

Notice of Privacy Practices 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.**

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 you.

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. Please feel free to ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Please feel free to ask us how to do this.
- 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 cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share (outside of The Home for Little Wanderers) certain health information for treatment, payment, or our operations. We are not required to agree to your request. We may say “no” if it would affect your care.
- If you pay for a service 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 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). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, 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.
 - State law defines some occasions when a minor can consent to their own treatment.
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File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting The Home's Privacy Officer at 617-267-3700, or by emailing HIPAA@thehome.org, or by writing to:
HIPAA Privacy Officer
Risk Management and Compliance, The Home for Little Wanderers
399 Lincoln Avenue, Walpole, MA 02081
 - 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.
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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 have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

We may share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
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In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
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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 both inside and

Example: Your/your child's clinician at The Home may discuss treatment with your/your child's clinician at another

outside of The Home.

agency.

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 your health information for monitoring quality of care.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about your treatment to your health insurance plan so it will pay for your services.

Contact you

- We can contact you at the address and telephone numbers that you give to us, including leaving messages at the telephone numbers.
 - We can contact you at the e-mail address or other contact information you provide to assist us in activities described in this Notice.
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Example: We may contact you about scheduled or cancelled appointments.

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:
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to your or anyone's health or safety
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Do research

- We can use or share your information for health research.
 - We can remove identification and combine information from many clients for reports and studies that may be shared widely
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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.
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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.
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Address workers' compensation, law enforcement, and other government requests

- We will 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
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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.

When do we need your written permission before sharing your health information? We will not share your health information for other purposes not described in this Notice unless you give us your written permission. We are also restricted by state and other federal laws from sharing other highly sensitive health information without your written permission.

Generally, we will ask for your consent before we share certain sensitive information such as:

- Records of treatment received at federally funded substance use disorder programs
- Certain psychotherapy documentation
- HIV testing or test results
- Genetic information
- Confidential communications with a licensed clinical provider

Laws that protect this information do have many exceptions. For instance, as indicated above, we may share your health information without your consent if necessary to report suspected child or elder abuse or neglect, and for other purposes as allowed by law.

You may cancel an authorization or consent at any time in writing or, in certain limited situations, orally, except if we have already relied upon it. For example, if we already shared your health information with someone whom you previously gave us written permission, we cannot get it back.

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 will also conduct a thorough investigation when warranted.
- 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. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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.

Effective Date of Notice: June 1, 2023