

This Notice describes the ways in which we may use and disclose health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. We use a common electronic health record to share information among the members of our organized health care arrangement for the purposes described in this notice. Our electronic health record system also allows us to share your health information with other health care providers that request it in order to provide health care services to you.

We are required by law to:

- ❖ ensure that your medical record and any health information that identifies you is kept private;
- ❖ give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- ❖ follow the terms of the Notice that is currently in effect.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record typically contains your symptoms, medical history, examination, test results, diagnoses, treatment, medications and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- ❖ basis for planning your care and treatment;
- ❖ means of communication among the many health professionals who contribute to your care;
- ❖ legal document describing the care you received;
- ❖ means by which you or a third-party payer can verify that services billed were actually provided;
- ❖ a tool in educating health professionals;
- ❖ a source of data for medical research;
- ❖ a source of information for public health officials charged with improving the health of the nation;
- ❖ a source of data for facility planning and marketing; and
- ❖ a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ❖ ensure its accuracy;
- ❖ better understand who, what, when, where, and why others may access your health information; and
- ❖ make more informed decisions when authorizing disclosure to others.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following describes different ways that we are permitted to use and disclose your health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

➤ **For Treatment.** We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in caring for you at the hospital or outside the hospital. Different departments of the hospital also may share medical information about you in order to coordinate the different services/treatments you need, such as prescriptions, laboratory work, and x-rays. We may also disclose medical information about you to people who may be involved in maintaining your health or wellbeing after you leave the hospital, such as family members, friends, home health services, support agencies, clergy, or others who provide services that are necessary for your well-being.

➤ **For Payment.** We may use and disclose your health information so that the treatment and services you receive at the hospital may be billed and payment may be collected from you, an insurance company, or a third party. We may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also give information to someone who helps pay for your care.

➤ **For Health Care Operations.** We may use and disclose your health information for business tasks necessary for our operations, including, for example, to improve the quality of care, train staff and students, provide customer services, or conduct any required business duties to better serve our patients and community. Also, we may share your medical information with others we hire to help us provide services and programs.

➤ **Other examples of how we may use your health information include:**

❖ **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

❖ **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or health related benefits that may be of interest to you.

❖ **Fundraising Activities.** We may use limited information about you (including demographic information, date of birth, dates on which we provided health care to you) to contact you in an effort to raise money for the hospital and its operations. If you do not want us to contact you as part of our fundraising efforts, please contact the Mount Auburn Hospital Office of Development at 617-499-5099 or 330 Mount Auburn Street, Cambridge, MA 02138.

❖ **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are an inpatient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your name may be given to a member of the clergy, even if they do not ask for you by name. If you do not want to be listed in the hospital directory please contact your nurse. In disaster situations, those involving

multiple casualties, we may release general information, such as: the hospital is treating four individuals from the accident.

❖ **Research.** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

❖ **As Required By Law.** We will disclose your medical information when required to do so by federal, state or local law.

❖ **To Avert a Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threatened harm.

❖ **Special Situations.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

❖ **Organ and Tissue Donation.** If you are a potential organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

❖ **Military and Veterans.** If you are a member of the armed forces, we may release your medical information as required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law.

❖ **Workers' Compensation.** We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

❖ **Public Health Risks.** We may disclose, when requested, your medical information for public health activities. These activities generally include the following:

- o to prevent or control disease, injury or disability;
- o to report births and deaths;
- o to report abuse and/or neglect of a child, elder or disabled person;
- o to report reactions to medications or problems with products;
- o to notify people of recalls of products they may be using; or
- o to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

❖ **Health Oversight Activities.** We may, when requested, disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include: audits, certifications, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

❖ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court order. Under certain circumstances, we may also disclose your medical

information in response to a subpoena or other lawful process, but we will do so only if efforts have been made to tell you about the request or to obtain an order protecting the information requested or if you or a court have provided written authorization.

❖ **Law Enforcement.** We may release your medical information if asked to do so by a law enforcement official, if permitted by law:

- o in response to a court order, subpoena, warrant, summons or similar process;
- o to identify or locate a suspect, fugitive, material witness, or missing person;
- o about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- o about a death we believe may be the result of criminal conduct;
- o about criminal conduct at the hospital; and
- o in emergency circumstances: to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

❖ **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors or designees as necessary to carry out their duties.

❖ **National Security and Intelligence Activities.** If permitted by law, we may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities, authorized by law.

❖ **Protective Services for the President and Others.** We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, if permitted by law.

❖ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official, under certain circumstances if permitted by law. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

➤ **Right to Inspect and Obtain a Copy.** You have the right to inspect and obtain a copy of your medical record, billing records, and other similar information used to make decisions about your care. To inspect and obtain a copy of your entire EPIC record or just your hospital records, you must submit your request through your MyChart Account or in writing to Mount Auburn Hospital, Health Information Management, 330 Mount Auburn Street, Cambridge, MA 02138. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. To inspect and obtain a copy of your physician office record, you must submit your request through your MyChart Account or in writing to your physician.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

➤ **Retention of records:** State law requires that we retain hospital records for a minimum of twenty years from the date last seen. The record may be destroyed after twenty years without activity, but must be destroyed in a secure manner, protecting your information from unauthorized disclosure. Ancillary records, such as radiologic films, scans, other imaging records, raw psychological testing data, electronic fetal monitoring strips, electrocardiogram tracings, electroencephalographs, and other sample tracings generated to report the results of a test are interpreted in reports in the legal medical record, and may be destroyed after a minimum of five years following the date of service.

➤ **Right to Amend.** If you think that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for us. Your request for an amendment will become a legal part of your medical record, to be sent out along with the rest of the record whenever a request for copies is received. No part of the original documentation in the medical record can be destroyed.

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 information that:

- ❖ Was not created by us, or the person or entity that created the information is no longer available to make the amendment;
- ❖ Is not part of the medical information kept by or for us;
- ❖ Is not part of the information which you would be permitted to inspect and copy; or
- ❖ Is accurate and complete.

➤ **Right to Request an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information for which an authorization was not obtained, or which were not made for purposes of treatment, payment, or healthcare operations.

To request this list or accounting of disclosures, you must submit your request in writing to Mount Auburn Hospital, Health Information Management, 330 Mount Auburn Street, Cambridge, MA 02138. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

Except as noted below, we are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. By law, we must agree to your request to restrict disclosure of your medical information to a health plan if the disclosure is (1) for the purpose of carrying out payment or health care operations, (2) is not otherwise required by law, and (3) for an item or service you have paid for in full, out-of-pocket.

To request restrictions, you must make your request in writing to Mount Auburn Hospital, Health Information Management, 330 Mount Auburn Street, Cambridge, MA 02138. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

➤ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Mount Auburn Hospital Privacy Officer. We will not ask you the reason for your request. At our discretion, we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us at any time to give you a copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at <http://www.mountauburnhospital.org/privacy/>.

To obtain a paper copy of this Notice, please contact:

Mount Auburn Hospital, Health Information Management
330 Mount Auburn Street, Cambridge, MA 02138

➤ **Changes to this Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the hospital. The Notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, a copy of the Notice currently in effect will be available at your request.

➤ **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact Mount Auburn Hospital Patient Relations, 330 Mount Auburn Street, Cambridge, MA 02138. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

➤ **Consent for the Disclosure of Certain Medical Information**

Federal and state laws require that we obtain your written permission for the disclosure of certain kinds of medical information, such as substance abuse treatment information, HIV tests results or psychotherapy notes. We will seek your permission when the law requires us to do so.

➤ **The Massachusetts Health Information HIway (Mass HIway)**

We participate in the Mass HIway, a statewide electronic health information exchange. The Mass HIway allows doctors’ offices, hospitals, laboratories, pharmacies, skilled nursing facilities, and other healthcare organizations a way to securely and seamlessly transmit health information electronically. We will obtain your consent to the use the Mass HIway as required by state law.

➤ **Other Uses and Disclosures of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or permitted by law will be made only with your written authorization. You may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, but we will be unable to take back any disclosures we made with your authorization.

Effective Date: February 1, 2017

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.

If you have any questions about this Notice, please contact the Privacy Officer 617-441-1665

This Notice describes the practices of the Mount Auburn Hospital Organized Health Care Arrangement. It applies to services you receive at:

- Mount Auburn Hospital, including its nurses, residents, volunteers, employees, and other staff;
- Mount Auburn Professional Services, Inc.;
- CareGroup Parmenter Home Care & Hospice, Inc.;
- The physicians that belong to Mount Auburn Community Independent Practice Association, Inc. (“MACIPA”);
- All of the organizations listed at the end of this Notice (collectively, Mount Auburn Hospital and these organizations will be referred to as “we” or “us” in this Notice); and
- Any health care professional authorized to enter information into your medical record on behalf of these entities.



*Mount Auburn
Professional Services, Inc.*



CareGroup Parmenter
Home Care & Hospice, Inc.