ELIOT COMMUNITY HUMAN SERVICES

Including programs operated under the name Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)

NOTICE OF PRIVACY PRACTICES

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	Your Choices	Our Uses & Disclosures
• Get a copy of your records • Request corrections • Request confidential communications • Ask us to limit what we share • Get a list of disclosures • Choose someone to act for you • File a complaint	• Family/friends in your care • Disaster relief • Facility directory • Reproductive health care	• Treat you • Run our organization • Bill for your services • Public health & safety • Legal compliance

If you have any questions about this Notice, please discuss it with the staff member involved in your care. You may also speak with Eliot's Compliance Officer, the Program Director or Human Rights Officer, or their supervisors.

About This Notice

Protected Health Information ("PHI") is information about you that may identify you and that relates to your past, present, or future physical or mental health condition, health care services, or payment for those services.

Substance Use Disorder Records ("SUD Records" or "Part 2 Records") are records relating to the diagnosis, treatment, or referral for treatment of a substance use disorder that are created by a program subject to federal confidentiality regulations under 42 C.F.R. Part 2. SUD Records receive additional protections under federal law, as described in the Part 2 Supplement section of this Notice.

The Eliot Release Form is the document you may be asked to sign that authorizes specific uses or disclosures of your PHI, including Part 2 Records for non-TPO purposes (such as sharing records with a lawyer, a family member, or a specific provider at your request). It is a single form that covers all Eliot programs. If you are in a Part 2 Program, you will also be asked to sign a separate Consent for Treatment, Payment, and Health Care Operations ("TPO Consent") that authorizes routine sharing of your SUD Records for your ongoing care, payment, and Eliot's operations.

Your Rights

When it comes to your health information, you have the right to:

Get a copy of your medical record

You have the right to ask to see or get a 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.

Ask us to correct your medical record

You have the right to ask us to correct your health information if you think it is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

You have the right to 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 have the right to ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

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 have shared your information

You have the right to ask for a list (accounting) of the times we have shared your health information for purposes other than treatment, payment, and health care operations, and for certain other disclosures (such as any you asked us to make). You may request an accounting going back six years. We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per 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 Notice

You have the right to 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

You have the right to complain if you feel we have violated your rights by contacting us using the information at the end of this Notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

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
- Include your information in a facility directory

If you are admitted to any of our 24-hour programs, you will have an opportunity to object to being included in our facility directory. This directory is not publicly available — it is used only to confirm your presence and provide your telephone number to callers who ask for you by name. If you choose NOT to be included, you will not be identified as a resident.

If you are not able to tell us your preference — for example, if you are unconscious or otherwise unable to communicate your preference — 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.

We will never share your information for:

- Marketing purposes
- Sale of your information

We require your written permission before sharing:

- Psychotherapy notes (psychotherapy notes require their own separate authorization per 45 CFR §164.508(b)(3)(ii))
- Your reproductive health care information for the purpose of conducting an investigation into or imposing liability against you for seeking, obtaining, or facilitating lawful reproductive health care, or identifying you for such purposes

Our Uses and Disclosures

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 organization, improve your care, and contact you when necessary. This may include quality assessment, reviewing clinician performance, training students, licensing, accreditation, and general administrative activities.

We may use your PHI for population health management activities, such as analyzing service needs, evaluating treatment effectiveness, and comparing our outcomes with other providers to improve care. When we share information for these purposes, we remove identifying information so you cannot be identified.

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.*

Other payment activities may include determining eligibility or coverage, reviewing services for medical necessity, prior authorization, utilization review, or justifying charges for your care.

Contact you

We may use your health information to contact you with appointment reminders, scheduling changes, information about treatment options or alternatives, or follow-up care instructions.

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 safety. We have to meet many conditions in the law before we can share your information for these purposes:

- Help with public health and safety issues (preventing disease, product recalls, reporting adverse reactions, reporting suspected abuse or neglect, preventing or reducing a serious threat to health or safety)
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests (including military, national security, and protective services)
- Respond to lawsuits and legal actions (unless stricter state standards apply)

Business Associate relationships

Eliot Community Human Services serves as a Business Associate to certain state agencies. If you receive services through one of these agencies, your PHI may be disclosed to that agency as permitted by law and our contractual agreement. These agencies include:

- Massachusetts Department of Mental Health (DMH)
- Massachusetts Department of Developmental Services (DDS)

Sensitive information requiring your written authorization

We will generally ask for your written consent or a judge's order before we share certain sensitive information about you. You provide this consent by completing the Eliot Release Form and specifically checking and initialing the relevant categories. These categories include:

- Substance Use Disorder (Alcohol/Drug) records — see Part 2 Supplement below
- Domestic Violence Counseling
- Sexual Assault / Rape Crisis Counseling
- HIV/AIDS test results or related information
- Sexually Transmitted Diseases
- Genetic Testing Results
- Family Planning Services
- Psychotherapy notes (require separate written authorization per 45 CFR §164.508(b)(3)(ii))

Revoking Your Authorization or Consent

You have the right to revoke an authorization or consent at any time. Revocation requests for TPO Consent and consent for other purposes must be submitted in writing.

Revocation will not affect disclosures already made in reliance on the authorization or consent. To revoke, contact your Primary Clinician, the Program Director, or the Compliance Officer.

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you signed a consent authorizing disclosures to elements of the criminal legal system, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information and your SUD Records.
- 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.

For More Information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to 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, at each program site, and on our website at www.eliotchs.org.

NOTICE OF ADDITIONAL PROTECTIONS OF SUBSTANCE USE DISORDER RECORDS

Our Notice of Privacy Practices ("HIPAA NPP") applies to all Eliot clients. If you receive treatment, diagnosis, or referral for treatment in one of our designated Substance Use Disorder Programs ("Part 2 Programs"), the confidentiality of your records in such programs ("Part 2 Records") is subject to further protections under 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.

This supplement describes: how your Part 2 Records may be used and disclosed; your rights with respect to Part 2 Records; and how to file a complaint concerning a violation of the privacy or security of your Part 2 Records. You have a right to a copy of this Notice and to discuss it with Eliot's Compliance Officer if you have any questions.

General Rule

Your Part 2 Records may not be used or disclosed without your written consent except as expressly permitted by law. A violation of the federal law and regulations governing the confidentiality of SUD Records is a crime. Suspected violations may be reported to the authorities described below.

Permitted Uses and Disclosures Without Your Consent

There are limited circumstances when your Part 2 Records may be used or disclosed without your consent:

- Medical emergencies, to medical personnel to the extent necessary to meet a bona fide medical emergency
- Scientific research, when the researcher has provided adequate protections for your identity and the research protocol has been reviewed by an Institutional Review Board
- Audit and evaluation activities by authorized personnel
- Reports of suspected child abuse or neglect, as required by state law
- Pursuant to a court order that meets the requirements of 42 C.F.R. Part 2, Subpart E
- Communication with other staff within the Part 2 Program who need the information for diagnosis, treatment, or referral, or persons with direct administrative control over the program
- To qualified service organizations providing services to us or on our behalf
- To law enforcement if you commit, or threaten to commit, a crime in our facilities or against our personnel
- To a public health authority if the information has been properly de-identified

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

Consent for Treatment, Payment, and Health Care Operations (TPO)

When you enter a Part 2 Program at Eliot, you will be asked to sign a separate Consent for Treatment, Payment, and Health Care Operations ("TPO Consent"). By signing this consent, you authorize Eliot to share your SUD Records with your treating providers, health plans, third-party payers, and people helping to operate the Part 2 Program for the purposes of your treatment, payment for your services, and our health care operations.

This consent will remain in effect indefinitely unless and until you revoke it. Signing this consent is a condition of receiving treatment in a Part 2 Program. If you decline to sign, Eliot may not be able to provide treatment to you in that program.

Redisclosure

General rule: *Part 2 Records disclosed pursuant to your written consent may not be further disclosed by the recipient without a new consent from you, unless otherwise permitted by law.*

Redisclosure for TPO: Records disclosed to another Part 2 program, covered entity, or business associate pursuant to your written consent for TPO may be further disclosed by that entity to the extent the HIPAA

regulations permit — **except that your Part 2 Records may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you.**

Other purposes: Our Part 2 Programs may make uses and disclosures not described above only with your written consent.

Revoking Your Consent

Your rights to revoke consent for Part 2 Records are described in the "Revoking Your Authorization or Consent" section above. In summary: revocation requests for TPO Consent and consent for other purposes must be submitted in writing. If you revoke your TPO consent, Eliot may no longer be able to coordinate your care or continue providing treatment in that program.

Uses or Disclosures in Legal Proceedings

Your Part 2 Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you provide specific written consent or a Part 2 compliant court order authorizes such disclosure.

- Court-ordered disclosure requires notice and an opportunity for you and/or our Part 2 Program to be heard, as required by 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.
- A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

Your Additional Rights for Part 2 Records

As a client in our Part 2 Programs, you have all the rights listed in the HIPAA NPP above, plus:

- The right to request restrictions on disclosures made with your consent for TPO purposes.
- The right to an accounting of Part 2 Records made with your consent, including disclosures for TPO purposes (when made through an electronic health record), for up to three years prior to your request.

Reporting a Part 2 Violation

If you believe your Part 2 rights have been violated, you may report the violation to:

- **Eliot's Compliance Hotline:** (781) 861-0890 ext. 2508 (or ext. 2294 if you prefer to speak directly to the Compliance Officer)
- **SAMHSA/CSAT:** infobuprenorphine@samhsa.hhs.gov
- **U.S. Department of Health and Human Services:** Office for Civil Rights, www.hhs.gov/ocr/privacy/hipaa/complaints/

Contact Information

For questions about this Notice, to exercise any of your rights, or to file a complaint:

Compliance Officer Eliot Community Human Services 125 Hartwell Avenue Lexington, MA 02421 781-734-2050	**U.S. Dept. of Health and Human Services** Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 1-877-696-6775 https://www.hhs.gov/hipaa/filing-a-complaint/index.html

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