



## **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. If you have any questions about this notice, please contact the Seven Hills Foundation Director of Quality Assurance/Program Improvement at 508-755-2340 ext 1320.

### **Your Privacy and Our Obligations**

“Protected Health Information” (“PHI”) means health information (including identifying information about you) that we collect from you or your health care providers, health plans, employer or health care clearinghouse. It may include information about your health, as detailed below, health care, and payment for your health care. We are required by law to maintain the privacy of your health information, provide you with this notice of our legal duties and privacy practices with respect to your health information, and comply with the terms of our current Notice of Privacy Practices.

### **In General, Your PHI May Be Used and Disclosed for Treatment, Payment, and Operations Without Your Authorization**

**Treatment:** We will use and disclose your health information to provide, manage, and coordinate your health care and related services. Seven Hills utilizes a multidisciplinary team approach to treatment and support and, as such, your information (electronic, paper, and where medically appropriate pictures or videos that are used to assist the treatment team and authorized outside medical providers with assessment, diagnosis and treatment functions) will be available to all members of your treatment team and across your programs of service. Staff within your treatment team may have access to your health information, including diagnosis and medications (to include psychotropic medications, HIV medications, and medications for the treatment of other serious illnesses) unless otherwise protected by law.

**Coordinating Care with Other Providers:** We may also disclose your health information without your authorization to providers outside of Seven Hills Foundation for the purpose of providing, managing, or coordinating your health care, unless your health information is related to substance abuse or certain mental health treatment, or the results of HIV or genetic tests.

**Payment:** We may use or disclose your health information, including medications, to include psychotropic medications, HIV medications, and medications for the treatment of other serious illnesses, and diagnosis, to include substance abuse, mental health treatment, HIV status, and other protected diagnosis where required to do so to bill to and collect payment from your health plan or other third party payer. These actions may include, for example, determining eligibility

or coverage for health insurance; reviewing your services to determine if they were medically necessary; and obtaining or reviewing prior approval for payment of your care.

**Health Care Operations:** We may use and disclose health information about you for health care operations, which include administrative, financial, and legal activities needed to run our organization. These activities may include, for example, quality assessment and improvement, reviewing the performance or qualifications of our clinicians, audits, training, licensing, accreditation, sharing health information from which identifying information has been removed (“de-identified”) with other health care providers for purposes such as quality improvement, and general business management. Other examples of health care operations are:

**Appointment Reminders:** We may use and disclose your health information to contact you about appointments. For example, we may mail reminders to you or call you. If you want us to provide reminders at a certain phone number or by a certain method: you must make a written Request for “Confidential Communications.”

**Health-Related Benefits and Services:** We may use and disclose health information to tell you about health-related benefits, services, and treatment alternatives that may be of interest to you. If you do not want us to provide you with these services, you must notify the Director of Quality Assurance/Program Improvement in writing at 81 Hope Ave, Worcester, MA 01603.

**Fundraising Activities:** We may use or disclose health information about you to contact you about raising money for our programs, services, and operations. If you do not want us to contact you for fundraising purposes, you must notify the Director of Quality Assurance/Program Improvement in writing at 81 Hope Ave, Worcester, MA 01603.

**Food and Drug Administration (“FDA”):** We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Some Uses and Disclosures May Be Made Without Your Authorization or Opportunity to Object**

**Emergencies:** We may use and disclose your health information, including diagnosis and medications (to include psychotropic medications, HIV medications, and medications for the treatment of other serious illnesses) if we provide or assist in the provisions of health care services to you in an emergency.

**Research:** We may disclose your health information to researchers, but only when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research, established protocols to protect the privacy of your health information and approved the waiver of your authorization.

**To Avert a Serious Threat to Health or 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 others.

**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.

**Public Health Activities:** We may disclose health information about you as necessary for public health activities such as tracking diseases and reporting vital statistics.

**Reporting and Protection of Victims of Abuse or Neglect:** We will report any known or suspected abuse, neglect, mistreatment, or domestic violence as required or authorized by law.

**Health Oversight Activities and Specialized Government Functions:** We may disclose health information about you to a health oversight agency for activities authorized by laws such as fraud investigations and usual incident reporting to agencies that administer eligibility and enrollment in government benefit programs such as Medicare and Medicaid, in compliance with regulatory bodies, or to other government programs regulating health care and civil rights laws. If members of our work force or business associates believe in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities.

**Disclosure 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 certain criteria are met. Some examples of these criteria are:

- You are a party to a legal proceeding and we receive a subpoena. Normally, we will not provide this information without your authorization if the request is for substance abuse records or information relating to AIDS or HIV status or genetic testing.
- The information is a court-ordered examination.
- You sue any of our staff for malpractice or initiate a complaint against any of our clinicians.
- 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 of Social Services or the Rhode Island Department of Children, Youth, and Families, or other appropriately authorized governmental bodies.

**If Required by Law, for Law Enforcement: or for National Security Purposes.**

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

**Military and Veterans:** If you are a member of the armed forces, we may disclose your health information as required by your military command authorities or to determine your eligibility for benefits provided by the Department of Veteran Affairs.

**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 correctional institution or law enforcement official.

**Worker’s Compensation:** We may disclose health information about you to comply with the Massachusetts and Rhode Island Worker’s Compensation Law.

**Business Associates:** We provide some services through contracts with business associates. When our Business Associates perform the functions they perform on our behalf that may mean that the Business Associate will need to have access to protected health information in order to perform their business support function. This includes, but it is not limited to, Business Associates that may perform third-party insurance billing or electronic record related services. To protect your health information, however, whenever a Business Associate performs functions that may require access to protected health information, this organization, in accordance with Federal law requires the business associates to sign a Business Associate Agreement that legally binds them to take steps to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

**The Federal Department of Health and Human Services (“DHHS”):** Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

**Some Uses and Disclosures May be Made Without Your Authorization, But You Have an Opportunity to Object**

**Facility Directories:** We do not maintain client facility directories.

**Persons Involved in Your Care:** We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate. If you are unable to make health care decisions, we will disclose your health information to: your health care agent, your guardian or medication monitor, in most cases of a minor, or the state agency responsible for consenting to your care.

**Uses and Disclosures Requiring Your Permission or “Authorization”**

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. These include most uses or

disclosures of psychotherapy notes, marketing communications, and sales of PHI. Other uses and disclosures *not described in this notice* will be made only with your written authorization. You have the right to revoke or cancel an authorization at any time, but you must do so in writing. If you revoke your authorization, we will not make any further uses or disclosures under that authorization unless we have already acted in reliance upon it.

### **Your Rights Regarding Your Health Information**

**Right to Inspect and Copy:** You have the right to inspect or copy health information used to make decisions about your care. You must submit your request in writing to our Director of Quality Assurance/Program Improvement at 81 Hope Ave, Worcester, MA 01603. If you request a copy, we may charge a fee for the cost of copying, mailing, and supplies, unless you make the request for the purpose of applying for a public benefit. We may deny your request to inspect or copy your health information in certain circumstances. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

- Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- PHI that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
- Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.
- Information that is copyright protected, such as certain raw data obtained from testing.

In some cases, you have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed.

**Right to Amend:** For along as we keep records about you, you have the right to request an amendment of health information used to make decisions about your care. To request an amendment, you must submit a written request to our Director of Quality Assurance/Program Improvement at 81 Hope Ave, Worcester, MA 01603 stating why you believe the information is incorrect or inaccurate. Some of the reasons why we may deny your request: if it is not in writing, does not include a reason to support the request, asks us to amend health information that was not created by us, is not health information that you are permitted to inspect or copy, or the information is accurate and complete. If we deny your request, we will send you a written notice. You can provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement, you may ask that the requested amendment and our denial be attached to 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 future disclosures of the health information that are the subject of your request.

**Right to an Accounting of Disclosures:** You have the right to request an accounting, or list, of disclosures we have made of your health information after April 14, 2003. This list will not include certain disclosures such as those for treatment, payment, and health care operations. To request an accounting, you must submit your request in writing to the Director of Quality Assurance/Program Improvement at 81 Hope Ave, Worcester, MA 01603. The request should state the time period for which you wish to receive an accounting. This period should not be longer than six years. The first accounting you request within a 12-month period is free. You will be charged the cost of providing the accounting for additional requests in the same 12-month period. We will notify you of the charge and you may choose to withdraw or modify your request before we incur any costs.

**Right to Request Restrictions:** You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, or health care operations. You may also ask that part or all of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes. You must request the restriction in writing addressed to the Director of Quality Assurance/Program Improvement at 81 Hope Ave, Worcester, MA 01603. We are not required to agree to a requested restriction. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment. If, however, you request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), we must grant the request if the health information pertains solely to an item or a service for which you have paid for out of pocket, in full.

**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 Director of Quality Assurance/Program Improvement at 81 Hope Ave, Worcester, MA 01603. We will accommodate all reasonable requests. You do not need to give us a reason for the request, but your request must specify how and where you wish to be contacted.

**Right to a Paper Copy of this Notice:** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive this Notice electronically. To obtain a paper copy, contact our Director of Quality Assurance/Program Improvement at 81 Hope Ave, Worcester, MA 01603.

**Right to be Notified of a Breach of Unsecured PHI:** You have the right to be notified, in accordance with DHHS regulation, in the event of a breach of your unsecured PHI.

### **Confidentiality of Substance Abuse Records**

Diagnosis or referral for treatment from our drug and alcohol abuse programs, the confidentiality of drug and alcohol abuse records is protected by federal law and regulations. As a general rule,

we may not tell a person outside the programs that you attend any of these programs, or disclose information identifying you as an alcohol or drug abuser unless:

- You authorize the disclosure in writing; or
- The disclosure is permitted 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 valuation purposes; or
- You threaten to commit a crime either against the program or against any person who works for the program;
- We suspect abuse or neglect of a minor child or adult and we make a report to the appropriate state or local authorities.

A violation of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Please see 42 U.S.C. & 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

### **Our Responsibilities under the Federal Privacy Standard**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Lessen the harm of any breach of privacy/confidentiality.

### **Complaints**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact Seven Hills Foundation at 81 Hope Avenue, Worcester, MA 01603, 508-755-2340 (ext.1320).

You may send a written complaint to the US Department of Human Services, Office of Civil Rights, 200 Independence Avenue SW, Room 509F, HHH Building, Washington DC 20201.

Under no circumstances will you be retaliated against or penalized for filing a complaint.

### **Changes to this Notice**

We reserve the right to change the terms of our Notice of Privacy Practices, and to make the 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 and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by calling us at 508-755-2340 (ext

1320) and requesting that a copy be sent to you in the mail or by asking for one at any time you are at our offices.

**Availability of the Notice of Privacy Practices.**

This notice was updated on February 4, 2014 and is effective on February 4, 2014. This notice will be posted at 81 Hope Avenue, Worcester, MA and at each Office of Seven Hills Foundation and its Affiliates. The notice will also be maintained on our Web site and copies will be available at each site where services are provided for anyone requesting a copy. This information is available in other forms to people with disabilities by contacting the Director of Quality Assurance/Program Improvement at 508-755-2340 (ext. 1320).