

## **PARTNERS HEALTHCARE NOTICE FOR USE AND SHARING OF PROTECTED HEALTH INFORMATION**

**THIS NOTICE APPLIES TO ALL PARTNERS HEALTHCARE MEMBER  
ORGANIZATIONS DESCRIBED BELOW AND ON PAGES 7 & 8**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW THIS NOTICE CAREFULLY.**

**We at Partners HealthCare pledge to give you the highest quality health care and to have a  
relationship with you that is built on trust. This trust includes our commitment to respect the  
privacy and confidentiality of your health information.**

The word “Partners” in this Notice includes Partners HealthCare System Inc. and all of the organizations listed at the end of this notice. This Notice also applies to private doctors who are on the medical staff of these organizations if they see you at a Partners site (they will give you their own Notice if they see you in their private office).

This Notice is being given to you because federal law gives you the right to be told ahead of time about:

- How Partners will handle your health information
- Partners’ legal duties related to your health information
- Your rights with regard to your health information.

Patient-specific information is confidential and shall be made available only in conformity with all applicable state and federal laws and regulations regarding the confidentiality of patient records, including but not limited to, 42 CFR Part 2, and 45 CFR Parts 160 and 164 (HIPAA Privacy and Security Rules) if applicable.

Please note that treatment at McLean Hospital and/or at certain designated Substance Abuse Facilities provides you with additional protections, as noted in ***bold and italics*** throughout this Notice.

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### **A. HOW WE MAY USE AND DISCLOSE (SHARE) YOUR PROTECTED HEALTH INFORMATION**

Partners entities are required to maintain the privacy of your health information. This includes health information about you that is collected during the course of your treatment that may be kept in either paper or electronic form. Information such as your symptoms, test results, diagnoses, treatment, care plan, and demographic and payment information are examples of your health information that may be collected and stored in your health record. Information about care that you have received from other providers may also be included in your Partners health record.

Partners **uses** your health information within its system, and **shares** your health information outside its system in order to give you excellent medical care. Partners uses and shares your health information for other reasons that can include medical research and training new health care workers.

This Notice tells you how Partners **uses** and **shares** your health information for these and other purposes. It also tells you when we need to get your specific permission to do so.

## 1. Treatment, Payment, and Health Care Operations

Except where prohibited by Massachusetts state or federal laws (see section 4), Partners may legally use and share your health information for treatment, payment, and health care operations. We do not need to ask for your specific permission to do these things, as explained below:

### Treatment

Partners health care providers will use and share your health information to provide and manage your health care and related services. For example, your primary care doctor may refer you to a specialist such as a radiologist or surgeon. The specialist may tell you that you need to be admitted to the hospital for treatment or surgery. All of the doctors in this example, whether they are in the Partners system or not, will share medical information about you. This is to coordinate your care before, during, and after you go into the hospital. Partners will share information with other third parties, such as home health agencies, visiting nurses, rehabilitation hospitals, and ambulance companies. It will also share information with those who treated you before you went into the hospital and with those who will treat you in the future. This helps to make sure that everyone caring for you has the information they need. We believe that sharing your information is critical in order to provide you with the best health care and is necessary given the complexities of various illnesses and health conditions.

***Dedicated Substance Abuse Facilities and/or providers will not share information with other Partners entities and/or health care providers without an authorization signed by you to release information.***

### Payment

Partners will use and share your health information to bill and collect payment for the health care services it gives to you. For example, if you have health insurance, your health care provider will share your medical information with the insurance company or government agency (for example, Medicare or Medicaid). The insurance company uses the information to tell if you are eligible for benefits or if the services you received were medically needed.

### Health Care Operations

Partners may use and share your health information for activities that are known as health care operations. These are activities that are needed to operate its facilities and carry out its mission. Some of the information is shared with outside parties who perform these health care operations or other services on behalf of Partners (“business associates”). These business associates must also take steps to keep your health information private. Examples of activities that make up health care operations include:

- Monitoring the quality of care and making improvements where needed
- Making sure health care providers are qualified to do their jobs
- Reviewing medical records for completeness and accuracy
- Meeting standards set by regulating agencies; such as Joint Commission
- Teaching health professionals
- Using outside business services; such as, transcription, storage, auditing, legal or other consulting services
- Storing your health information on computers
- Managing and analyzing medical information

Partners may use your health information to contact you:

- At the address and telephone numbers you give to us (including leaving messages at the telephone numbers): about scheduled or cancelled appointments, registration/insurance updates, billing or payment matters, pre-procedure assessment, or test results
- With information about patient care issues, treatment choices, and follow up care instructions
- With information that may be of interest to you which describes a health-related product or service provided by Partners
- At the e-mail address or other contact information you provide to assist us in activities described in this Notice, such as conducting patient satisfaction surveys

- For fundraising to support the Partners system and its missions of excellence, provided that such information is limited to demographic or other information as allowed by law (such as name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information, or outcome information). You have the right and regular opportunities to opt out of receiving such communications. Your decision will have no impact on your treatment or payment for services.

## **2. Uses and Disclosures (Sharing) of Your Health Information for Other Purposes**

Partners may legally use and/or share your health information with others for the following purposes without your specific permission:

- For research that is approved by a Partners Research Committee or its designee when written permission is not required by federal or state law. This also may include preparing for research or telling you about research studies in which you might be interested
- As required by state and federal laws and regulations
- For public health activities, including required reports to the state public health, child, disabled persons, or elder abuse protection authorities, and to agencies such as cancer registries and the federal Food and Drug Administration
- For purposes of reporting abuse, neglect and domestic violence to a government authority, such as a social service or protective service agency
- For health oversight activities
- For legal and administrative proceedings
- For law enforcement purposes under specific conditions such as reporting when someone is the victim of a crime
- With regard to people who have died, to coroners, medical examiners, and funeral directors
- For facilitating organ, eye, or tissue donation
- To avert a serious threat to health or safety to you or others
- For specialized government functions
- As authorized by and as necessary to comply with workers compensation laws.

## **3. Uses and Disclosures (Sharing) You May Ask be Limited, or That You May Request Not Be Made**

### Patient Directories

If you are admitted to the hospital, your name, room location, general condition, and religion may be listed in that hospital's directory (information desk). This will be shared with members of your family, friends, members of the clergy, and to others who ask for you by name. You may ask to have your name taken off the directory list. You may also ask to restrict the information that is given out about you. If you are in an emergency situation and are not able to make your wishes known, we will put this information in the directory if we think it is in your best interest. We will not put the information in the directory if you have been admitted to the hospital before and asked that it not be shared.

***McLean Hospital does not have a patient directory and will not give out any information regarding your care. Dedicated Mental Health and/or Substance Abuse Facilities also will not release any directory information without your specific authorization.***

### Disclosures to Family, Friends, or Others

- Partners may share relevant health information about you with a family member or other person close to you if they are involved in your care or payment for your care.
- Partners may use or share your health information to notify a family member or other person responsible for you of your location, general medical condition, or death.
- If you are in an emergency situation and not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that others really need to know.
- Partners also may use or share your health information with a public or private agency assisting in

disaster relief. This is to coordinate efforts to notify someone on your behalf. If we can reasonably do so while trying to respond to the emergency, we will try to obtain your permission before sharing this information.

***McLean Hospital and dedicated Substance Abuse Facilities/Providers will not give out any information to family or friends without an authorization signed by you.***

#### **4. Uses or Disclosures (Sharing) of Information that Require Your Written Permission (Authorization)**

Using and/or disclosing health information for other purposes not described in this Notice requires your specific authorization. For example, unless you give your authorization, Partners may not sell your health information or disclose such information in exchange for payment to a third party for purposes of marketing their products or services to you. Furthermore, certain information that may be contained in your medical record is considered by state and/or federal law to be highly confidential, including, for example, HIV testing or test results, certain clinical psychotherapy documentation, and certain genetic information; therefore, this type of information gets additional protection from disclosure, and, at times requires your written authorization even before disclosure for treatment, payment, or health care operations.

If you are asked to and give written authorization for the use and/or disclosure of your health information, you may withdraw such authorization at any time in writing or, in certain limited cases, orally, except to the extent that the providers have already acted upon your previously provided authorization.

### **B. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION AND HOW TO EXERCISE THEM**

#### **The Right to Ask for Limits on the Use and Sharing of Your Health Information**

You have the right to ask for restrictions on the use and sharing of your health information for treatment, payment, or health care operations. You can also ask for restrictions on using this information to notify you about appointments, etc.

Partners is not required to agree to your request with the following exception: If you pay for a health care product or service in full (out of pocket), you may request that we not share health information pertaining only to that product or service with your health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment).

If we agree to your request, we must put the restriction in writing and abide by it except if you need to be treated in an emergency. You may not ask us to restrict uses and sharing of information that we are legally required to make.

#### **The Right to Ask that Your Health Information be Communicated to you in a Confidential Manner**

You have the right to ask for your health information to be sent to you in different ways. For example, you may ask that Partners not contact you with appointment reminders by telephone, or only call at your work or cell telephone number rather than home.

When we request an address and telephone number(s) or email address to contact you, it is your responsibility to give us telephone number(s) and addresses that will allow us to carry out our needs to reach you and care for you. We may request that the method and location where you wish to be contacted be in writing, and that you contact us with any changes to this information. Partners must agree to any reasonable request and cannot ask you to explain the reason for your request. Partners can require you to give information as to how a payment will be handled, and what address a bill should be mailed to.

## **The Right to Look at and Get a Copy of Your Health Information**

You have the right to look at and get a paper or electronic copy of your health information that Partners keeps of your medical treatment and bills. You may also request your test results directly from the lab(s) where your tests were done.

- You have the right to inspect and receive your health records by making a request in writing to the entity Privacy Officer (see contact information at the end of this Notice).
- You may request your test results directly from the lab where your test(s) were done.
- You must make this request in writing.
- If you request an electronic copy of your records, we will work with you to provide you with an electronic form and format of your choice, if it is readily available.
- We will respond within thirty (30) days from receipt of your request. If necessary, we may ask for a one-time extension of 30 days;
  - # if this is needed we will provide you with written explanation of the reasons for the delay and the expected date by which we will fulfill your request.
- If you ask for a copy of your records, you will be charged a fee.
- If your request is denied, we will explain the reasons in writing and tell you which rights you have, if any, to a review of the denial.
  - # We may offer to give you a summary or explanation of the information you requested as long as you agree in advance to this and to any fees that it might cost.
  - # If you ask for information that we do not have, but we know where it is, we must tell you where to direct your request. Certain information (for example, psychotherapy notes) may be withheld from you in certain circumstances.

## **The Right to Change Your Health Information**

You have the right to ask us to change your health information related to your treatment and bills if you think that there has been a mistake or that information is missing.

- You must make your request in writing and give the reason for why you want the change.
- We have 60 days to respond to your request.
- If we are not able to act on the request within the 60 days, we will notify you that we are extending the response time by 30 days.
- If we extend the response time, we will explain the delay to you in writing and give you a new date of when to expect a response.
- We may deny your request.
- If we deny your request, we must give you a written statement with the reasons for the denial, and what other steps are available to you.
- If we grant the request, we will ask you to tell us the persons you want to receive the changes. You need to agree to have us notify them along with any others who received the information before corrections were made, and who may have relied on the incorrect information to give you treatment.

## **The Right to Receive an Accounting of Disclosures (Record of When Your Health Information was Shared Without Your Written Permission/Authorization)**

You have the right to get a record of the times that your health information has been shared. You must make your request in writing. You may request this as far back as six years. The listing you get will include the date, name, and address (if known) of the person or organization receiving your information. It will also include a brief description of the information given, and a brief statement of why the information was shared.

The following exceptions apply:

- This does not include sharing your medical information for the purpose of treatment, payment, or health care operations.
- It also does not include:
  - Sharing your medical information if you gave permission in writing (signed an authorization form)



- Sharing information in patient directories (hospital information desk)
- Sharing information with persons involved in your care
- Using your information to communicate with you about your health condition
- Sharing information for national security or intelligence purposes, or to correctional institutions or law enforcement officials who have custody of you.
- We have 60 days to respond to your request. If we have not been able to act on the request within the 60 days, we will notify you that we are extending the response time by 30 days.
- If we do extend the response time, we will explain the delay to you in writing and give you a new date of when to expect a response.
- Your first request for a record in any 12-month period is free.
- We will charge a fee for any other requests in that period.
- We will notify you of the fee before we do the work. This will give you a chance to stop the request if you do not wish to pay the fee.

### **The Right to Ask for a Paper Copy of this Notice**

You may ask for a paper copy of this Notice from the contacts listed at the end of this Notice. You can ask for a paper copy even if you agreed to receive the Notice by email.

### **C. OUR DUTIES WITH RESPECT TO YOUR HEALTH INFORMATION**

Partners is required by law to keep your health information private. Partners will notify you in the event of a breach of your health information. We are required to give people notice of our legal duties and privacy practices with respect to your health information.

Partners maintains hospital medical records for at least 20 years after your discharge or after your final treatment; other records are maintained in accordance with state and federal regulations. A copy of the Partners Retention Guideline for Clinical Records is available upon request.

Partners must abide by the terms of the Notice currently in effect. Partners reserves the right to change its privacy practices and the terms of this Notice at any time. Partners reserves the right to make the new Notice provisions effective for all protected health information that it maintains. If it does so, the updated Notice will be posted on the Partners website and in all Partners registration areas for public viewing. You may request a copy of the current Notice at any time by calling any of the contacts listed at the end of this Notice, or you may view it on our website at [www.partners.org](http://www.partners.org).

### **D. HOW TO COMPLAIN IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED**

If you think that we may have violated your privacy rights or you disagree with any action we have taken with regard to your health information, we want you, your family, or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. It is the goal of Partners HealthCare to give you the best care while respecting your privacy.

You may file a complaint by contacting a representative at any of the Partners sites that are listed at the end of this Notice. You may also send a written complaint to the U.S. Department of Health and Human Services, J.F.K. Federal Building - Room 1875, Boston, MA 02203, Voice phone 617-565-1340, or email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). We will take no retaliatory action against you if you file a complaint about our privacy practices.

### **E. PERSON TO CONTACT FOR INFORMATION OR WITH A COMPLAINT**

If you have any questions about this Notice or any complaints, please contact the Privacy Officer at the appropriate Partners site, all of which are listed at the end of this Notice.

### **F. EFFECTIVE DATE OF THIS NOTICE**

This Notice is effective as of October 1, 2014.

## PARTNERS HEALTHCARE MEMBER ORGANIZATIONS

This Notice applies to the following Partners organizations:

[D/B/A = Doing Business As (or commonly known as)]

<b>PARTNERS HEALTHCARE MEMBER ORGANIZATIONS</b>	<b>Phone Number to contact when a patient wants to report a breach (complaint)</b>
Brigham and Women's Hospital, Inc. Brigham and Women's Physicians Organization, Inc.	BWH HIPAA Compliance (617) 582-5201 BWH Patient Relations (617) 732-6636 Compliance HelpLine 1 (800) 856-1983
The General Hospital Corporation (also known as Massachusetts General Hospital) Massachusetts General Physicians Organization, Inc.	Privacy Officer (617) 726-1098 Patient Advocacy (617) 726-3370 MGH Compliance HelpLine (617) 726-1446
Brigham and Women's Faulkner Hospital, Inc.	Privacy Officer (617) 983-7458 Compliance HelpLine 1 (800) 856-1983
Newton Wellesley Hospital Newton Wellesley Ambulatory Services, Inc.	NWH Compliance HelpLine: 1 (800) 858-1752
North Shore Medical Center, Inc. North Shore Physicians Group, Inc.	Privacy Officer: (978) 354-4254 Compliance HelpLine: 1 (800) 856-1983
Martha's Vineyard Hospital	Privacy Officer: (508) 957-9487 Compliance HelpLine: 1 (800) 856-1983
Nantucket Cottage Hospital Nantucket Physician Organization, Inc.	Privacy Officer: (508) 825-8308 Compliance HelpLine: (508) 825-8218
The McLean Hospital Corporation	Privacy Officer: (617) 855-4680 Compliance HelpLine 1 (800) 856-1983
Cooley-Dickinson Health Care Corporation	Privacy Officer: (413) 582-2281
FRC, Inc., D/B/A <ul style="list-style-type: none"> <li>• Spaulding Nursing and Therapy Center North End</li> <li>• Spaulding Nursing and Therapy Center West Roxbury</li> </ul>	Privacy Officer: (978) 825-8571 Compliance HelpLine: 1 (800) 856-1983
Rehabilitation Hospital of the Cape and Islands Corporation D/B/A Spaulding Rehabilitation Hospital Cape Cod	Privacy Officer: (978) 825-8571 Compliance HelpLine 1 (800) 856-1983
Shaughnessy-Kaplan Rehabilitation Hospital, Inc. D/B/A Spaulding Hospital for Continuing Medical Care North Shore	Privacy Officer (978) 825-8571 Compliance HelpLine: 1 (800) 856-1983
The Spaulding Rehabilitation Hospital Corporation D/B/A Spaulding Rehabilitation Hospital Boston	Privacy Officer: (617) 952-6901 Compliance HelpLine: 1 (800) 856-1983
Spaulding Hospital – Cambridge, Inc. D/B/A Spaulding Hospital for Continuing Care Cambridge	Privacy Officer: (617) 952-6935 Compliance HelpLine: 1 (800) 856-1983
North End Community Health Committee, Inc. D/B/A North End Waterfront Health	Privacy Officer: (617) 643-8082

<b>PARTNERS HEALTHCARE MEMBER ORGANIZATIONS</b>	<b>Phone Number to contact when a patient wants to report a breach (complaint)</b>
Partners Home Care, Inc. D/B/A Partners HealthCare at Home – Home Care Partners Private Care L.L.C. D/B/A Partners HealthCare at Home – Private Care	Privacy Officer (781) 290-4051 Compliance HelpLine: 1 (800) 856-1983
<u>Partners Community HealthCare, Inc.</u> Cape Ann Medical Center, Inc. (until 1/1/15) Cape Ann Pediatricians, P.C. (until 1/1/15) Charles River Medical Associates, P.C. Lincoln Physicians, P.C. Pentucket Medical Associates	Partners Community HealthCare, Inc. Compliance HelpLine: (800) 856-1983