the risk of getting or transmitting HIV.



- If you have HIV, take HIV medicine, called antiretroviral therapy (ART), as prescribed. Taking HIV medicine as prescribed can make your viral load (amount of virus in your blood) undetectable. If you stay undetectable, you can stay healthy and have effectively no risk of transmitting HIV to your sex partner.
- If you are at risk for HIV, take medicine to prevent HIV called pre-exposure prophylaxis (PrEP). When taken as prescribed, PrEP is highly effective for preventing HIV from sex.
- Take antiretroviral medicine, called post-exposure prophylaxis (PEP), if you think you have been exposed to HIV in the last 72 hours and are not on PrEP.



- Get tested and treated for other sexually transmitted diseases (STDs). Having other STDs increases your risk for getting or transmitting HIV.
- Choose less risky activities like oral sex.
- Use condoms the right way every time you have sex.
- Abstinence (not having sex) is always an option.



The more of these actions you take, the safer you can be.

For more information, please visit **www.cdc.gov/hiv.**

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June 2021

HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV CAN BE TRANSMITTED BY



Sexual Contact



Sharing Needles to Inject Drugs



Mother to Baby During Pregnancy, Birth, or Breastfeeding

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

PROTECT YOURSELF FROM HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Don't inject drugs, or if you do, don't share needles, syringes, or other drug injection equipment.



- If you are at risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.



KEEP YOURSELF HEALTHY AND PROTECT OTHERS IF YOU HAVE HIV

- Find HIV care. It can keep you healthy and help reduce the risk of transmitting HIV to others.
- Take your HIV medicine as prescribed.
- Stay in HIV care.



- Tell your sex or injection partners that you have HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.

For more information, please visit **www.cdc.gov/hiv.**

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor
KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
MONICA BHAREL, MD, MPH
Commissioner
Tel: 617-624-6000
www.mass.gov/dph

KNOW YOUR RIGHTS

You have many rights under 105 CMR164.079 related to your care. There are also 'rules' describing how treatment should be provided. You are encouraged to contact the Department of Public Health, Bureau of Substance Addiction Services (BSAS) to report any potential violations of these rights or rules.

- If a provider completes an assessment and determines that this is not the right level of care for you, the provider must make a referral to the appropriate level of care and support you through the referral process.

- You ***cannot*** be denied admission based only on the results of a drug screen.

- You ***cannot*** be denied admission only because of a medication prescribed to you by a physician. This includes medications such as methadone, buprenorphine, naltrexone, and other medications prescribed for substance use disorder, mental health, or other medical conditions.

- You ***cannot*** be denied re-admission to a program based solely on one of the following happening when you were in the program:

  (1) you left treatment against medical advice;
  (2) you relapsed while in treatment; or
  (3) you filed a grievance or complaint either to the program or to the Bureau of Substance Addiction Services regarding any aspect of your treatment.

IF YOU THINK YOUR RIGHTS OR THE ABOVE RULES AROUND TREATMENT HAVE BEEN VIOLATED, PLEASE CALL THE **BSAS CONFIDENTIAL COMPLAINT LINE** AT **(617) 624-5171**

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Notice of Privacy Practices

North Suffolk Community Services (NSCS)
301 Broadway
Chelsea, MA 02150

This notice describes how health information about you may be used and disclosed and how you can get access to this information. We are required by law to provide you with this notice of our legal duties and privacy practices with respect to your health information. Please review it carefully.

If you have any questions about this Privacy Notice, please contact the Privacy Officer:

Privacy Officer
265 Beach St
Revere, MA 02151
617-912-7736

Introduction

This Notice of Privacy Practices provides you with the following information:

- How we (North Suffolk Community Services) may use and disclose health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law;
- Your rights regarding the health information we maintain about you and a brief description of how you may exercise these rights;
- The obligations we have to protect your health information.

"Protected Health Information (PHI)" is the term for health care information we have collected from you or received from your health care providers, health plans, your employer, or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition; the provision of your health care; and payment for your health care services. PHI also includes any information that identifies you such as name, date of birth, social security number, etc.

We are required by law to maintain the privacy of your PHI. Access to your PHI will be given to staff members and business associates only when there is a legitimate clinical and/or business need for that information. We will attempt to limit the information exchanged to the minimum necessary amount to meet the clinical or business need.

How We Will Use and Disclose Your Health Information

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general but not describe all specific uses or disclosures of health information.

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For each category, we will explain what we mean in general rather than comprehensive terms; we do not cover all possible uses or disclosures of health care information.

I. Uses and Disclosures for Which Authorization is Not Required

A. For Treatment: We will use and disclose your health information without your authorization to provide your health care and any related services. We will also use and disclose your health information to coordinate and manage your health care and related services. An example would be a specialist contacting your primary care physician in order to coordinate services.

B. For Payment: We may use or disclose your health information without your authorization so that the treatment and services you receive are billed to, and payment is collected from, your health plan (health insurance) or other third party payer. Unless, you agree to pay for the services out-of-pocket and restrict the access of information to other entities. This will be waived if you fail to pay the fees for the services received.

C. For Health Care Operation: We may use and disclose health information about you without your authorization for our health care operations. These uses and disclosures are necessary to run our organization and make sure that our clients receive quality care. An example of this would be the Department of Public Health inspecting our client files.

D. Health Related Benefits and Services: We may use and disclose health information to tell you about health-oriented benefits or services that may be of interest to you. If you do not want us to provide you with information about health-related benefits or services, you must notify the Health Information Services Coordinator or Privacy Officer in writing stating your name and address and that you do not want to receive materials about health-related benefits or services.

Fundraising Activities: We may use or disclose health information about you to contact you about raising money for our programs, services, and operation. If we disclose such information, generally we will only release contact information, such as your name, address, and the dates you were provided services. In some cases, we may disclose additional information, such as your physician's name, the department in which the services were provided, and outcome information. If you do not want us to contact you for fundraising purposes, you must notify the Privacy Officer in writing stating your name and address and that you do not want to receive any fundraising solicitations from us so that we can remove you from the list.

II. Uses and Disclosures Allowed or Required By Law

The following uses and disclosures may be made without your consent or authorization. North Suffolk Community Services will keep a log of this type of disclosure and you may request a listing of any disclosure that we have made without your consent or authorization. Please make this request in writing to the Health Information Services Coordinator or Privacy Officer.

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A. **Emergencies:** We may use and disclose your health information in an emergency treatment situation.
B. **Research:** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to protect the privacy of your health information. You may also be provided with a combined written client authorization to use or disclose your PHI during a clinical trial. You have the right to opt out at any time from an unconditioned research activity
C. **As Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.
D. **To Avert a Serious Threat to Health and Safety:** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or 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.
E. **Organ and Tissue Donation:** If you are an organ donor, we may release your health information to an organ procurement organization or to an entity that conducts organ, eye, or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.
F. **Public Health Activities:** We may disclose health information about you as necessary for public health activities including disclosures to:
    - Report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
    - Report vital events such as birth or death;
    - Conduct public health surveillance or investigations;
    - Report child abuse or neglect;
    - Report certain event to the Food and Drug Administration (FDA) by a person subject to the jurisdiction of the FDA including information about defective products or problems with medications;
    - Notify consumer about FDA initiated product recalls;
    - Notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
    - Notify the appropriate government agency if we believe an elderly or disabled adult has been a victim of abuse, neglect, or domestic violence.
    - Provide schools with proof of student immunizations

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G. **Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government programs that oversee the health care system, government benefit programs such as Medicare or Medicaid, and other government programs regulating health care and civil rights laws.

H. **Disclosures in Legal Proceedings:** We may disclose health information about you to a court when a judge orders us to do so. We also may disclose health information about you in legal proceedings without your permission or a judge's order when:
    - You are a party to a legal proceeding and we receive a subpoena for your health information. Normally, we will not provide this information in response to a subpoena without your authorization if the request is for substance abuse records or for information relating to AIDS or HIV status or genetic testing or records of treatment by a licensed mental health professional;
    - Your health information involves communications made during a court-ordered psychiatric examination;
    - You introduce your mental or emotional condition in evidence in support of your claim or defense in any proceeding and the judge approves our disclosure of your health information;
    - You sue any of our clinicians or staff for malpractice or initiate a complaint with a licensing board against any of our clinicians;
    - The legal proceeding involves child custody, adoption, or dispensing with consent to adoption, and the judge approves our disclosure of your health information;
    - One of our social workers brings a proceeding, or is asked to testify in a proceeding, involving foster care of a child or commitment of a child to the custody of the Massachusetts Department Children and Families.

I. **Law Enforcement Activities:** We may disclose health information to a law enforcement official when:
    - You agree to the disclosure; or
    - When the information is provided in response to an order of a court; or
    - We determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
    - The disclosure is otherwise required by law.

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J. **Medical Examiners or Funeral Directors:** We may provide health information about our clients 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 health information about our clients to funeral directors as necessary to carry out their duties.

K. **Military and Veterans:** If you are a member of the armed forces, we may disclose your health information as required by military authorities. We may also disclose your health information to determine your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, we may disclose your health information to that foreign military authority.

L. **National Security:** We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state so they may conduct special investigations.

M. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

N. **Worker's Compensation:** We may disclose health information about you to comply with the Massachusetts Workers' Compensation Law. These disclosures will usually be made only when we have received a court order or when we have received a subpoena for the information.

O. **Disclosures to Family Members and Others Involved in your Care:** We may disclose your health information to your decedent's and others who were involved in your care or payment of your care.

Uses and Disclosures of Your Health Information with Your Permission

Uses and disclosures not described above in this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization." Examples of disclosures that require your written authorization include:

A. Psychotherapy Notes: Most uses and disclosures of psychotherapy notes would require your permission.

B. As part of our efforts to enhance documentation accuracy and efficiency, NSCS staff may utilize an Artificial Intelligence (AI) system that assists in improving record documentation while maintaining compliance with privacy regulations. NSCS would need your

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authorization to use this system. The purpose of this is to improve documentation quality and efficiency within the record and to improve efficiency in the translation of documents within the record. All AI systems use secure, monitored networks and human oversight will always be used to ensure the accuracy of the healthcare record. We will not use your healthcare data in this system for any purposes other than those related to your care unless otherwise permitted by law.

C. Marketing: NSCS would need your authorization to make treatment and health care operations communications to you if NSCS receives direct or indirect payment from a third party whose product or service is being marketed.
D. Sale of PHI: NSCS would need your authorization for sale of your PHI when we receive financial remuneration from or on behalf of the recipient of the PHI in exchange for the PHI; however, there are some exceptions when payment is involved.
E. Other: There are several other kinds of uses and disclosures that require your authorization, which are discussed separately.

Right to Revoke Authorization

You have the right to revoke an authorization at any time. In order to revoke an authorization, please state your desire to do so in writing and send it to the Privacy Officer. If you revoke an authorization, we will not make any further uses or disclosures of your health information under that authorization; however, we will not be able to recall information disclosed per your previous authorization.

Confidentiality of Substance Abuse Records

For individuals who have received treatment, diagnosis, or referral to treatment from our substance or alcohol abuse programs, the confidentiality of their protected health information is protected by additional federal laws and regulations. We may not tell a person outside the programs that you attend or have attended any of these programs, or disclose any information identifying you as a substance or drug user, unless:

- You authorize the disclosure in writing; or
- The disclosure is required by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation purposes.

Patients referred by the criminal justice system whose treatment is a condition of the disposition of criminal proceedings, parole, or other release from custody do not have the right to revoke consent until all goals outlined on the treatment plan have been met or upon receipt of the final disposition of the conditional release.

Genetic Information

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As required by the Genetic Information Nondiscrimination Act, genetic information is health information, and health plans and insurers are prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

Mobile Device Information

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. Your choice to receive text/SMS messages (your opt-in data & consent) will also not be shared with anyone.

Your Rights Regarding Your Health Information

Right to Access, Inspect, and Copy: You can request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment for your care. You must submit your request in writing to our Health Information Services Coordinator or Privacy Officer.

- **Denial of Request:** We may deny your request to inspect or copy your health information, but only in the most limited and unusual circumstances; if your request is denied we will be required to notify you and defend our decision to deny you access. In addition, in some cases, you will have the right to have the denial reviewed by a health care professional not directly involved in the original decision. We will inform you in writing if this level of appeal is available. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.
- **Right to Receive a Copy:** You have the right to receive a copy in the electronic format of your choosing if it is readily producible in that format. If not, we must provide it in at least one readable electronic format. We will make every reasonable effort to accommodate your request. Upon making a proper, formal request, you have the right to expect delivery within 30 days. We may also collect a reasonable fee for labor and supply costs associated with the copying of your health information.

Right to Amend: For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. You must submit your request in writing to our Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- Was not created by us, unless the person or entity that created the information was no longer available to make the amendment;
- Is not part of the health information we maintain to make decisions about your care;
- Is not part of the health information that you would be permitted to inspect or copy; or

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- Is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

Right to an Accounting of Disclosures: You have the right to request that we provide you with an accounting of disclosures that we have made of your health information. An accounting is a list of disclosures. This list will not include disclosures of your health information made for purposes of treatment, payment, and health care operations, or disclosures made based on an authorization.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years, and not include dates before April 14, 2003.

The first accounting you request within a twelve-month period will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

Right to Request Confidential Communication: You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. To request such a confidential communication, you must make your request in writing to the Privacy Officer. We will accommodate all reasonable requests

Right to be Notified in the Event of a Breach: In the event that your Protected Health Information is accessed or used by those not legally entitled or authorized by you, we are required to inform you of the circumstances and make reasonable efforts to mitigate any consequence of the breach.

Right to Restrict Disclosures to a Health Plan: As noted above, if you pay out of pocket, and in full, for the cost of the treatment or service, you can restrict disclosures that would otherwise be made to your health plan(s) for the payment of treatment. If

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you plan to exercise this right, you should speak to your provider or an administrator about it in advance to ensure your wishes are carried out.

Substance Abuse Disorder Treatment:

Records, both oral and written, of the identity, diagnosis, prognosis, or treatment of a NSCS client receiving services for any substance abuse disorder are confidential and may only be disclosed as
follows:

1. With the written consent of the client.

2. To medical personnel to the extent necessary to meet a bona fide medical emergency in which the client's consent cannot be obtained.

3. To qualified personnel for the purpose of conducting scientific research, management audits, financial audits or program evaluation, without further disclosure by said personnel of the identity of any client.

4. By an appropriate Court Order for good cause but only after a Court hearing with notice to the client and to NSCS.

The restrictions on disclosure and use do not apply to communications of information between or among treatment providers at NSCS who have a need for the information in connection with their duties that arise of the provision of diagnosis, treatment, or referral for treatment of clients with substance abuse disorders.

The restrictions on disclosure and use do not apply to communications by treatment providers to law enforcement agencies or officials which are directly related to a client's threat of or commission of a crime on NSCS program premises or against program personnel.

The restrictions on disclosure and use do not apply to the reporting under Massachusetts law of incidents of suspected child abuse and neglect to the appropriate State agency.

PROHIBITION OF REDISCLOSURE BY RECIPIENTS OF SUBSTANCE USE DISORDER INFORMATION

This record which has been disclosed to you is protected by Federal confidentiality rules (42 CFR part 2). These rules prohibit you from using or disclosing this record, or testimony that describes the information contained in this record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority,

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against the patient, unless authorized by the consent of the patient, except as provided at 42 CFR 2.12(c)(5) or as authorized by a court in accordance with 42 CFR 2.64 or 2.65. In addition, the Federal rules prohibit you from making any other use or disclosure of this record unless at least one of the following applies:
(i) Further use or disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or as otherwise permitted by 42 CFR part 2.
(ii) You are a covered entity or business associate and have received the record for treatment, payment, or health care operations, or
(iii) You have received the record from a covered entity or business associate as permitted by 45 CFR part 164, subparts A and E.
A general authorization for the release of medical or other information is NOT sufficient to meet the required elements of written consent to further use or redisclose the record (see 42 CFR 2.31).Covered entities or business associates may disclose a record or information contained in a record in accordance with the federal HIPAA regulations except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the patient.
The entire Federal Law and Federal Regulations entitled "Confidentiality of Substance Use Disorder Patient Records" may be found at Title 42 of the United States Code, Section 290dd-2 and Title 42 of the Code of Federal Regulations Part 2.

Complaints

If you believe we have violated your privacy rights, you may file a complaint at the following address:
North Suffolk Community Services
265 Beach St
Revere, MA 02151
Attention: Privacy Officer
You can also contact the Privacy Officer at 617-912-7736

All complaints must be submitted in writing. We will assist you with writing your complaint if you request such assistance. We will not retaliate against you for filing a complaint. You may also file a complaint with the federal government through the Department of Health and Human Services. You can file a complaint (and find forms that you can print and mail) at the following web address: http://www.hhs.gov/ocr/privacy/hipaa/complaints. You can also contact them at the phone number and address below:

Office for Civil Rights, DHHS
JFK Federal Building – Room 1875
Boston, MA 02203
(617) 565-1340; (617) 565-1343 (TDD)
(617) 565-3809 FAX

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Changes to this Notice

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office, on our website at http://northsuffolk.org/, and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by contacting the Privacy Officer.

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NSCS
North Suffolk
Community Services

NOTICE OF CLIENT RIGHTS

This health center adheres to the patient's rights bill pursuant to MGL Chapter 111: Section 70E.
Patients' and residents' rights. (Effective June 30, 2009)

As a client of this North Suffolk Community Services you have the right:

(a) upon request, to obtain from the facility in charge of his care the name and specialty, if any, of the physician or other person responsible for his care or the coordination of your care;
(b) to confidentiality of all records and communications to the extent provided by law;
(c) to have all reasonable requests responded to promptly and adequately within the capacity of the facility;
(d) to obtain from a person designated by the facility a copy of any rules or regulations of the facility which apply to your conduct as a patient or resident;
(e) upon request, to receive from a person designated by the facility any information which the facility has available relative to financial assistance and free health care;
(f) upon request, to inspect your medical records and to receive a copy thereof in accordance with section seventy,
(g) to refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological, or other medical care and attention;
(h) to refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;
(i) to privacy during medical treatment or other rendering of care within the capacity of the facility;
(j) to informed consent to the extent provided by law;
(k) upon request to receive a copy of an itemized bill or other statement of charges submitted to any third party by the facility for care of the patient or resident and to have a copy of said itemized bill or statement sent to the attending physician of the patient or resident;
(l) if refused treatment because of economic status or the lack of a source of payment, to prompt and safe transfer to a facility which agrees to receive and treat such patient. Said facility refusing to treat such patient shall be responsible for: ascertaining that the patient may be safely transferred; contacting a facility willing to treat such patient; arranging the transportation; accompanying the patient with necessary and appropriate professional staff to assist in the safety and comfort of the transfer, assure that the receiving facility assumes the necessary care promptly, and provide pertinent medical information about the patient's condition; and maintaining records of the foregoing; and
(m) upon request, to obtain an explanation as to the relationship, if any, of the physician to any other health care facility or educational institutions insofar as said relationship relates to your care or treatment, and such explanation shall include said physician's ownership or financial interest, if any, in the facility or other health care facilities insofar as said ownership relates to the care or treatment of said patient or resident;

If you feel that any of your rights have been violated, or if you are not satisfied with services you have received here, the staff asks that you first talk with your clinician and try to resolve the problem.
If resolution is not possible, you may register your concern with North Suffolk's Privacy Officer:

Director of Continuous Quality Management
265 Beach St Revere MA 02151
(617) 912-7736

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Patients' and Residents' Rights

Bureau of Substance Addiction Service (BSAS) Providers shall guarantee the patient or resident, at a minimum, the following rights:

Personal Safety:

- freedom from **physical and psychological abuse**;
- freedom from **strip searches and body cavity searches**;
- **control over** bodily appearance; provided, however, on program premises, the
- program may prohibit attire and personal decoration which interfere with treatment;

Records:

- **access to** the patient or resident record in the presence of the administrator or
- designee, unless there is a determination that access to parts of the record could cause harm to the patient or resident;
- the right to **challenge information** in the patient or resident record by inserting a
- statement of clarification or letter of correction signed by both the clinician and the patient or resident;
- the right to **obtain a copy** of the patient's or resident's records
- the right to have the **confidentiality** of the patient or resident records secured

Treatment and Consent:

- the **right to terminate treatment** at any time, except in the case of an individual committed to treatment under M.G.L. c. 123, § 35;
- freedom from **coercion;**
- treatment provided on a **nondiscriminatory basis**;
- treatment in a manner **sensitive to individual needs and which promotes dignity and self-respect**

Fees:

- **full disclosure regarding fee charged** and, in residential rehabilitation programs, any patient or resident benefits to be contributed;

Grievance:

- the **right to grieve actions** or decisions of the Licensed or Approved Provider regarding the patient's or resident's treatment;
- the **right to contact** the Department, including the BSAS Complaint Line 617-624-5171

Personal Beliefs and Spirituality:

- freedom to practice **religious faith**;
- the right to **request a referral** to a facility that provides treatment in a manner to which the patient or resident has no religious objection;

Screening for Substances:

- drug **screens** conducted in a **manner that preserves the patient's or resident's dignity**
  and, when the drug screen is by urine sample, accommodate any medically confirmed inability to give urine by providing an alternate effective means of screening such as an oral swab

Anti-Discrimination

- You are entitled to services regardless of your primary language, cultural background, race, and or ethnicity
- Interpreter services should be accessible through the program at no cost

Legal Advocacy:

- You have the right to access legal representation and communicate with your attorney while in treatment

BSAS Regulation Online: