

disclosures are necessary to run our organization and make sure that our patients receive quality care. This includes information shared with outside parties who perform health care operations and other services on behalf of CHC ("business associates").

*Examples: quality assessment and improvement; reviewing the performance qualifications of our clinicians, licensing, accreditation, business planning and development and general administrative activities.*

**For Health Related Benefits and Appointment Reminders.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you. If you do not want CHC to provide you with information on health-related benefits or services or contact you for appointment reminders, you must notify the Privacy Officer in writing.

*Example: CHC may use and disclose your PHI to contact you to remind you of your appointment.*

**Uses or Disclosures of Your Protected Health Information Permitted Without Your Authorization or Opportunity to Object.**

**As Required by Law:** CHC may use or disclose PHI to the extent that the use or disclosure is required by law.

**Public health:** CHC may disclose your PHI for public health activities or other legal authorities to prevent or control disease, injury, or disability, or for other health review activities.

**Judicial and Administrative Proceedings:** CHC may disclose your PHI in response to a court order. In limited circumstances, CHC may disclose your protected health information in response to a subpoena if CHC is a party to a court action.

**For activities related to death:** CHC may disclose your PHI to funeral directors or coroners to enable them to carry out their lawful duties.

**Research:** CHC may use or disclose your PHI for research purposes if the researcher has obtained your permission or fulfilled the stringent privacy requirements of state and federal law.

**To avoid a serious threat to health or safety:** CHC may disclose your PHI to avoid a serious threat to the

health or safety of you or any other person as determined by law.

**Disclosures for specialized government functions:** CHC may disclose PHI for protection of public officials or reporting to various branches of the armed services.

**Disclosures to correctional institutions.** CHC may disclose PHI to limited staff of a correctional institution or a custodial law enforcement official for the provision of health care and the transport of inmates.

#### **Patient Complaint Process**

If you believe your privacy rights have been violated or you disagree with a decision CHC made about access to your PHI, you may file a complaint with CHC at the address below. You may also contact CHC's Safety and Assistant Compliance Officer with any questions about this Notice. If needed, we will assist you with writing your complaint. We will not retaliate against you for filing a complaint:

Caring Health Center, Inc.  
Compliance Officer  
1049 Main Street, Springfield, MA  
(413)735-1140 Fax: (413)731-9919  
Web: caringhealth.org

Caring Health Center is a 24-hour medical facility. After hours, call: (413) 739-1100.

El Caring Health Center es un centro médico de 24 horas. Fuera de Horas, llame al: (413) 739-1100.

You may also file a written complaint with the Secretary of the US Health and Human Services as follows:

Office of Civil Rights  
US Dept. Health and Human Services  
J F Kennedy Federal Building – Rm 1875  
Boston, MA 02203  
Phone: 617-565-1340

CHC is a federally qualified community health center under 42 U.S.C. §254(b) and its employees are deemed Public Health Service Employees under 42 U.S.C §233 (g)-(n).

CARING HEALTH CENTER



# Notice of Privacy Practices



This notice describes how your medical information may be used and disclosed. You can get access to this information about you. Please review it carefully.

### CHC Responsibilities to Protect Your Privacy

It is your right as a patient to be informed of CHC's legal duties with respect to protection of the privacy of your personal health information ("PHI").

PHI is information about you that may identify you and that relates to your past, present or future physical or mental health condition and health care services.

CHC is required to:

- Maintain the privacy of your PHI;
- Provide you with this Notice of Privacy Practices ("Notice") of the legal duties and privacy practices regarding PHI collected and maintained about you; and
- Abide by the terms of this Notice.

CHC reserves the right to change the terms of the Notice. If we change our practices and this Notice, the updated Notice will be posted on CHC's website at [www.caringhealth.org](http://www.caringhealth.org). You also have a right to obtain a paper copy upon request.

CHC will not use or disclose your PHI without your authorization, except as described in this Notice. For some of these uses or disclosures, we need your written authorization. In the Notice we describe the different categories of our uses and disclosures and give you some examples in each category. Except when disclosing PHI relating to your treatment, payment or health care operations, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the disclosure.

### Your Health Information Rights

CHC provides healthcare to its patients through collaborations with other healthcare entities and other professionals. All CHC employees, volunteers and contracted professionals will abide by CHC's privacy practices and procedures.

It is your right as a patient to be informed of the privacy

practices of CHC as well as to be informed of your privacy rights with respect to your PHI. This Notice is intended to provide you with this information.

#### You have the right to:

- **Request a restriction on certain uses and disclosures of your PHI.** You have the right to request restrictions on certain uses and disclosures of your PHI, even if the restriction affects your treatment or CHC's payment or health care operation activities. However, CHC is not required to agree to your requested restriction. Note, however, that if you are in an emergency situation we may disclose your PHI to a spouse, a family member, or a friend so that such person may assist in your care. In this case, CHC will determine whether the disclosure was in your best interest and, if so, only disclose PHI that is directly relevant to participation in your care.
- **Receive Confidential Communications.** You have the right to request that CHC communicate your health information to you in a certain manner or at a certain location. CHC shall accommodate reasonable requests. For example, you may request to be contacted at a phone number that is different from the phone number listed in your health care record.
- **Inspect and obtain a copy of your health record.** You have the right to inspect and obtain a copy of your health care record. This request for access to your health care record must be submitted in writing to CHC's Medical Record Supervisor. This right may not apply to certain types of psychotherapy notes and CHC may charge you a reasonable fee for a copy of your health care record. We may deny your request to inspect and/or copy your PHI in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.
- **Amend your health record.** You have the right to request an amendment to your health care record if you believe your PHI is incorrect or incomplete. You must make a request in writing and state the reason why your health record should be amended. If CHC did not create the PHI in your health record that you believe is incorrect or if CHC disagrees with you, CHC may deny your request.

- **Obtain an accounting of disclosures of your health information.** You have the right to a list of instances when your PHI has been released. You may request an accounting as far back as six years, except requests for electronic disclosures relating to treatment, payment or operations disclosures which are limited to three years. The accounting will not include (i) non-electronic disclosures relating to treatment, payment or operations; (ii) disclosures if you gave your written authorization to share the information; (iii) disclosures shared with individuals involved in your care; (iv) disclosures to you about your health condition; (v) disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement officials who have custody of you

### Uses and Disclosures for Treatment, Payment and Health Care Operations.

Except where prohibited by state or federal law, CHC is permitted to use or disclose your PHI for treatment, payment or health care operations. We do not need to obtain your written authorization to take such actions, as explained below.

**For Treatment.** CHC may use or disclose your PHI in the provision, coordination or management of your health care treatment and any related services. PHI may include, but is not limited to, your health history, symptoms, examinations, test results, diagnoses, treatment and any plans for future care or treatment.

*Example: Your PHI may be disclosed to a member of the CHC team who is involved in managing and providing your care, including nurses, physicians, therapists, social workers and other health care personnel. We may also disclose your PHI to non-CHC health providers, such as your physicians or other health care personnel.*

**For Payment.** CHC may use or disclose your PHI for billing and payment purposes.

*Example: CHC may use or disclose your PHI to your insurer to obtain payment for the provision of health care services.*

**For Health Care Operations.** CHC may use or disclose your PHI for our health care operations. These uses and