



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 clinicians are required 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 – Clinicians 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. For example: We use health information about you to manage your treatment and services.

To bill for our services - We can use and share your health information to bill and collect payment from health plans or entities. For example: We give information about you to your health insurance plan so it will pay for your services.

Contact you - We may use your health information to contact you with information about treatment and follow-up care instructions or with information about services we provide. For example, we may contact you about scheduled or cancelled appointments, registration or insurance updates, billing or payment matters, pre-procedure assessment, satisfaction surveys or test results.

How else can we share your information? - We are allowed or required to share your information in other ways – usually 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 these purposes. For more information: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

Help with public health and safety issues, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety

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.

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 is 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 clinician. 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 can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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

- For workers’ compensation claims
- For law enforcement purposes or 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.

Respond to lawsuits and legal actions - We can share health information about you to a court or administrative order, or in response to a subpoena (unless stricter state standards apply which prevent such disclosures).

We will generally ask for your written consent or a judge’s order before we share certain sensitive information about you such as:

- Alcohol and Substance Use Records - See the NOTICE OF ADDITIONAL PROTECTIONS OF SUBSTANCE USE DISORDER RECORDS attached at the end of this Notice.
- AIDS, ARC or HIV related information, including but not limited to status or testing results, regardless of whether the test results are positive or negative.
- Sexually Transmitted Diseases
- Genetic Testing Results
- Consent for Abortion
- Victim’s Counseling for Domestic Violence or Sexual Assault
- Certain psychotherapy documentation
- Communications with Mental Health Providers and Social Workers

- **Certain federal and state funding programs.** We are a Business Associate to several federal and state agencies, and as such, if you are a client of one or more of these agencies, your de-identified information may be shared with these agencies as permitted by law upon the agencies’ request.

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 that may have compromised the privacy or security of your information.
- 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 in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

As a member of Community Care Cooperative (C3) Accountable Care Organization (ACO), we are committed to safeguarding your privacy and ensuring that your personal information is handled with care and respect. **As part of our efforts to provide comprehensive and inclusive care, we collect demographic information, including race, ethnicity, preferred language, disability, gender identity, and sexual orientation.** This information helps us better understand and meet the diverse needs of our community. Access to demographic data is restricted to authorized personnel only.

Physical safeguards, such as secure filing systems and restricted access areas, are in place to prevent unauthorized access. Our electronic health record (EHR) systems are equipped with robust security measures to protect against unauthorized access, including encryption, user authentication, and audit trails. **Demographic information is used to tailor our services and programs to better meet your individual needs and preferences. Demographic information will never be used to discriminate against or stigmatize any individual or group. We will not disclose your demographic information to any third parties without your explicit consent, except as required by law.**

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of your responsibilities to help you.

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 to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record - You can ask us to correct information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications - You can ask us to contact you in a specific way for example, (home or office phone) or to send mail to a different address.

We will say “yes” to all reasonable requests.

Ask us to limit what we share -

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations 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 include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures that you have asked us to make.

Get a copy of the Privacy Notice - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. **Choose someone to act for you**- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

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. A complaint can also be filed with:

- 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.
- The Office of National Coordinator for Health Care Information Technology at <https://www.healthit.gov/topic/information-blocking>
- C3 members can file a grievance with Community Care Cooperative (C3), Member Advocates – Grievance, 75 Federal Street, 7th floor, Boston, MA 02110 or at 866-676-9226 (TTY 711)

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.

In these cases, you have both the right and choice to tell us to:

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

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share information when needed to lesson a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission or an attestation (if legally required):

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

If you do not wish to be contacted about fundraising, please contact the Outer Cape Health Services Privacy Officer at 508.905.2820.

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.

Contact Us

If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer at Compliance@OuterCape.org.

NOTICE OF ADDITIONAL PROTECTIONS OF SUBSTANCE USE DISORDER RECORDS

Our HIPAA Notice of Privacy Practice (“HIPAA NPP”) applies to all our patients. If you receive treatment, diagnosis, or referral for treatment in one of our designated Substance Use Disorder Programs (“Part 2 Programs”), the confidentiality of your records in such programs (“Part 2 Records”) are subject to further protections under the federal law and regulations 42 U.S.C. § 290dd-2, 42 U.S.C. 290ee-3, and 42 C.F.R. Part 2 (“Part 2”).

THIS NOTICE SUPPLEMENTS THE HIPAA NPP AND DESCRIBES:

- I. HOW YOUR PART 2 RECORDS MAY BE USED AND DISCLOSED,
- II. YOUR RIGHTS WITH RESPECT TO PART 2 RECORDS, AND
- III. HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR PART 2 RECORDS, OR OF YOUR RIGHTS CONCERNING YOUR PART 2 RECORDS.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH PRIVACY OFFICER AT Compliance@OuterCape.org IF YOU HAVE ANY QUESTIONS.

I. USES AND DISCLOSURES

Our Part 2 Programs may use and disclose your Part 2 Records only as described in this section or with your written consent.

(A) Permitted Uses and Disclosure of Part 2 Records Without Consent

- To communicate with other staff within the Part 2 Program who have a need for the information in connection with their duties to provide diagnosis, treatment, or referral for treatment or persons/office with direct administrative control over the Part 2 Program.
- To qualified service organizations providing services to us or on our behalf.
- To law enforcement agencies or officials if you commit, or threaten to commit, a crime in our facilities or against our personnel.
- To report suspected child abuse and neglect consistent with state laws.
- To medical personnel in a medical emergency under certain conditions.
- For research purposes if certain conditions are met.
- To qualified personnel for management and financial audit or program evaluation purposes who agree in writing to comply with the limitations on use and redisclosure.
- To a public health authority, if the information has been properly de-identified.

(B) Permitted Uses and Disclosures that Require Consent

- For treatment, payment, and health care operations purposes.

Our Part 2 Program will request that you provide a single written consent for all future uses or disclosures of your information for treatment, payment, and healthcare operations purposes in order to ensure you receive the highest level of coordinated care. If you do not sign this consent, we may not be able to treat you. This consent shall remain in effect until you revoke it in writing.

- Records that are disclosed to us or to another Part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by us or that Part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.
- Our Part 2 Program may make uses and disclosures not described in this notice only with your written consent.

(C) Right to Revoke or Withdraw a Consent

You may revoke or withdraw your written consent at any time by submitting a request to the Part 2 Program. We will no longer use or disclose your Part 2 Records after such time, except to the extent we have already acted in reliance upon it.

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

(D) Uses or Disclosures in Legal Proceedings

Your Part 2 Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you provide specific written consent or a Part 2 compliant court order authorizes such disclosure.

Part 2 Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you and/or our Part 2 Program, where required by 42 U.S.C 290dd-2 and 42 CFR Part 2

A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

II. Your Rights Related to Your Part 2 Records

As a patient in our Part 2 Program, you have all the rights listed in the HIPAA NPP, including the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations.

You also have the right to an accounting of disclosures of electronic Part 2 Records made with your consent for the past 3 years, including disclosures for treatment, payment, and health care operations when such disclosures are made through an electronic health record.

III. Filing a Complaint

See HIPAA NPP for more information regarding filing a complaint.

The effective date of this Notice is February 16, 2026.