

NOTICE OF PRIVACY PRACTICES

Effective: September 23, 2013

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.

We are committed to maintaining the privacy of your health information in accordance with all applicable federal and state laws. We will obtain your authorization to use and disclose your health information as required by law.

We are also committed to providing excellent, well-coordinated services. We plan to share information and consult with health care providers who are directly involved in your care, as appropriate.

We are giving you this Notice so you will know about your rights and how we protect your health information.



1. OUR RECORD OF YOUR HEALTH INFORMATION

Each time you receive services, a record of your visit is made. This record may describe your condition, diagnoses, treatments and a plan for future care. Health information such as test results, medications and information obtained by your provider will be recorded.

2. WHEN WE NEED YOUR WRITTEN PERMISSION TO USE AND DISCLOSE YOUR HEALTH INFORMATION

We must obtain your written authorization for uses and disclosures of your health information, except as described below in this Notice.

We must, for example, obtain your written authorization for certain uses and disclosures involving the sale of your health information or for any use or disclosure of your health information for marketing purposes.

3. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS WITHOUT YOUR WRITTEN AUTHORIZATION

We may use or disclose your health information without your written authorization for the purposes of treatment, payment and health care operations. Examples of such uses are as follows:

Treatment – to provide, manage and coordinate care to meet your needs. Your treatment could also involve disclosing information to other providers such as a referring health care provider.

Payment – to obtain payment and determine health insurance eligibility. We may tell your health plan about treatment or services that may require their prior approval.

Health Care Operations – to assess the quality of care we provide, to improve our services, to train our staff and students, and to manage our operations and services.

Also, unless you object in writing, we may use your health information without your written authorization to:

- Send appointment reminders.
- Contact you about patient care issues and treatment choices.
- Tell you about services that may interest you or be of benefit to you.
- Contact you for fundraising, but you have a right to opt out of receiving such communications.

4. WE MAY BE PERMITTED OR REQUIRED TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

We are also permitted or required to use your health information or disclose your health information to others without your written authorization as follows:

- To avert a serious threat to health or safety to you or to others.
- Within Boston University and to business associates as needed for assistance with our operations, subject to protections for your health information.
- For research preparation and research, subject to protections for your health information.
- Incident to a use or disclosure otherwise permitted or required.
- If we are required by law to disclose your health information, such as when we have reason to suspect abuse or neglect of children, elders or disabled persons.
- For public health activities, such as reporting infectious diseases to boards of health, births or deaths or reactions to vaccines or medical devices to the FDA.
- For federal and state health oversight activities such as fraud investigations.
- As authorized by and necessary to comply with workers' compensation law or similar programs if you are injured or become ill at work.
- In judicial or administrative proceedings, subject to a subpoena, court order, or other lawful process and protections.
- To coroners, medical examiners and funeral directors.
- To organ, eye or tissue donation programs involving decedents.
- To law enforcement officials in limited circumstances.
- As requested if the Secretary of Health and Human Services conducts an investigation to determine our compliance with HIPAA
- For specialized government functions such as national security or intelligence inquiries.
- To a correctional institution if you are an inmate.
- Unless you object, to family and friends involved in your care if, in our professional judgment, it is in your interest for us to disclose information directly relevant to that person's involvement with your care.
- Unless you object, to a family member, personal representative, or person responsible for your care in order to notify them of your location, general condition, or death.
- Unless you object, to public or private entities for disaster relief efforts.
- Unless you object, to persons who inquire about you specifically by name, limited information about your condition and that you are being seen here.
- Otherwise, as required or permitted by HIPAA and all other applicable laws.

We are also subject to state and federal laws that give special protection to certain types of health information, and we will comply with these laws if applicable. These laws relate to:

- HIV/AIDS testing or test results,
- Genetic testing and test results,
- Information about sexually transmitted diseases,
- Substance abuse and rehabilitation treatment information, and

- Sensitive information such as sexual assault counseling records or communications between you and a social worker, psychologist, psychiatrist, psychotherapist or licensed mental health nurse clinical specialist.
- Psychotherapy notes (notes maintained outside of the medical record for the therapist's own use). However, specific authorization is not required for use or sharing of these notes if used by your therapist to treat you, for training programs, for legal defense in an action you bring, or for professional oversight of the therapist.

5. YOUR RIGHT TO INSPECT AND RECEIVE COPIES OF YOUR HEALTH INFORMATION AND TO REQUEST THAT WE RELEASE YOUR HEALTH INFORMATION TO OTHERS.

You have the right to inspect and receive copies of your health information in our health records and to request that we release a copy of this health information to others. A modest fee may be charged. Please contact us to get instructions for making a request.

Your request may be denied in exceptional cases involving:

- Psychotherapy notes, certain clinical laboratory data, or information compiled in anticipation of or use in a civil, criminal or administrative action or proceeding.
- Health information created or obtained in the course of research, while the research is in progress.
- Health information that we obtained from someone other than a health care provider under a promise of confidentiality if the access requested would be reasonably likely to reveal the source of the information.
- Access to health information that is reasonably likely to endanger the life or physical safety of you or another person.
- Access to health information about another person (other than a health care provider) that is reasonably likely to cause substantial harm to such other person.
- Access to your health information by your personal representative that is reasonably likely to cause substantial harm to you or another person.

Our health records will be retained for a minimum of 20 years from the date of discharge or final treatment.

6. YOUR ADDITIONAL RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request, in writing, that we limit how we use or disclose your health information. We may not be able to comply with all requests, but we will comply if you request us not to disclose health information to a health plan for payment or health care operations when pertaining to items or services for which we have been paid in full by you or a person other than the health plan (unless the disclosure is required by law).
- Revoke, in writing, any authorization you have given to disclose your information; but, we won't be able to take back information we have already disclosed.
- Request how we communicate confidentially with you, and we will try to accommodate reasonable requests.
- Request in writing additions or corrections to your health information. We may not agree to your request if we did not create the information, if the information is not kept by us to make decisions about you, if the information is not part of what you are allowed to inspect or copy, or if your health information is already complete and correct.
- Request in writing and receive an accounting of the disclosures we have made of your health information, except for disclosures to you, disclosures you authorize, and some disclosures that are permitted or required without authorization.
- Receive notification of a breach of your unsecured protected health information.
- Obtain a paper copy of this Notice even if you received it electronically.

7. OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy of your health information.
- Provide this Notice of your rights and our duties and privacy practices.
- Abide by the terms of our Notice of Privacy Practices as currently in effect.
- Notify you following a breach of your unsecured protected health information.
- Notify you if we are unable to continue to comply with your restriction request.

We reserve the right to change our privacy practices and this Notice and to make the new practices effective for all your health information including information we already have about you. The revised Notice will be posted on our website and made available at our treatment site.

8. TO EXERCISE YOUR RIGHTS OR FILE A COMPLAINT

If you have questions about this Notice, would like to exercise your rights, or wish to file a formal complaint regarding the privacy of your health information, please contact us as follows:

Kelly Pesanelli

Boston University Rehabilitation Services

915 Commonwealth Ave. Rear

Boston, MA 02215

617-358-3700

Fax 617-358-3710

All complaints will be investigated and you will not be penalized or subject to retaliation for filing a complaint.

In addition to contacting us, you may also file a formal complaint with the federal government. Send your complaint to the OCR Regional Manager – Region I, Office for Civil Rights, U.S. Department of Health and Human Services. Directions for filing a complaint by email, mail, or fax can be found at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>