

Your Information.
Your Rights.
Our Responsibilities.



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

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 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 summary of your health information, usually within 30 days of your request. We may charge fees as allowed by the state.

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. 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’ve shared information

- You can ask us 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 they have this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 4.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

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 the 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
- 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 these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of your psychotherapy notes

In the case of fund raising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our 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 or share your health information and share it with other professionals who are treating you	Example: We use health information about you to manage your treatment and services
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	Example: A doctor treating you for an injury asks another doctor about your overall health condition.
Bill for your services	We can use and share your health information to bill for services we have rendered to you	Example: We use health information about you to prepare statements to send to your health insurance for the care we provide you.

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.

- 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 and share your health information for research.

- Respond to organ and tissue donation requests

 - We can share health information about you with organ procurement organizations.

- 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.

- Work with a medical examiner or funeral

 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- Address workers’ comp., law enforcement, and other government

 - We can 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 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

There is some health information that we can release only with your permission or a judge’s order:

HIV Status/Testing Results (You must authorize each in writing)	Social Work Communications
Consent for Abortion	Domestic Violence Victims’ Counseling
Sexually Transmitted Diseases	Sexual Assault Victims’ Counseling
Genetic Test Results	Alcohol & Drug Abuse Records
Communications with Mental Health Providers (psychologist, psychiatrist, nurse mental health specialist, licensed mental health counselor, marriage, family, rehabilitation and educational psychologist and family therapist)	

How long do we keep your information?

We record health information in paper, electronic, or photographic form and keep them for twenty (20) years following the discharge or final treatment. Radiology films and scans, other image records, EEG/EKG tracings; and raw psychological testing data do not have to be kept as long and may be destroyed five (5) years after the date of services, as long as any reports that note the results of such tests and procedures are mentioned as part of the legal medical record.

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: <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 website.

The effective date of this notice is November 3, 2015.

This Notice of Privacy Practices (NOPP) applies to the following individuals and organizations:

- Any healthcare professional authorized to enter information into your health record
- Any healthcare provider who is a member of the SBCHC staff
- All SBCHC workforce members, including employees, staff, volunteers, and other health center personnel

Boston Medical Center and the following health centers of Boston HealthNet share health information to participate in an integrated healthcare delivery system and engage in a number of joint activities such as quality review of services:

Codman Square Health Center	Harvard Street NHC	South Boston CHC
The Dimock Center	Health Care for the Homeless	South End CHC
DotHouse Health	Manet CHC	Upham's Corner Health Center
East Boston Neighborhood Health Center (NHC)	Mattapan CHC	Whittier Street NHC
Geiger-Gibson Community Health Center (CHC)	Neponset Health Center	
Greater Roslindale Medical & Dental Center		

South Boston Community Health Center (SBCHC) is part of an organized health care arrangement including participants in OCHIN, Inc. A current list of OCHIN participants is available at <http://www.ochin.org/our-members/ochin-members/>. As a business associate of South Boston Community Health Center, OCHIN supplies information technology and related services to SBCHC and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by SBCHC with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

This NOPP also applies to business associates, affiliates, and assignees to contact you for any purpose related to your care including to collect payments on accounts and to remind you about appointments or prescriptions by telephone at any number associated with you now or in the future, and by using pre-recorded/artificial voice messages, electronic communication, text messages/SMS and/or an automatic dialing device (ATDS) regardless of incurred charges. This includes contact via answering machine, voicemail message, text message or email.

If you have questions, would like additional information, or you believe your privacy rights have been violated, please contact the Privacy Officer at SBCHC, 409 West Broadway, South Boston, MA 02127 or (617) 269-7500.