

Health and Education Services, Inc. **NOTICE OF PRIVACY PRACTICES**



Health & Education Services, Inc.
A member of Northeast Health System

131 Rantoul Street
Beverly, MA 01915

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 Privacy Notice, please contact our Privacy Officer at (888) 682-2224, extension 401 or e-mail from our web page - <http://www.hes-inc.org>

I. Introduction

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected health information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, or your employer. 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.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health

information. We are also required to comply with the terms of our current Notice of Privacy Practices.

II. How We Will Use and Disclose Your Health Information

A. Uses and Disclosures That May Be Made With Your Written Consent

1. **For Treatment.** Once you have signed our *Consent to Use and Disclose Health Information*, we will use and disclosure your health information 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. In addition, with your authorization, we will disclose your health information to another health care provider (e.g., your primary care physician or a laboratory) working outside of HES.

2. **For Payment.** Once you have signed *our Consent to Use and Disclose Health Information*, we may use or disclose your health information so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer.

3. **For Health Care Operations.** Once you have signed our *Consent to Use and Disclose Health Information*, we may use and disclose health information about you for our operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. We may combine the health information of many of our consumers to decide what additional services we should offer, what services are no longer needed, and whether certain new treatments are effective. We may also combine our health information with health information from other providers to compare how we are doing and see where we can make improvements in our services. When we combine our health information with information of other providers, we will remove identifying information so others may use it to study health care or health care delivery without identifying specific clients. We may also use and disclose your health information to contact you to remind you of your appointment.

4. **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related 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 Site or Program Director at the HES site where you receive services.

B. Uses and Disclosures That May be Made Without Your Consent or Authorization, But For Which You Will Have an Opportunity to Object.

1. **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 or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. We may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care.

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 physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. If you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.

If you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to:

- your health care agent if we have received a valid health care proxy from you,
- your guardian or medication monitor if one has been appointed by a court, or
- if applicable, the state agency responsible for consenting to your care.

C. Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object.

1. **Emergencies.** We may use and disclose your health information in an emergency treatment situation. We will attempt to obtain your Consent as soon as reasonably possible after we provide you with emergency treatment. If a clinician is required by law to treat you and your treating clinician has attempted to obtain your Consent but is unable to do so, the treating clinician may use or disclose your health information to treat you.

2. **Communication Barriers.** We may use and disclose your health information if one of our clinicians attempts to obtain Consent from you, but is unable to do so due to substantial

communication barriers. However, we will only use or disclose your health information if the clinician determines in his/her professional judgment that, without the communication barriers, you likely would have consented to use or disclose information under the circumstances.

3. **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 ensure the privacy of your health information.

4. **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

5. **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 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.

6. **Public Health Activities.** We may disclose health information about you as necessary for public health activities including, for example, 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 to the Food and Drug Administration (FDA) or to a person required by the FDA to report certain events including information about defective products or problems with medications;
- notify consumers 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 you have been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain your

agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.

7. **Medical Examiners or Funeral Directors.** We may provide health information about our consumers 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 consumers to funeral directors as necessary to carry out their duties.

8. **Military and Veterans.** If you a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining 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.

9. **National Security and Protective Services for the President and Others.** 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 or so they may conduct special investigations.

10. **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.

11. **Workers' 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, sometimes, when we have received a subpoena for the information.

III. Uses and Disclosures of Your Health Information with Your Permission.

Uses and disclosures not described in Section II of this *Notice of Privacy Practices* will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we

have already taken an action relying upon the uses or disclosures you have previously authorized.

IV. Your Rights Regarding Your Health Information.

A. Right to Inspect and Copy.

Per agency *Policy and Procedure, # 20-8*, you have the right to 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 of your care. Usually, this includes clinical and billing records. You must make your request known in writing to your assigned clinician or case worker, the site or program director or the human rights officer for the site or program where you receive services from HES. If you are unable to put this request in writing by yourself, you may request assistance from any of the above HES staff or another person. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or copy your health information in certain limited circumstances, according to our *Policy and Procedure, #20-9*. In some cases, you will have the right to have the denial reviewed by a team of neutral health care professionals, not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request will be reviewed. Once the review is completed, we will honor the decision made by the team of neutral health care professionals..

B. Right to Amend.

For as long as we keep records about you, you have the right to request an amendment to any health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this includes clinical and billing records. You must make your request for an amendment, in writing, to your assigned clinician or case worker, the site or program director or human rights officer at the site or program where you receive services from HES, telling us why you believe the information is incorrect or inaccurate. If you are unable to put this request in writing by yourself, you may request assistance from any of the above HES staff or another person.

Per our *Policy and Procedure # 20-8*, we may deny your request for an amendment if you can not provide in writing 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 health information is 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.

C. Right to an Accounting of Disclosures.

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. This list will not include certain disclosures of your health information, for example, those we have made for purposes of treatment, payment, and health care operations. To request an accounting of other disclosures, you must submit your request in writing to your assigned clinician or case worker, the site or program director or the human rights officer at the site or program where you receive services from HES. Please submit your request on a form called a ***Request For Accounting***, which you may obtain from any of the HES staff listed above. 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.

D. 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 any 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 as described in Section II(B)(1) of this Notice of Privacy Practices.

To request a restriction, you must either include it (with our approval) in the *Consent for Use or Disclosure* form or request the restriction in writing addressed to your assigned clinician or case worker, the site or program director or the human rights officer at the site or program where you receive services from HES. Please submit this on the *Request for Restriction* form, which can be obtained from any of the staff listed above. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

E. Right to Request Confidential Communications.

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 known in writing to the site or program director at the site where you receive services from HES. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted. We will honor this request only for the duration of the current treatment episode. If your case is closed with HES and then reopened, you must make a confidential communication request again.

F. 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 of Privacy Practices* electronically, you may still obtain a paper copy. To obtain a paper copy, contact your assigned clinician or case worker, the site or program director or the human rights officer at the site where you receive services from HES.

V. Confidentiality of Substance Abuse Records

For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or 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 any 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 evaluation purposes; or
- you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.

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.

Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities.

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.

VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. Per our ***Policy and Procedure, #2-3***, to file a complaint with us, contact the site or program director or human rights officer at the site or program where you receive services from HES. In addition or instead, you may contact our Compliance Officer at (978) 921-1292, extension 555. We will not retaliate against you for filing a complaint.

VII. 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 and at each site where we provide care. You may also obtain a copy of the current ***Notice of Privacy Practices*** by accessing our website at <http://www.hes-inc.org> or by calling the site or program where you receive services from HES and requesting that a copy be sent to you in the mail. You may also ask for a copy any time you are at our offices.