

Harbor Health Services, Inc.

Complies with HIPAA (Health Insurance Portability and Accountability Act of 1996) regarding the security and confidentiality of your medical record information.

The following are “your rights” regarding the privacy of your healthcare information. Referred to as “PHI” or “Protected Healthcare Information”.

Your Medical Record

Uses and Disclosures of Patient Information

PHI (Protected healthcare information which is your medical record information) may be used and released by:

- Your Physician or Nurse Practitioner
- Our office staff
- And others outside of our office that are involved in your care and treatment for the purpose of providing quality health care services to you.

For the purpose of:

- Paying your health care bills
- To support the normal business operation of the providers practices
- To participate with government compliance activities to prevent fraud and abuse.

Important:

- You may at any time request a listing of our business associates and normal business activities which may require the disclosure of your PHI (e.g. medical record) information.
- We will make all reasonable efforts to communicate your rights in a language you understand.
- We will only release information from someone other than you, if you have named another individual to us as an authorized party to receive your PHI (e.g. medical record information).
- In the event of an emergency, we will make all reasonable efforts to secure consent from you prior to treatment.
- If you are unable to provide consent, we will only release information from your medical record that is minimally necessary for someone to provide care to you safely and we will notify you of that released medical record information when it is more appropriate.
- Any uses or disclosures, other than those permitted, would be made only with an authorization.

Treatment

We will use and release your PHI (e.g. medical record information) to other third parties, such as:

- Physicians
- Specialists

- Laboratory
- Hospital personnel in order to provide, manage and/or coordinate your health care and other related services.

Payment

Your medical record information will be used as needed to obtain:

- Payment for your health care services which includes your insurance company reviewing your medical record for medical necessity.

Healthcare and Business Operations

We may use or release your PHI in order to perform:

- Quality care assessment activities
- Employee review activities
- Training of medical students
- Government compliance activities and internal clinical studies
- To provide you with educational information about treatment alternatives and other health related information.
- To offer you information about our organization that we believe will be good for you to know.

You may contact our Privacy Officer if you do not wish to receive these materials.

Federal, State and Local Law Enforcement

We may use or release your PHI, which is required for law enforcement purposes. These law enforcement purposes include:

- Legal processes and otherwise required by law
- Limited information requested for identification and location purposes
- Pertaining to victims of a crime
- Suspicion that death has occurred as a result of criminal conduct
- In the event that a crime occurs on the premises of the practice or Medical emergency and it is likely that a crime has occurred (not on the premises)
- Judicial or administrative proceedings
In response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized)
- In certain conditions in response to a subpoena, discovery request or other lawful process
- To prevent or lessen a serious and immediate threat to the health or safety of a person or the public
- We may also release PHI if it is necessary for law enforcement authorities to identify or apprehend an individual
- To comply with worker’s compensation laws and other similar legally established programs

Public Health

We may release your PHI to a public health authority as required by law for purposes of:

- Controlling disease, injury or disability, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- To receive reports of child or adult abuse, neglect, or domestic violence.

Government Agencies

We may release PHI to a government health oversight agency, which oversees the health care system, its government benefit and regulatory programs and/or civil right laws for activities authorized by law, such as:

- Provider chart audits
- Investigations
- Inspections
- To report adverse events, product defects or problems, biologic product deviations, tract products
- To enable product recalls; to make repairs or replacement
- To conduct post marketing surveillance or for activities deemed necessary by appropriate military command authorities for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military service
- To authorize federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized

Coroners, Funeral Directors, and Organ Donation

We may release PHI to a coroner, medical examiner, and/or funeral director for:

- Identification purposes
- Determining cause of death
- For the coroner or medical examiner to perform other duties authorized by law
- To release such information in reasonable anticipation of death
- To be used and released for cadaver organ, eye or tissue donation purposes.

Research

We may release your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI (e.g. medical record information).

We may use or release your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

“Your Rights”

- You have the right to inspect, copy, amend and/or restrict use of your PHI.
- Your physician is not required to agree to allow access, accept a request for an amendment or restriction that you may request, especially if the physician believes disclosure of PHI could put a patient in harms way. Reasons as to a request denial will be provided to you in writing.
- If your physician agrees to a requested restriction, we may not use or release your PHI unless it is an emergency situation.
- There may be a charge imposed on you for copying the records as allowed by state law.
- You may not copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.
You have the right to request to receive confidential information from us by alternative means or at an alternative location.
- You may receive an accounting of certain disclosures we have made, if any, of your PHI that occurred after April 14, 2003 for purposes other than treatment, payment or healthcare operations. It excludes disclosure we may have made to you, for a facility directory, to authorize family members or friends involved in your care, or for notification purposes. Please see our Privacy Officer for more details.
- You have a right to receive a paper copy of this notice if this was sent to you electronically.
- You have a right to opt out of receiving fundraising communication.
- You have a right to know if a breach of unsecured Protected Health Information
- Complaints may be made to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer at:

Harbor Health Services, Inc. @ 617-533-2282

“Patient Responsibilities”

As a Patient of Harbor Health Services, Inc. you are responsible to:

- Treat staff with respect, consideration and dignity.
- Provide complete and accurate information about your current and past state of health, including past illnesses, hospitalizations and the medications you are taking.

- Talk to us about your pain and options for minimizing it.
- Ask questions when you do not understand what we are saying or asking you to do.
- Inform us if you perceive there may be a problem with your care.
- Inform us immediately if you believe your rights have been violated, to express grievances, or to offer suggestions.
- Assist our health center in providing a safe environment by sharing your observations if you perceive unsafe conditions or practices.
- Collaborate with medical and nursing staff to make a plan for tests and treatments with the goal of being as healthy as possible, and understand that your health may worsen if you choose not to follow a provider's recommendation.
- Follow the plan of treatment as discussed and recommended by the health professional and assume responsibility if you refuse treatment or do not follow the plan
- Pay all financial costs relating to your care in a timely manner, this includes co-pays at the time of visits.
- Keep your appointment or cancel it at least twenty-four hours before the scheduled time.
- Respect the community by placing cell phones/pagers on manner mode.

Approved Patient Care Committee 11/09/2005

Harbor Health Services, Inc.

Ellen Jones Community Dental Center
 Geiger Gibson Community
 Health Center
 Harbor Community Health Center – Hyannis
 Neponset Health Center

NOTICE OF PRIVACY PRACTICES, PATIENTS
 RIGHTS AND PATIENT RESPONSIBILITIES

