

# NOTICE OF PRIVACY PRACTICES

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**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 Notice of Privacy Practice (“Notice”), please discuss it with the staff member of Eliot Community Human Services, Inc. (“Eliot” or “we”) involved with your care. You may also speak with the Eliot’s Privacy Officer, the Program Director or Human Rights Officer, or their supervisors.**

## **I. INTRODUCTION:**

This Notice of Privacy Practices (“Notice”) describes how Eliot may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice applies to the privacy practices of all Eliot programs. The Notice also describes the obligations we have to protect your privacy as well as your rights regarding the protected information we maintain about you. Anyone who is a client of the organization and receives services at any of our locations will receive a copy of this Notice. A copy of the current Notice is also posted at each of Eliot’s offices and is available on our website at: [www.eliotchs.org](http://www.eliotchs.org).

### Protected Health Information

Protected Health Information (“PHI”) is any information about your past, present or future health care, or payment for such care.

### Our Responsibilities

We are required by law to maintain the privacy of your protected health information (“PHI”) and to provide you with this Notice of our legal duties and practices with respect to it. We will not use or disclose your PHI without your authorization, except as described by this Notice. You may request a paper copy of this Notice at any time.

## **II. HOW WE MAY USE AND DISCLOSE YOUR PHI.**

We may use and disclose your PHI for many different reasons. For some of these uses or disclosures, we need your written authorization. Below we describe each category of uses and disclosures and provide you with some examples. Except when disclosing PHI relating to your treatment, payment or health care operations, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

### **A. Uses and Disclosures That May Be Made For Treatment, Payment and Operations:**

1. For Treatment: We may use or disclose your PHI to manage, coordinate and provide your health care treatment and related services. For example, we may disclose information without your authorization to Eliot team members, our clinicians and other staff (including clinicians other than your therapist or principal clinician) who are involved with managing and providing your care. In addition, we may disclose information to other non-Eliot providers, such as your physician, therapist, social worker, or other health

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care personnel, or when treatment is solely provided for the purpose of creating PHI for disclosure to a third party, or when research related treatment requires disclosure of PHI. In such cases, we will obtain your authorization.

2. **For Payment:** We may use or disclose your PHI without your authorization so that the treatment and services you receive are billed to, and payment is collected from your health plan or other third-party payers. For example, we may disclose your PHI to permit your health plan to take certain actions before your health plan approves or pays for your services. Your health plan may verify that services billed were actually provided to you or to determine if the insurer will approve future treatment. Your health plan may ask us to share your PHI in order to determine if the plan will approve additional visits to your provider, such as your therapist. Other reasons may include but not be limited to:
  - Making a determination of eligibility or coverage for health insurance;
  - Reviewing your services to determine if they were medically necessary;
  - Reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
  - Reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.
3. **For Operations.** We may use and disclose your PHI without your authorization for health care operations that are necessary to run our organization and to ensure that our clients receive quality care. These activities may include:
  - Quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administrative activities.
  - We may combine the PHI of many of our clients to decide what additional services we should offer, which services are no longer needed, and whether certain new treatments are effective. We may also combine our PHI with that of other providers to compare how we are doing and determine where we can make improvements in our services. When we combine our PHI with the PHI of other providers, we will remove all identifying information so others may use it to study health care or its delivery without identifying specific clients.
  - We may use and disclose your PHI to contact you to remind you of your appointment or to communicate a scheduling change.
  - We may use and disclose your PHI to inform you about possible treatment options or alternatives that may be of interest to you.
4. **Marketing and Fundraising.** We may contact you as part of fundraising efforts. If you do not wish to be contacted for such purposes, you have the right to opt out of receiving such communications.

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

In order to provide you with an appropriate level of service quality, we are permitted to use and disclose your PHI in the following ways. You have the opportunity to object to such practices.

- **Facility Directory:** Eliot maintains a limited facility directory within our residential programs and Crisis Stabilization Service for the purpose of allowing individuals to locate you. Only your name and telephone number will be given to callers who ask for you by name. If you are admitted to one of our residential programs or the Crisis Stabilization Service, you will have an opportunity to object to being included in our facility directory. If you choose NOT to be included in the directory, you will not be identified as a resident and your directory information will not be provided.

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- **Persons Involved in Your Care.** If you are physically present and have the capacity to make health care decisions, your PHI may only be disclosed with your agreement to persons you designate to be involved in your care. However, we may use or disclose your PHI, as permitted by law.
- C. **Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object:**
- There are certain circumstances in which we are permitted and/or required to use and disclose your PHI without your authorization, for which you are not given an opportunity to object.
- Emergencies
  - Research
  - As Required By Law
  - To Avert a Serious Threat to Health or Safety
  - Organ and Tissue Donation
  - Public Health Activities
  - Health Oversight
  - Medical Examiners or Funeral Directors
  - Military and Veterans
  - National Security and Protective Services for the President and Others
  - Workers' Compensation

**III. USES AND DISCLOSURES OF YOUR PHI WITH YOUR PERMISSION:**

All other uses and disclosures of your PHI not otherwise or previously covered by this Notice generally will require your written permission, or an "Authorization," except as provided by law. Examples of uses and disclosures that require your authorization include, but are not limited to, most uses and disclosures of psychotherapy notes, drug and alcohol abuse treatment records, HIV testing or test results, uses and disclosures for marketing purposes if Eliot receives financial remuneration, and disclosures that constitute sale of PHI. Further, Eliot is prohibited from selling your PHI without your express written authorization. You have the right to revoke an Authorization at any time. And if you do so we will not make any further uses or disclosures of your PHI under that Authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized. To revoke an Authorization, contact your Primary Clinician, the Program Director or the Privacy Officer. All revocations must be submitted in writing.

**IV. YOUR RIGHTS REGARDING YOUR PHI:**

You have certain rights with respect to your PHI maintained by Eliot, as follows:

- A. **Right to Inspect and Copy:** You have the right to inspect or copy your PHI that is used to make decisions about your care involving treatment or payment. Usually, this includes clinical and billing records, but does not include psychotherapy notes. To request an inspection and/or obtain a copy, you must submit your request in writing. In some instances, a summary of your PHI may be provided and, if you request a copy of your PHI, we may charge a fee for the cost of copying, mailing and supplies associated with your request. We may deny your request to inspect and/or copy your PHI in certain limited circumstances. If we deny your request, we will send you a written notice of the denial stating the basis for the denial. In some cases, you will have the right to appeal a denial, and we will inform you of this in writing. If so, it will be reviewed by a licensed health care professional not directly involved in the original decision to deny access. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.
- B. **Right to Amend:** For as long as we keep records about you, you have the right to request us to amend any PHI used to make decisions about your care, whether they are decisions about your care involving

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treatment or payment. Usually, this includes clinical and billing records. To request an amendment, you must submit a written request indicating why you believe the PHI is incorrect or inaccurate, and how you want it changed. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend PHI that:

- was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- is not part of the PHI we maintain to make decisions about your care;
- is not part of the PHI 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 PHI 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 PHI that are 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 or, in other words, a list of instances when your PHI has been released. You may request an accounting as far back as six years, except requests for electronic disclosures relating to treatment, payment or health care operations which are limited to three years. The accounting will not include (i) non-electronic disclosures relating to treatment, payment or health care operations; (ii) disclosures if you gave your written authorization to share the information; (iii) disclosures shared with individuals involved in your care; (iv) disclosures to you about your health condition; (v) disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement officials who have custody of you. We will respond to your request within sixty days of receiving it. The first accounting you request within a twelve-month period will be free. For additional requests during the same twelve-month period, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time.
- 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)(2) of this Notice. You must make your request in writing to your Primary Clinician, Program Director, or Privacy Officer. 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. We may terminate a restriction when medically or legally necessary, but we will contact you prior to any such termination.
- E. **Right to Restrict Disclosure:** You have the right to restrict certain disclosures of PHI to a health plan if you pay out of pocket in full for the health care service.
- F. **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. To request such a confidential communication, you must make your request in writing to your Primary Clinician or Program Director. We will

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accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how and where you wish to be contacted.

- G. **Breaches:** Individuals whose PHI has been breached will be notified in writing as required by law.

**V. CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS**

For clients 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 further protected by federal law and regulations (42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal 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.

A violation by us 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.

**VI. REVISIONS TO THIS NOTICE:**

Eliot reserves the right to change the terms of this Notice. We also reserve the right to make the revised or changed Notice effective for all PHI we already have about you as well as any PHI we receive in the future.

We will post a copy of the current Notice at each program site where we provide care. You may also obtain a copy of the current Notice by calling the Eliot program involved in your care, and requesting that a copy be sent to you in the mail or by asking for one any time you are at the program site office.

**VII. COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer listed below. To file a complaint, you may also ask to speak to your Primary Clinician or the Program Director who will assist you with writing your complaint upon request.

**Privacy Officer**

Eliot Community Human Services, Inc.  
125 Hartwell Ave.  
Lexington, MA 02420  
781-861-0890

You may also file a complaint with the Secretary of the United States Department of Health and Human Services, Office of Civil Rights, at (617) 565-1340.

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