

DotHouse Health 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.

DotHouse Health (DHH) and its affiliated physicians or providers make a record each time you receive health care services. Your medical records have information about your symptoms, examination, test results, diagnosis and billing for services. The law requires DHH to keep your health information private and also to tell you about how it keeps health information private. DHH is required to abide by the terms of the Notice of Privacy Practices (NPP) currently in effect. You can always request a copy of this Notice from our Registration area. You may also view the Notice on our web site:

<http://www.dothousehealth.org>.

This Notice applies to DHH and the following individuals or organizations:

- Any health care professional authorized to enter information into your health center chart.
- Any health care provider who is a member of the DHH Medical and Dental Staff.
- All DHH workforce members, including employees, medical staff, volunteers and other health center personnel and affiliates.
- DHH and affiliate organizations share medical information for treatment, payment, and health care operations purposes as described in this Notice.

HOW WE MAY USE AND DISCLOSE (RELEASE) HEALTH INFORMATION ABOUT YOU

Use means sharing health information inside DHH. Disclosure means release of health information outside DHH. We may use and disclose health information in the following ways without getting specific permission:

- **Treatment, Payment, Health Care Operations**
 - **Treatment** – to provide, coordinate or manage your health care and related services. Doctors, nurses, technicians, medical students and others involved in taking care of you share medical information about you. Your treatment includes working with people involved in your care before and after your DHH

services. For example, DHH may disclose information to (1) an ambulance service that takes you to or from DHH; (2) a rehabilitation center or home health agency that will be caring for you; and (3) other doctors who may be treating you, such as the doctor to whom a DHH provider refers you or who is otherwise involved in your care.

- **Payment** for Treatment - to help DHH obtain payment for your health care services. Payment activities include (1) checking eligibility or referral from a health plan; (2) reviewing need for and use of services; and (3) sending bills to your insurance company.

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- **Health Care Operations** – to help run DHH or to check the quality of care that you receive. For example we may combine information from multiple sources about patients to review their care. We may also use health information to review employees’ performance; train students; help meet health center licensing and accreditation rules; and market and raise funds for DHH. We may disclose your health information to “Business Associates” that we hire to help us, such as billing and computer companies, or accountants. All Business Associations must assure us in writing that they will safeguard your health information.

Other Permitted Uses and Disclosures

DHH may also use and disclose your health information for the following:

- **Appointment Reminders:** sent to you about medical treatment or care.
- **Health-Related Benefits and Services and Treatment Alternatives:** sending information about treatment alternatives or other health-related benefits and services that may interest you.
- **Fundraising Activities:** contacting you about DHH fundraising efforts. Any materials received will contain information on how to remove yourself from the fundraising list.

➤ Uses and Disclosures Requiring an Opportunity to Agree or Object

For the following uses and disclosures of health information we must provide an opportunity for you to

agree or object:

- **Patient Directory/Register:** your name and location while at DHH may be disclosed to persons who ask for you by name in a manner in which your confidentiality is protected.

If you are unable to object or agree, DHH may include you in the directory and disclose your directory information if it is determined it is in your best interest to do so. If you become able to agree or object you will be given an opportunity to express your wishes. If you object to being included in DHH Directories, we will not disclose your information to anyone who asks for you, including but not limited to florists, the United States Postal Service, family, friends, clergy, and anyone else asking for you or your location.

➤ Persons Involved in Your Care

- To people involved in your care or in payment for your care such as family members, relatives, close friends or other persons you identify.
- When you are not present we may use professional judgment and your best interests and decide to disclose relevant information to an individual who is directly involved in your health care.

➤ Notification

- To notify your family or other person responsible for your care of your location, general condition, or death.

➤ Disaster Relief Purposes

- To authorized public or private entities to assist in disaster relief efforts.
- To coordinate uses and disclosures to individuals involved in your care.

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➤ **Uses or Discloses that do not Require Your Permission**

DHH may use or disclose your protected health information in some cases without your authorization. The following list describes the ways this may happen. Not every use or disclosure in a category will be listed. But we provide a brief description in certain cases.

- **As required by law**
- For **Public Health Activities**: to prevent or control disease, injury, or disability; to report child abuse or neglect; or as otherwise authorized by law; to report reactions to medicine or problems with products; to notify a person exposed to a contagious disease.
- To **prevent a serious threat** to health or safety.
- For **Lawsuits and Administrative Proceedings**: To respond to court or administrative order; to respond to a subpoena or lawful request.
- To **your employer** for evaluation of work related illness or injury or for medical surveillance purposes.
- For **law enforcement purposes**: To respond to a warrant, identify suspects, or to report crime on DHH property.
- To **report suspected abuse and neglect** of the elderly, disabled, or nursing home patients to appropriate government agencies.
- To comply with laws relating to **Workers' Compensation** or other similar programs.
- To **correctional institution or law enforcement**, if you are an inmate of a correctional institution or in law enforcement custody, to provide you with health care; to protect the health and safety of yourself or others; for health and safety of correctional institution

- To **Coroners and Medical Examiners**: To identify, determine cause of death or perform other duties.
- To **Funeral Directors** to carry out their duties.
- To **Health Oversight Agencies** for activities such as audits or inspections to oversee the health care system or government programs
- **Research uses and disclosures permitted without authorization**: Reviews of information to prepare research; research on dead person's information; or research use or disclosure with an approved waiver of authorization. Such waivers require special review and approval.
- **Special Government Activities**:
 - For Military Activities:
To appropriate military command authorities as required, if you are U.S. armed forces personnel; and for foreign military personnel, to appropriate foreign military authorities.
To Authorized Federal Officials
 - For lawful national security purposes,
 - To provide protective services for the President and others.

➤ **Uses and Disclosures that Require Written Authorization**

Other uses or disclosures of your record will be made only with your written authorization. Disclosures requiring written authorization include drug and alcohol treatment records, mental health records, and AIDS/HIV and genetic testing information. You may withdraw an authorization at any time; however, we are not able to take back disclosures that we have already made with your authorization. Also, you cannot

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withdraw an authorization that was a condition of obtaining insurance coverage. All withdrawals must be made in writing. Contact the DHH Privacy Officer (617) 740-2358.

➤ **Your Rights Regarding Medical Information About You**

Regarding medical information we maintain about you, you have the right to:

- request restrictions on uses and disclosures of your record for treatment, payment or health care operations. All requests must be made in writing. The law does not require us to agree to restriction requests. For emergency treatment, we may use or disclose restricted information. The right to request restrictions does not apply to uses and disclosures required by law.
- request confidential communications of protected health information in a certain way or at a certain place. All requests must be made in writing. If we accept your request, we will require you to provide information about payment handling, alternate address, and contact method.
- inspect and copy protected health information that may be used to make decisions about you. This does not include psychotherapy notes, clinical laboratory data or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding. The law permits us to charge a fee for copying costs.
- request us to amend information that may be used to make decisions about you. We are not required to agree to your request. We may deny your request if:

(1) DHH did not create the information, unless the person or entity that created the information is no longer available to make the amendment; (2) the information is not part of the information kept by or for DHH to make decisions about you; (3) the information is not part of the information that you are allowed to inspect or copy; or (4) the information is complete and accurate. You must request an amendment in writing and supply a reason to support your request.

- receive an accounting of certain disclosures of your protected health information. The accounting right does not apply to disclosures that you have authorized or to disclosures for treatment, payment, and health care operations.
- obtain a paper copy of this Notice upon request.

How to Exercise these Rights or Get More Information

About This Notice

To exercise your rights or for more information about matters in this notice, please contact:

DHH Privacy Officer
1353 Dorchester Avenue
Dorchester, MA 02122
(617)740-2555

How to File a Complaint

If you believe your privacy rights have been violated or to file a complaint, please call the Privacy Officer at **(617) 740-2555**.