



**THE DIMOCK CENTER POLICY MEMORANDUM**

Check Which Applies:  Corporate Policy / Procedure  
 Departmental Policy / Procedure

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**TO:** Patients, Providers, Nurses, Department Heads, Supervisors and Corporate Staff

**SUBJECT:** NOTICE OF PATIENT PRIVACY PRACTICES

**DATE ISSUED:** February 2017

**EFFECTIVE DATE:** February 2017

**SUPERCEDES / REVISES:** All previous Notices of Patient Privacy Practices

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**WRITTEN BY:** Compliance Department

**APPROVED BY:** Compliance Committee; Dimock Health Services Board

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**INTRODUCTION:** This notice describes how the medical information of patients of The Dimock Center (“Dimock”) may be used and disclosed and how patients can get access to this information. Please review it carefully.

**PATIENT RIGHTS:**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**PATIENT CHOICES:**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services
- Raise funds



## **THE DIMOCK CENTER'S RIGHTS, USES AND DISCLOSURES**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

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## **PATIENT 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. 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.
- If we deny you access, we must provide you with a review of the decision to deny access. Reviewable grounds for denial include:
  - When a licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
  - When the personal health information makes reference to another person, other than healthcare provider, and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause harm to such other person.
  - The request is made by the individual's personal representative and a licensed healthcare professional has denied, in the exercise of professional judgment, that providing access to the personal representative is reasonably likely to cause substantial harm to the individual or another person.

### **You do not have the right of access to the following:**

- Psychotherapy notes: such notes comprise those that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a



private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.

- Information compiled in reasonable anticipation of or for use in civil or criminal proceedings or administrative actions.
- Any of your health information that is subject to the Clinical Laboratory Improvement Amendments of 1988 (to the extent that the provisions of access to the individual would be prohibited by law).
- Information obtained from someone other than a health care professional under the promise of confidentiality and the access requested would be reasonably likely to reveal the sources of the information.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. 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 office 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 certain health information for treatment, payment, or our operations.
- The consent you have signed allowing us to use and disclose your individually identifiable health information provides you the ability to request a restriction. If no restriction requested, the consent form will stand as is. 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 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, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.



### **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.

### **File a complaint if you feel your rights are violated**

- If you would like to file a complaint with The Dimock Center, please contact us:
  - Compliance Department at the following email: [SafetyCompliance@dimock.org](mailto:SafetyCompliance@dimock.org)
  - Alexandra Kozak, Clinical Director, Behavioral Health: 617-442-8800 ext. 1643.
  - Dianne MacDonald, Director of Health Center Operations: 617-442-8800 ext. 1282.
- If you feel your concern is not adequately addressed by the above individuals or are not satisfied, you can also 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- By law, we will not retaliate against you for filing a complaint.

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## **PATIENT 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 to provide appointment reminders
- Include your information in a hospital directory
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### **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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## **DIMOCK'S RIGHTS, 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.

- There are some services provided in our organization through contacts with business associates. When these services are contracted, Dimock may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- 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 and get payment from health plans or other entities.
- Example: We give information about you to your health insurance plan so it will pay for your services.

## **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](http://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

## **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.

### **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. Let us know in writing if you change your mind.

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

## Other Instructions for Notice

### Disclosure for Treatment Purposes by Mental Health Providers under Massachusetts Law

May the provider disclose patient information without patient consent for treatment purposes in non-emergency situations?

- Psychologists: Only if (a) information is shared with another professional pursuant to a consultation and (b) the psychologist undertakes best efforts to safeguard the patient's identity, unless identifiable information is necessary for the consultation to be successful. Psychologists may not share if treating a MassHealth patient.
- Allied mental health professionals (mental health counselors, marriage and family therapists, rehabilitation counselors, educational psychologists): The provider may disclose patient information without patient consent for treatment purposes only if (a) information is shared with another professional pursuant to a consultation and (b) the professional undertakes best efforts to safeguard the patient's identity.
- Social Workers: Only if (a) the patient has been informed of the disclosure in advance and has not objected to it, (b) the recipient is responsible for ensuring the adequacy and/or continuity of professional services for that patient and the disclosure relates to that responsibility, (c) the disclosure is limited to what is reasonably necessary, and (d) the recipient is required to keep the information confidential.
- Psychiatrists: Yes.
- Mental health facilities and community-based programs: Only if it is not practical to obtain the patient's consent and doing so is in the "best interest" of the patient. Mental health facilities may not share if treating a MassHealth patient.
- Sexual assault counselors and domestic violence victims' counselors: No.

251 Mass. Code Regs. 1.11(1); Mass. Gen. Laws ch. 112, § 135A; 258 Mass. Code Regs. 22.04(1); Mass. Gen. Laws ch. 112, § 172; 262 Mass. Code Regs. 8.02(3); 104 Mass. Code Regs. 27.17(9)(b); 45 C.F.R. § 164.508(c); 104 Mass. Code Regs. 27.17(9)(c), (d); 104 Mass. Code Regs. 28.09(4)(b), (c), (d); 130 Mass. Code Regs. 417.437(B), 425.423(B), 429.436(B); 130 Mass. Code Regs. 411.413(B). Mass. Gen. Laws ch. 233, §§ 20J, 20K.

### Confidentiality of Alcohol and Drug Abuse Patient Records regulations (42 C.F.R. Part 2\*)

Is patient consent required under Part 2?

- Emergency treatment: No.
- Non-emergency treatment: Yes.
- Billing insurers: Yes.
- Care management: Yes.
- Quality improvement: Yes.

\*Part 2 governs only "federally assisted alcohol and drug abuse treatment programs." Part 2 permits a federally assisted program to disclose information to a "qualified service organization" assisting the program in carrying out certain functions such as billing or quality reviews. A qualified service organization is similar to a business associate under HIPAA and must sign a "qualified service organization agreement" with the program. However, the qualified service organization may not disclose information to any other party without patient consent.



**CONTACTING COMPLIANCE:**

Send e-mail inquiries to: [SafetyCompliance@dimock.org](mailto:SafetyCompliance@dimock.org)

Telephone: (617) 442-8800 x 1481; 1462; 1468

*APPLICABILITY: Agency-wide. Department Heads and Supervisors are responsible for making the appropriate staff members aware of this policy / procedure.*