



NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED WITH OTHERS AND HOW YOU CAN GET ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use your health information in the following ways.

To Treat you - Outer Cape Health Services uses a secure medical record. Access to your medical records and other information maintained by Outer Cape Health Services is restricted to clinicians and staff who need the information for treatment, payment or health care operations purposes, or other allowable purposes as described by this Notice.

In some cases, clinicians at other health care organizations may be able to electronically access your health information created or maintained by Outer Cape Health Services, through a secure network for the transmission of health information such as the Massachusetts Health Information Highway ("The Hiway"). All of these clinicians are required to take steps to protect the confidentiality of your information.

Outer Cape Health Services is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Outer Cape Health Services, OCHIN supplies information technology and related services to Outer Cape Health Services 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 access 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 Outer Cape Health Services with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

Care Everywhere – Providers involved in a patient's care who use the Epic/OCHIN system can share information securely. Information shared via Care Everywhere may include sensitive health information such as drug and alcohol abuse treatment or referral, mental health diagnosis and treatment, genetic testing, sexually transmitted illness diagnosis and treatment, and HIV/AIDS diagnosis and treatment. Patients may opt out from their information being shared via Care Everywhere.

To run our organization - We can use and share your health information to run our practice, improve your care and contact you when necessary.

To bill for our services - We can use and share your health information to bill and collect payment for health plans or entities, including individuals, such as family members who are responsible for paying for your health care.

How else can we share your information? - We are allowed or required to share your information in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information. For more information: www.hhs.gov/privacy/hipaa

Help with public health and safety issues such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medication
- Reporting abuse, neglect, or domestic violence.

Do research - We can use or share your information for health research.

Comply with the law - If state or federal law requires it, we will share your information. This includes the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.

Example: Massachusetts Immunization Information Systems ("MIIS") is a statewide system to track immunizations given to you and your family. The goal is to ensure everyone in the state's up to date with their vaccinations and that records are available when you need them, such as when a child enters school, in an emergency or when you change your healthcare provider. You can choose to opt out of the program, but your information will continue to be maintained in the MIIS database. Opting out only means that you will need to keep track of your child's immunization records if you change doctors or get immunized at another health facility.

Respond to organ and tissue donation requests - We share information about you with organ procurement organizations.

Work with a medical examiner or funeral director - We share information when an individual dies.

Address worker's compensation, law enforcement and other government requests

- Workers' compensation claims
- Law enforcement purposes with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services.

Response to lawsuits and legal actions - We can share health information about you to a court or administrative order, or in response to a subpoena.

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.
- We will follow the duties and privacy practices described in this Notice and give you a copy.
- We will not share or use your information other than as described in this Notice unless you tell us we can. If you change your mind at any time, you must let us know in writing.

YOUR RIGHTS

Get an electronic copy of your medical record - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how we can help you do that. We will provide a copy within 30-days of your request. We may charge a reasonable cost-based fee in accordance with state and federal law.

Ask us to correct your medical record - You can ask us to correct information about you that you think is incorrect. Ask us how we can help you do that. We may say “no” to your request, but we will tell you why in writing within 60 days. If we say “no,” you still have the right to have your disagreement noted in your file.

Request confidential communications - You can ask us to contact you in a specific way (phone or cell phone) and all reasonable requests will be approved.

Ask us to limit what we share

- We are not required to agree with your request, and we may say “no” if it would affect your care.
- If you pay out of pocket for your health care, you can ask us not to share that information 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 have shared information

- You can ask for a list (accounting) of the times we have shared your health information in the past 6 years prior to the date you ask, who we shared it with and why.
- We will make all disclosures except for those about treatment, payment, health care operations and any other disclosures that you have asked us to make. We will provide one accounting a year for free but will charge a reasonable cost-based fee if you make another within 12 months.

Get a copy of the Privacy Notice - You can ask for a paper copy of this Notice, even if you have agreed to get it electronically.

File a complaint if you feel your rights have been violated

- You can complain, if you feel we have violated your rights by contacting the location where you received care, or by contacting the Outer Cape Health Services Privacy Officer at 508-905-2820.

- You can file a complaint with the US Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, SW, Washington DC 20201, 1-877-696-6775 or www.hhs.gov/ocr/privacy/hipaa/complaints
- You can file a complaint with the Office of National Coordinator for Health Care Information Technology at <https://www.healthit.gov/topic/information-blocking>
- Outer Cape Health Services will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information you can tell us your choices about what we share. Please let us know if you have a clear preference for how we share information in the situations described below.

- Share information with your family, close friends or others involved in your care.
- Share information in a disaster relief situation

If you are not present, unable to communicate or in an emergency situation, we may exercise judgment to determine whether to disclose information to others involved in your care. We may also share information when needed to lesson a serious and imminent threat to health or safety.

Federal and state law require your specific written authorization for the disclosure and marketing and sale of this information: psychotherapy notes, as defined by laws; communication with certain behavioral health professionals; communications between domestic violence victims and their domestic violence counselor(s); and between sexual assault victims and their sexual assault counselor(s); and information related to substance abuse treatment, HIV testing or results ; treatment of sexually transmitted diseases, and genetic testing.

In the case of fundraising, if you do not wish to be contacted, please call our Development Office at 508-905-2850.

Right to Change Terms of this Notice

We may 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, at Outer Cape Health Services and on our website. **Effective Date of this Notice is July 20,2023.**