



Notice of Privacy Practices
North Suffolk Mental Health Association
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 Mental Health Association) 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.

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.
- E. 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 Mental Health 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.

- 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
- 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.
- 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. **Marketing:** NSMHA would need your authorization to make treatment and health care operations communications to you if NSMHA receives direct or indirect payment from a third party whose product or service is being marketed.
- C. **Sale of PHI:** NSMHA 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.
- D. **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.

Genetic Information

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.

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
- 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 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.

Complaints

If you believe we have violated your privacy rights, you may file a complaint at the following address:

North Suffolk Mental Health Association
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

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, 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.