Examples of How UCHC May Use or Disclose Your Health Information

- Use means sharing health information inside UCHC.
- Disclosure means release of health information outside of UCHC. You may give us or disclose health information in the following ways without getting specific permission.

**Treatment**

Your primary doctor, optometrist, dentist, nurse practitioner, physician assistant, nurse, paraprofessional or health care student involved in taking care of you at UCHC may use your health information to provide, coordinate or manage your health care and related services.

**Examples**: A physician, nurse, or other member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary care giver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

**Payment**

UCHC may use your health information to get paid for the health care services we have provided to you.

**Examples**: UCHC may bill a third-party payer, such as your health insurance company. The information on or sent with the bill may include identifying information that identifies you, your diagnosis, treatment received, and supplies used.

**Healthcare Operations**

Healthcare operations are activities that all health care facilities, including UCHC, perform to make sure you are receiving appropriate and quality care you received.

**Example**: Members of the medical staff or quality improvement professionals may use information in your health record to assess care and outcomes in your care and the skill of the caregivers. We will use this information to audit our health information to provide, coordinate or manage your health care and related services and we will use this information to audit our healthcare operations.

**Appointment Reminders & Other Care Issues**

We may contact you by telephone or by postcard or other methods to remind you about appointments or refills (by telephone or other mail) to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fund-raising**

We may contact you, typically by mail, as part of a fund-raising effort. You have the right to opt out of this process and request not to receive such fund-raising materials.

**For the following uses and disclosures of health information, you must provide you with the opportunity to agree or object.**

**Communication with family**

Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

**Notification**

To notify your family or other person responsible for your care, or for public health purposes, as required by law.

**Disaster Relief Purposes**

To authorized public or private entities to assist disaster relief efforts.

**Patient Directory**

Unless you notify us that you object, we will use limited information, including location the facility, for directory purposes. If it is determined that it is in your best interest, this information may be provided to our staff or others to help coordinate your treatment or to inform other persons who ask for you by name.

UCHC may use or disclose your protected health information in some cases without your authorization. The following list describes the ways this may happen. Not every use or disclosure in a category will be listed, but we provide a brief description in certain cases.

**Public Health**

As required by law, we may disclose your health information to public health authorities charged with preventing or controlling disease, injury, disability or death.

**Food and Drug Administration (FDA)**

We may disclose to the FDA health information relative to adverse effects / events with respect to foods, drugs, supplements, products, medical devices, their safety and effectiveness or to enable product recalls, repairs or replacement.

**Health Oversight Agencies**

We may disclose health information to agencies who are authorized to make such disclosures, as required by federal, state, or local law.

**As Required by Law**

Sometimes, we may disclose health information for purposes, as required by law, to persons such as law enforcement officials, court officials or government agencies.

**For Example**: Reports of suspected child, elder or adult abuse or neglect; state law requires that we disclose information to appropriate state or local authorities if we believe such information is required to prevent a serious threat to health or safety.

**Worker’s Compensation**

We may disclose health information to the extent authorized by law to pay for work-related injuries or illnesses.

**Research**

On occasion UCHC may use or disclose health information to help conduct research. Most of the time, you will be notified and asked for authorization to be in the research study. On rare occasions, and after UCHC staff performs special review and approval, we may participate in a research study where the requirement to obtain authorization is waived (referred to as Institutional Review Board or IRB approved). In such cases, UCHC staff will follow established protocols to protect the privacy of your health information.

**Coroners and Medical Examiners**

As required by law, if we are notified that death of the person identified by you has occurred we will release appropriate information, or when we have reason to believe that death has occurred.

**Federal and State Laws**

We will disclose health information so that they can monitor, investigate, inspect, disclose or license those who work in the health care field or for audits intended to oversee government benefit programs.

**HIPAA Privacy Standards**

Under the HIPAA privacy standards, we are not required to disclose any health information that DHHS requests as necessary for them to determine our compliance with those standards. Your information may be requested.
p. Please note that before we disclose your health information to any of the above-listed entities or individuals, we will make sure of their legal authority to receive such information. Additionally, please feel certain that whether we disclose your information orally, over the telephone or in person, or in writing, via U.S. Postal Service, E-mail or facsimile transmission, we have policies and procedures in place to ensure that the intended recipient receives the information in a confidential and private manner.

Uses and Disclosures That Require Your Authorization

Other uses or disclosures of your record (not specifically identified above) will be made only with your written authorization. Specific disclosures requiring written authorization in addition to the uses and disclosures include alcohol and drug treatment records, mental health records, records of sexual assault and domestic violence, and genetic testing information. In addition, under Federal law, UCHC must get your written authorization before (a) disclosing psychotherapy notes (which are personal notes your behavioral health provider may keep separate from your medical record) (b) using or disclosing your health information in a certain form of communication (mail); (c) making any disclosure that constitutes a sale of protected health information; and (d) withdrawing your authorization at any time; however, we are not able to take back disclosures that we have already made with your authorization. All withdrawals must be in writing.

YOUR RIGHTS Under the Federal HIPAA Privacy Standards

Although your health records are the property of the Upham’s Corner Health Committee, Inc. (UCHC) you have certain rights with regard to the information contained therein.

You have the right to:

• Request that we communicate with you by alternative (other) means or at alternative (other) location. If the requested method of communication is reasonable, we must grant the request. UCHC reserves the right to require you to write your request as writing and to provide an accurate address to which we can send billing correspondence (mail).

• Request that uses and disclosures of your health information for UCHC’s purposes, treatment, payment and health care operations be restricted. “Health care operations” is defined as activities that are carried out to carry the operations of a health care facility, an example of such activities would be quality assurance audits and peer provider chart reviews. All requests must be made in writing.

• If we grant the requested restriction, we will adhere to it unless you request otherwise or we give you advance notice. Please note that we are not required to agree to all requested restrictions; however, we are required to agree to your request to restrict disclosure of your health information to a health plan (your medical insurder) concerning a specific item or service which you (or someone on your behalf) have paid for in full.

• Obtain (get) a copy of this notice of information practices and any amendment to it. To obtain a copy of this notice, you must sign a request to receive it. Additionally, we have posted a copy in major locations throughout our facilities and on our website, you have the right to a paper copy upon request.

• Inspect and receive a copy the information in your medical record. In certain situations, such as if we access would cause harm, we transmit in a way. In other limited situations, your provider may deny your request for access. If this is the case, you have the right to have the request that a different UCHC provider review the denial. If we deny your request for access, we will give you written notification and explain the reason for the denial and what your rights are, including how to seek review. If you exercise your right to a review, UCHC must process this request and notify you of the review decision, in writing, within 30 days from the date of the review was requested.

• If we allow access, we will notify you and explain what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

• Request in writing that UCHC amend your health information. We are not required to agree to your request. We may deny your request if:

  1. The records are not available to you according to state or federal law.
  2. The record is accurate and complete.
  3. We did not create the record. If, as in the case of a consultation report from another provider, we cannot know whether it is accurate, we will so indicate in such a record.
  4. You seek amendment from the provider who created the record. If they amend the information, we will amend our records afterwards.

• If we deny your amendment request, we will notify you in writing that we will not amend your record; we will explain why we made that decision and provide you with the name, address, telephone number and Business Manager who made the decision.

• Request in writing that we restrict certain uses and disclosures of your protected health information. To request restrictions, you must specify what information you want to restrict, the purpose for the restriction and whether you want us to notify you if the information is disclosed. If we grant the requested restriction, we will adhere to it unless you request otherwise or we give you advance notice. Please note that we are not required to agree to all requested restrictions; however, we are required to agree to your request to restrict disclosure of your health information to a health plan (your medical insurder) concerning a specific item or service which you (or someone on your behalf) have paid for in full.

In addition to providing you your rights, as described herein, the federal HIPAA privacy standard requires us to:

• Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.

• Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we maintain about you.

• Abide by (follow) the terms of this notice.

• Train our staff on privacy and confidentiality laws as well as the UCHC procedures in place to comply with such laws.

• Investigate and mitigate (lessen the harm of) any breach of confidentiality of which we become aware.

We will not use or disclose your health information without your written consent or as otherwise required by law.

How to Report a Problem

If your privacy rights have been violated, please contact the Privacy Officer at Upham’s Corner Health Committee, Administration Department, 500 Columbia Road, Dorchester, MA 02125, (617)-287-8000 x8131. If you feel that we have not adequately addressed your concerns, you may contact the Privacy Officer at for an address or contact the Secretary of the Department of Health and Human Services by calling (202) 615-0275 or 877-696-6775.

You will not be penalized for filing a complaint.

Note About the Destruction of Clinical Medical Records

Massachusetts General Law-chapter 111, section 70 requires the amount of time for a clinic, licensed by the Department of Public Health (DPH) to maintain medical records of patients who no longer receive care at a clinic. According to the stated time period, the clinic is allowed to destroy the medical records in order to make records for new patients. This law states that a clinic may destroy a record 20 years after the final treatment of the patient and after notifying DPH that the records are no longer used. DPH will maintain medical records of all patients in accordance with applicable law. Periodically, medical record data is reviewed to determine which records meet the criteria for destruction. UCHC will only destroy records of patients who have not been treated by the health center in over 20 years, and, will do so only after notifying DPH of UCHC’s intent to destroy (following the notification process established by DPH). [This policy is only applicable to records of departments covered by the clinic license].

We reserve the right to change our practices and to make the revisions effective for all protected health information (PHI) in our possession, including previously received PHI. Should our information practices change, we will post such changes in a public location within our buildings and make available a revised notice.