

**Boston Public Health Commission/Boston EMS
Notice of Privacy Practices**

Effective Date: April 14, 2003

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.

BPHC is committed to protecting your health information and abiding by all state and federal laws regarding the protection of your health information. This notice tells you how BPHC may use or release your health information. It also tells you about your rights concerning the use and disclosure of your health information by BPHC.

YOUR HEALTH INFORMATION RIGHTS

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your health information, including medical, billing or health care payment information. It does not include information for civil, criminal or administrative actions or proceedings or psychotherapy notes. BPHC may charge a fee for copying, mailing or other costs.

Right to Amend: If you feel that your health information is incorrect or incomplete, you may request that it be amended. Your request may be denied if you ask to amend information that: 1) was not created by BPHC; 2) is not part of the health information kept by BPHC; 3) is not part of the information which you are allowed to inspect or copy; or 4) the information is determined to be accurate and complete.

Right to Accounting of Health Information Releases: You may request a list of information releases made by the BPHC. The list will NOT include releases for: 1) providing treatment, obtaining payment or administrative or operational purposes; 2) national security; 3) correctional institutions or law enforcement custodial situations; 4) requests based on your written authorization; or 5) information released prior to April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction on the release of health information for purposes other than treatment, payment or operational purposes. BPHC is not required to agree to the requested restrictions.

Right to Request Confidential Communication: You may request, in writing, that BPHC communicate with you about health care matters in a certain way or at a certain location. BPHC will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You may request a copy of this notice from BPHC at any time.

All requests for inspecting, copying, amending, making restrictions, or obtaining an accounting of your health information must be made in writing to: Boston Public Health Commission, Privacy Officer, 1010 Massachusetts Ave., Boston, MA 02118. Please call (617) 534-5657 or send an email request to PrivacyOfficer@bphc.org to obtain the appropriate form(s) for your request or to obtain translation services.

HOW BPHC USES AND RELEASES HEALTH CARE INFORMATION

For Treatment: Healthcare providers may use your health information to determine your plan of care. BPHC programs may share health information about you in order to coordinate the services.

For Payment: BPHC may release information about you to your health plan or health insurance carrier to obtain payment. We may also share your information, when appropriate, with other government programs such as Workers' Compensation, Medicaid, Medicare, or MassHealth in order to coordinate your benefits and payments. We may also 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.

For Operations: BPHC may use and release information about you to ensure that the services and benefits provided to you are appropriate and are of high quality. We may combine health information about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful. BPHC may share your health information with business partners who perform functions on behalf of BPHC. BPHC requires that our business partners abide by the same level of confidentiality and security as BPHC when handling your health information.

To Other Government Agencies Providing Benefits or Services: BPHC may release your health information to other government agencies that provide you with benefits or services when the information is necessary for you to receive those benefits and services.

To Keep You Informed: BPHC may contact you about reminders for treatment, medical care or health check-ups. We may also contact you to tell you about health related benefits or services.

For Public Health: BPHC may release your health information to other public health agencies, for the following kinds of activities: to prevent or control disease, injury or disability or to keep vital statistics records such as births and deaths; to notify authorized social service agencies of abuse, neglect or domestic violence; to report reactions to medications or problems with products to federal authorities.

For Health Oversight Activities: BPHC may share your health information with other programs/ divisions within the Commission and with other agencies for oversight activities as required by law.

For Law Enforcement: BPHC may release health information to a law enforcement official, subject to applicable federal and state law and regulations, as required by law, court order or subpoena.

For Research: BPHC may release your health information for research projects that have been reviewed and approved by an institutional privacy board.

Lawsuits and Disputes: BPHC may release health information pursuant to a court or administrative order, a subpoena, discovery request, or other lawful process.

To Coroners, Medical Examiners and Funeral Directors: BPHC may release health information to a coroner, medical examiner or funeral director, as necessary to carry out lawful duties.

For Organ Donations: For organ donors, BPHC may release health information to organizations that procure, bank, or transport organs for the purpose of an organ donation.

To Avert A Serious Threat to Health or Safety: BPHC may release information necessary to prevent a serious threat to you or the public health and safety.

For National Security and Protection of the President: BPHC may release your health information to legally authorized officials for national security, protection of the President, or to conduct special investigations.

To a Correctional Institution: For an inmate, BPHC may release your health information to the correctional institution or law enforcement officer.

To the Military: If you are a veteran or a current member of the armed forces, BPHC may release your health information as required by military command or veteran administration authorities.

If you do not object and the situation is not an emergency and disclosure is not otherwise prohibited by law, BPHC is permitted to release your information under the following circumstances:

To Individuals Involved In Your Care: BPHC may release your health information to a family member, or other person whom you have identified to be involved in your health care or the payment of your health care.

To Family: BPHC may use your information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition or death.

BPHC'S REQUIREMENTS

BPHC is required to give you this notice of our legal duties and privacy practices with respect to the health information that the BPHC collects and maintains about you. We are required to follow the terms of this notice.

Release of your health information outside of the boundaries of BPHC-related treatment, payment or operations, or as otherwise permitted by State or Federal law, will be made *only* with your specific written authorization. You may revoke specific authorizations to release your information, in writing, at any time. If you revoke an authorization, we will no longer release your health information to the authorized recipient(s), except to the extent that BPHC has already used or released that information in reliance of the original authorization.

BPHC reserves the right to revise this notice. We reserve the right to make the revised notice effective for the health information we already have about you, as well as any information we create or receive in the future. BPHC will post a copy of the current notice at BPHC treatment sites, and on our website listed below. In addition, you may ask for a copy of our current notice of privacy practices anytime you visit a BPHC facility for treatment or health care services. You may request an oral translation of this notice into your native language. When possible, a written translation will be provided.

Es kumunikadu ten txêu informasãu importanti sobri bus direitu privadu. Si bu mesté un kópia na bu lingua, pur favor kontakta bu ajenti privadu Na (617) 534-5657.

Este aviso contiene información importante sobre sus derechos a la privacidad. Si Ud. desea obtener una copia en su idioma, por favor de contactar al Oficial de Privacidad al (617) 534-5657.

Este aviso contém informações importantes sobre seus direitos de privacidade. Se precisar de uma cópia em seu idioma, entre em contato com o Privacy Officer pelo telefone (617) 534-5657.

Avi sa a gen enfòmasyon enpòtan sou dwa ou genyen pou zafè ou rete an sekre. Si ou bezwen yon kopi nan lang pa ou la, tanpri rele Ofisye Konfidansyalite a nan (617) 534-5657.

Cet avis contient des informations importantes sur vos droits à la confidentialité. Pour obtenir un exemplaire dans votre langue, veuillez contacter le responsable des pratiques de confidentialité au 617 534-5657.

本通知包含有關您的隱私權的重要資訊。如果您需要索取用您的語言編寫的通知副本，請與隱私權辦公室人員聯絡，電話號碼(617) 534-5657。

Thông bá này gôm có thông tin quan tr̄ng v̄s quȳn riêng tũ của quĩ vĩ. N%ou cAn m̄t bản b̄ng ngôn nḡ của quĩ vĩ, xin ḡi cho Viên Chũc Riêng Tũ theo số (617) 534-5657.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

To obtain more information, additional copies of this notice or to receive request forms to access or amend health information, please contact the BPHC Privacy Officer at the address listed below. If you believe your privacy rights have been violated, you may file a complaint with either of the agencies listed below. There will be no penalty or retaliation for filing a complaint.

Boston Public Health Commission Privacy Officer 1010 Massachusetts Ave., Boston, MA 02118 Phone: (617) 534-5657 Fax: (617) 534-2418 Email: Privacy Officer @bphc.org	Office of Civil Rights 200 Independence Ave., S.W. Rm. 509F Washington D.C, 20201 Toll Free Phone No. 877 696 6775
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