This Notice describes the ways in which we may use and disclose health information. It also describes your rights and certain obligations we have concerning the use and disclosure of your health information. We use a common electronic health record system among the members of our organized health care delivery system 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 record or information, serves as:

- a basis for planning your care and treatment;
- a means of communication among the many health professionals who contribute to your care;
- legal description of the care you received;
- means by which you or a third-party payer can verify that services billed are 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;
- understand who, what, when, and why others may access your health information;

However, we recognize that you may need to make 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 the reason why we may make the use or disclosure 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 also use medical information about you and disclose it to your family, friends, medical personnel who are involved in your care, your legal representative, or other persons you may have identified in your medical record to the extent necessary to provide you with medical treatment or services. This may include such actions as needed to coordinate your care among different service providers or to ensure your safety and the safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threatened harm.

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 your treatment and services to bill the plan or to determine whether your treatment and services will be covered by your health plan. We may also give information to someone who helps pay for your care.

Care Operations. We may use and disclose your health information for care operations necessary for the 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, name, location in the hospital, your general condition [e.g., good, fair, etc.] and your religious affiliation) 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 617-849-4150 or 330 Mount Auburn Street, Cambridge, MA 02138.
- Hospital Directory. We may include certain limited information about you in the hospital directory so that 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 a bus accident.
- Research. We may disclose information to researchers when an institutional review board that has reviewed the research proposal and approved the 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 donation to help determine if you are an organ donor, 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 Activities. 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 tell people of recalls of products they may be using;
  - o to notify a person who may have been exposed to a disease or may have contracted a disease 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 other organizations.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your medical information to the party involved or to a court to 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 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 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 you are a member of the military, we may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security purposes.
- Protective Services for the President and Others. We may disclose your medical information to authorized federal officials so that 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, we may disclose your medical information to a correctional institution law enforcement official, we may release medical information about you to the correctional institution or law enforcement official, or we may disclose medical information 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 records that we maintain about you. You may use reasonable means 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 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 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 records 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 or 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 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 limitation 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 that you have paid 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, (3) the time period to apply, if any, (4) 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 information to a certain person or in a certain manner 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 receive 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 must contact the hospital or with 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**

  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 health care 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**

  If you sign a statement agreeing that violations of your privacy rights will not be made unless we provide you written notice of the violations. By law, we must provide you with written notice of any violations of your privacy rights. You will not be penalized for filing a complaint.

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