

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that require it to coordinate your care or to notify your family and friends of your location or condition during a disaster. Whenever practicable, we will provide you with the opportunity to consent to or object to such disclosures.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information
3. Uses and disclosures of Protected Health Information related to Substance Use Disorder (SUD) treatment, as required to comply with specific patient rights and protections under applicable regulations.

Any uses and disclosures of Protected Health Information not addressed in this Notice or governed by applicable laws will require your written authorization. You may revoke your authorization at any time, and we will cease to disclose Protected Health Information based on that authorization. However, any disclosures made prior to the revocation of your authorization will remain unaffected.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have the right to inspect and obtain copies of Health Information used to make decisions about your care or payment for your care. This includes medical and billing records, but excludes psychotherapy notes. We are required to make your Protected Health Information available to you within 30 days and may charge a reasonable fee for copying, mailing, or other associated expenses. No fee will be charged if the information is needed for a claim under the Social Security Act or any other needs-based benefit program. In certain limited situations, we may deny your request; if this occurs, you have the right to have the denial reviewed by a licensed healthcare professional who was not involved in the initial decision, and we will adhere to the outcome of that review.

Right to a copy of Your Medical Record. You have the right to request that a copy of your record be provided to you or sent to another individual or entity. The record will be delivered in

a readable hard copy format. We may charge a reasonable, cost-based fee to cover the labor involved in preparing and providing the medical record.

Right to Get Notice of a Breach. You have the right to be notified in the event of a breach involving any of your unsecured Protected Health Information.

Right to Amend. If you believe that the Health Information we hold is incorrect or incomplete, you may request an amendment to the information. You have the right to request such an amendment as long as the information is maintained by or on behalf of our office.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures of your Health Information that were made for purposes other than treatment, payment, and health care operations, or for which you provided written authorization.

Right to Request Restrictions. You have the right to request restrictions on how we use or disclose your Health Information for treatment, payment, or health care operations. You can also ask us to limit the Health Information shared with those involved in your care, such as a family member or friend. For instance, you might request that we not disclose details about a specific diagnosis to your spouse. We are not obligated to honor your request unless it involves restricting information shared with a health plan for payment or health care operations, and the information pertains to a service you have fully paid for “out-of-pocket.” If we agree, we will comply with your request unless the information is needed for emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket for a specific item or service and requested not to bill your health plan, you can ask that your Protected Health Information for that item or service not be disclosed to the health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request specific ways or locations for communication about medical matters, such as contacting you only by mail or at work. Please specify your preferred method or location, and we will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this notice. You may request a copy at any time, even if you have chosen to receive it electronically.

You may obtain a copy of this notice at our website, www.dimock.org.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, **in the bottom right hand corner.**

QUESTIONS AND COMPLAINTS:

If you have questions about this notice, believe your privacy rights have been violated, or wish to exercise any of your rights listed above, please contact:

The Dimock Center
ATTN: Compliance Department
55 Dimock Street
Roxbury, MA 02119
Phone: (617) 581-9797

You may also file a written complaint with the U.S. Department of Health and Human Services and we will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

Notice of Privacy Practices

Administrative Office:

55 Dimock Street
Roxbury, MA, 02119

Website: www.Dimock.org

THIS NOTICE EXPLAINS HOW
YOUR MEDICAL INFORMATION
MAY BE USED AND DISCLOSED,
AND DETAILS YOUR RIGHTS
REGARDING ACCESS TO YOUR
PROTECTED HEALTH
INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Accredited by:



OUR OBLIGATIONS:

We are required by law to:

1. Maintain the privacy of protected health information.
2. Give you this notice of our legal duties and privacy practices regarding health information about you.
3. Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following outlines how we may use and disclose your Health Information. Except as detailed below, we will use and disclose Health Information only with your written consent, which **you may revoke at any time**.

For Comprehensive and Inclusive Care. We collect demographic information, including race, ethnicity, preferred language, disability, gender identity, and sexual orientation to tailor our services and programs to better meet your individual needs and preferences. Demographic information will never be used to discriminate against or stigmatize any individual or group. We will not disclose your demographic information to any third parties without your explicit consent, except as required by law.

For Treatment. We may use and disclose Health Information to facilitate your treatment and related health care services. For example, we might share Health Information with physicians, nurses, or other healthcare professionals, including those outside our office, who are involved in your care and require the information to provide medical services.

For Payment. We may use and disclose Health Information to process billing and secure payment for the treatment and services you received, whether from you, an insurance company, or a third party. For instance, we may provide your health plan with information to facilitate payment for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations. These activities are essential for ensuring quality care for all patients and for managing our office effectively. For instance, we may use and disclose information to maintain the quality of obstetrical or gynecological care you receive. Additionally, we may share information with other entities that have a relationship with you, such as your health plan, for their health care operations.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to remind you of upcoming appointments. Additionally, we may use and disclose Health Information to inform you about alternative treatment options or health-related benefits

and services that may be relevant to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with individuals involved in your medical care or payment for your care, such as family members or close friends. We may also inform them of your location, general condition, or disclose information to entities involved in disaster relief efforts.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received separate treatment, for the same condition. The project will go through a special approval process prior to use or disclosure. Without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made **only** to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but **only** if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner that may be necessary to identify a deceased person or determine cause of death, and to funeral directors as needed.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary

- (1) for the institution to provide you with health care;
- (2) to protect the health and safety of yourself and others; or
- (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT:

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your Protected Health Information to a designated family member, friend, or relative involved in your care. If you are unable to agree or object, we may disclose such information if we believe it is in your best interest based on our professional judgment.