NeighborHealth

Your Information
Your Rights
Our Responsibilities

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.

The word "we" in this Notice of Privacy Practices refers to NeighborHealth, including Neighborhood PACE and the following individuals:

- Any health care professional authorized to enter information into your chart.
- Any health care provider who is a member of NeighborHealth Medical and Dental Staff.
- All NeighborHealth workforce members, including employees, staff, volunteers, and other health center personnel.

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you by contacting Medical Records Correspondence at 617-568-4539. • We will provide a copy or a summary of your health information, usually within 30 days of your request.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete by contacting NeighborHealth's Privacy Officer at 617-658-4465. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.
Have someone else exercise your rights when you cannot	• If you are unable to make health care decisions for yourself, and you have given someone medical power of attorney or if someone is your legal guardian or healthcare proxy, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
Ask us to limit what we use or share	• You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information with person(s) outside the health center for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
Get a copy of this privacy notice	• You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting NeighborHealth's Privacy Officer at 617-568-4465. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/ privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you will have the opportunity to agree or object to:	• Sharing information with your family, close friends, or others involved in your care • Contacting you for fundraising efforts, but you can tell us not to contact you again. • Sharing information with agencies responsible for disaster relief efforts (such as the Red Cross or National Guard).
In these cases we never share your information unless you give us written permission:	• Marketing purposes • Sale of your information • HIV treatment, and Substance use disorder treatment.

Our uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example****: We use health information about you to manage your treatment and services.*
Bill for your services	• We can use and share your health information to bill for services we have rendered you.	***Example:*** *We give health information about you to your health insurer so they will pay for your services.*
Contact You	• We may use your health information to contact you with information about treatment and follow-up care instructions or with information about services we provide.	***Example:*** *We may contact you about scheduled or cancelled appointments, registration or insurance updates, billing or payment matters, pre-procedure assessment, satisfaction surveys or test results.*

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, *see*:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues	• We can share health information about you for certain situations such as: ○ Preventing disease ○ Helping with product recalls ○ Reporting adverse reactions to medications ○ Reporting suspected abuse, neglect, or domestic violence ○ Preventing or reducing a serious threat to anyone's health or safety ○ Reporting gunshot or stab wounds
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you: ○ For workers' compensation claims ○ For law enforcement purposes or with a law enforcement official ○ With health oversight agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

In some circumstances, federal law prohibits disclosure of substance use records without your written permission. In addition, we will generally ask for your consent or a judge's order before we share certain sensitive information about you such as: certain Psychotherapy Documentation; HIV testing or test results; Consent for Abortion; Sexually Transmitted Diseases; Genetic Test Results; Social Worker Communications; Domestic Violence Victim Counseling; Sexual Assault Victims Counseling.

Our Responsibilities

What are we responsible for?

Our responsibilities	• We are required by law to maintain the privacy and security of your protected health information. • We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. • We must follow the duties and privacy practices described in this notice and give you a copy of it. • We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time, unless action on your previous authorization to disclose information was already acted upon. Let us know if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.
How long we keep your information?	We record health information in paper, electronic, or photographic form and keep them for at least 20 years following discharge or final treatment. Other records are maintained in accordance with state and federal laws or regulations. A copy of our retention guideline for medical records is available upon request.

Changes to the terms of this Notice	We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

We participate in health information exchanges (HIE), such as Epic's Care Everywhere. We use HIEs as a method to share, request, and receive electronic health information with other health care organizations. For questions, or if you want to opt-out of sharing your information through HIE, contact us by using the information below.

Contact Us

How to get in touch with us to request a copy of your medical record, request an amendment to your medical record, request an accounting of disclosures, request a restriction, request confidential communications, or file a complaint.

Privacy Office	• 10 Gove Street, East Boston, MA 02128 • Office Number: 617-568-4465
Medical Records (*For medical records requests)*	• Office Number: 617-568-4539

The effective date of this Notice is April 2023