NOTICE OF PRIVACY PRACTICES FOR
BU HEALTHCARE PROVIDER HIPAA COVERED COMPONENTS
Effective Date: February 16, 2026

THIS NOTICE OF PRIVACY PRACTICES ("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.

If you have any questions about this Notice, please contact:
Name: **Jessica Captain Novick**
Title: **BU Chief Health Privacy Officer**
Email: **HIPAA@bu.edu**
Telephone: **617.358.3124**

SECTION A: WHO WE ARE

This Notice describes the privacy practices for the BU Healthcare Provider HIPAA Covered Components (the "BU HIPAA Providers"), which are as follows:

- **Boston University Henry M. Goldman School of Dental Medicine**
  635 Albany Street, Clinical Affairs Suite 345, Boston, MA 02118
  HIPAA Contact: Office of Quality Management and Compliance at GSDMComp@bu.edu or (617) 358-6100
- **Boston University Rehabilitation Services**
  (Physical Therapy Center and Center for Neurorehabilitation)
  915 Commonwealth Ave, Rear, Boston, MA 02215
  HIPAA Contact: James Camarinos at jcam@bu.edu or (617) 358-3700
- **The Danielsen Institute**
  185 Bay State Road, Boston, MA 02215
  HIPAA Contact: Lauren Kehoe at daninst@bu.edu or (617) 353-3047
- **Boston University Sargent Choice Nutrition Center**
  635 Commonwealth Avenue, 6th floor, Boston, MA 02215
  HIPAA Contact: Rachel Reynolds at scnc@bu.edu or (617) 353-2721

Our employees, volunteers, students, and other health care professionals must comply with this Notice.

SECTION B: OUR PLEDGE REGARDING PHI

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we protect the privacy of your health information, known as, "protected health information" or "PHI," and we are committed to doing so. We create a record of the care and services you receive, so we can provide you with quality care and comply with certain legal requirements. This Notice applies to all of the records of your care generated or maintained by any of our BU HIPAA Providers.

This Notice will tell you about the ways in which we may use and disclose your PHI. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- maintain the privacy of PHI about you, consistent with the requirements of HIPAA;
- give you this Notice of our legal duties and privacy practices with respect to your PHI;

- follow the terms of the Notice that is currently in effect; and
- notify you in the event there is a breach of your unsecured PHI.

We know this Notice is long, but the law requires us to describe in detail the ways that we may use and disclose your PHI, as well as your legal rights and our legal duties with respect to PHI.

SECTION C: HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Please be aware that PHI disclosed pursuant to this Notice may be redisclosed by the recipient and may no longer be protected by HIPAA, other federal privacy laws, or applicable state laws.

We May Use And Disclose Your PHI For Treatment, Payment, Or Health Care Operations Without Your Written Authorization

The following categories describe the different ways we may use and disclose PHI without your authorization for treatment, payment, or health care operations:

- **Treatment**. To provide, coordinate, or manage, your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your healthcare with others. In addition, we may use and disclose PHI about you when referring you to another health care provider. For example, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you. We also may disclose your PHI for the treatment activities of another health care provider. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care with us. We also may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Payment**. To bill or collect payment or determine health insurance eligibility. For example, we may give your health plan information about a medical procedure that we performed for you, so your health plan will pay us or reimburse you for the procedure. We also may 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.
- **Health Care Operations**. To operate. These uses and disclosures are necessary to run our operations and to make sure that all of our patients receive quality care. For example, we may use PHI to evaluate the performance of our staff in caring for you. We may combine PHI to decide what additional services we can offer, what services are not needed, and whether certain new treatments are effective. We may use or disclose PHI to an outside organization that evaluates, certifies, or licenses health care providers or staff. We may disclose information to other medical institutions for review and learning purposes.
    - **Fundraising**. We may contact you as part of our fundraising efforts. Our fundraising communications will include information about how you may opt out of future fundraising communications. If we intend to use or disclose substance use disorder treatment records subject to 42 C.F.R. Part 2 ("Part 2 Records") for fundraising, we will provide you with an opportunity to elect not to receive any fundraising communications prior to using Part 2 Records for fundraising purposes.

- **Business Associates**. We may disclose your PHI to our business associates (and our business associates may disclose your PHI to their subcontractors) so that they can perform the job we have asked them to do. However, we require our business associates and their subcontractors to appropriately safeguard your information. Examples of such services are answering services, transcriptionists, billing services, and consultants.
- **Organized Health Care Arrangement**. We may disclose PHI for the health care operations activities of an organized health care arrangement ("OHCA"), in which we may participate. An example of an OHCA is the joint care provided by a hospital and the doctors who see patients at the hospital.

We Are Permitted Or Required To Use or Disclose Your PHI Without Your Written Authorization Or The Opportunity To Agree Or Object

We are permitted or required to use your health information or disclose your health information to others without your written authorization or the opportunity to agree or object, as follows:

- **Required by Law**. When required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Public Health Activities**. For public health activities under certain circumstances, such as preventing disease, helping with product recalls, and reporting adverse reactions to medications.
- **Victims of Abuse, Neglect or Domestic Violence**. To a government authority if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities**. To a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure or disciplinary actions.
- **Judicial and Administrative Proceedings**. To a court or administrative order or in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Provided, however, in no event will we use or disclose your Part 2 Records, or testimony that describes the information contained in your Part 2 Records, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against you, unless authorized by your consent or a court order after you are provided notice of the court order and the opportunity be heard.
- **Law Enforcement Purposes**. To law enforcement officials for a law enforcement purpose in limited circumstances.
- **Coroners, Medical Examiners and Funeral Directors**. To a coroner or medical examiner or to funeral directors as necessary to carry out their duties.
- **Cadaveric Organ, Eye or Tissue Donation Purposes**. To organizations that handle organ procurement or organ, eye, or tissue transplantation.
- **Prevent a Serious Threat to Health or Safety**. To prevent a serious threat to your health or safety, or the health or safety of the public or another person.
- **Specialized Government Functions**. For military, national defense and security, and other special government functions and to a correctional institution if you are an inmate.
- **Workers' Compensation**. For workers' compensation or similar programs.
- **Research**. For research preparation and research that has been granted a HIPAA waiver of authorization from the Institutional Review Board or when certain requirements of the law are met; otherwise, a written authorization is required for research.

We Can Use And Disclose PHI Without Your Written Authorization, But You Have The Opportunity To Agree Or Object

We are permitted to use or disclose your health information to others without your written authorization, but you have the opportunity to agree or object, as follows:

- **Individuals Involved in Your Care or Payment for Your Care**. To your family member, close friend, or any other person involved in your care.
- **Disaster Relief Purposes**. To a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- **Directory**. Limited information about you in our facility directory (if one exists).

We Are Subject To Federal And State Laws That Give Special Protection To Certain Types Of Highly Confidential PHI

There are federal and state laws that give special protection to certain types of highly confidential health information, and we will comply with these laws if applicable. This includes:

- **Part 2 Records**. If you provide a general consent to a substance use disorder treatment program that is covered by 42 C.F.R. Part 2 ("Part 2 Program") to allow us to receive or maintain your Part 2 Records for purposes of treatment, payment, or health care operations, we can use and disclose your Part 2 Records for treatment, payment, or health care operations, and as otherwise provided without written authorization, as described in this Notice, without your additional consent. If we receive or maintain your Part 2 Records through a specific consent you provide to us or another third party, we will use and disclose your Part 2 Records only as expressly permitted by you in your consent. If we do not have consent, we will not be able to use or disclose your Part 2 Records, except in very limited situations pursuant to the law, like a medical emergency.
- **Other Highly Confidential Health Information**. HIV/AIDS testing or test results, genetic testing and test results, information about sexually transmitted diseases, information related to diagnosis or treatment of pregnancy, sensitive information such as sexual assault, human trafficking, or domestic violence counseling records or communications between you and a social worker, psychologist, psychiatrist, psychotherapist or licensed mental health nurse clinical specialist, and psychotherapy notes or counseling notes from a Part 2 Program ("SUD counseling notes") generally require your written consent for use or disclosure. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Massachusetts Department of Health.

There Are Situations that Require a Written Authorization To Use or Disclose Your PHI

We may not use or disclosure PHI about you without your written authorization in the following situations:

- **Marketing**. For solicitation or marketing the sale of goods or services (not including a face-to-face communication or a promotional gift of nominal value).
- **Sale of PHI**. In connection with a sale of PHI, as defined in HIPAA.
- **Other Uses and Disclosures Not Described in this Notice.** For other uses and disclosures of PHI not described in this Notice.

If you provide us with written authorization, then we may make these types of uses and disclosures of PHI. Any written authorization you give us for such purposes may be revoked by you at any

time, except if we have already acted based on it.

SECTION D: YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the below rights regarding PHI we maintain about you. Please contact the HIPAA Contact at the applicable BU HIPAA Provider to obtain a copy of the relevant form you will need to make your request to exercise such rights. You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of their authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. We retain discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

- **Right to Inspect and Copy**. You have the right to inspect and copy PHI that may be used to make decisions about your care, excluding psychotherapy and SUD counseling notes. We may deny your request to inspect and copy PHI in certain circumstances. If you are denied access to PHI, in some cases, you may request that the denial be reviewed. A modest fee may be charged if you request a copy of the information. Please speak to your clinician or the HIPAA Contact at the applicable BU HIPAA Provider if you have questions about making a request.
- **Right to Amend**. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information by submitting your request in writing to the HIPAA Contact at the applicable BU HIPAA Provider. We may deny your request if it is not in writing with a supporting reason or we believe the information you wish to amend is accurate and complete, the PHI was not created by us, or other special circumstances apply.
- **Right to an Accounting of Disclosures**. You have the right to request a record of certain non-routine disclosures we made about you that were not for a treatment, payment or operations purpose. Disclosures to you, disclosures you authorize, and disclosures that are permitted or required without your authorization will not be included. Your request must be in writing to the HIPAA Contact at the applicable BU HIPAA Provider. The period may not exceed 6 years from the date of the disclosure or include any dates prior to April 14, 2003. The first list you request within a twelve (12) month period will be free. We may charge you for the costs of providing additional lists.
- **Right to Request Restrictions**. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations or to someone who is involved in your care (for example, a family member or friend). Your requested restriction must be in writing to the HIPAA Contact at the applicable BU HIPAA Provider. **Generally, we are not required to agree to your request,** but if we do agree, we will comply with your request unless otherwise required by law, in emergencies, or when the information is necessary for treatment. We also will not deny your request to restrict disclosure to a health plan: if it is for purposes of carrying out payment or health care operations and is not otherwise required by law; or the information pertains solely to a health care item or service for which we have been paid out of pocket in full.
- **Right to Request Confidential Communications**. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the HIPAA Contact at the applicable BU HIPAA Provider.
- **Right to a Paper Copy of This Notice**. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Please contact the HIPAA Contact at the applicable BU HIPAA Provider to obtain a paper copy of this Notice.

- **Right to Receive Notice of a Breach**. We are required to notify you after a breach of your unsecured PHI has occurred.
- **Right to File a Complaint**. If you believe your privacy rights have been violated, you may file a written complaint with us by contacting the HIPAA Contact at the applicable BU HIPAA Provider or the Chief Health Privacy Officer identified on the first page of this Notice. You may also wish to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, which can be done online here: https://www.hhs.gov/ocr/complaints/index.html. **You will not be penalized for filing a complaint.**

SECTION E: CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Revised Notices will be posted in our office and on our website. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. You may request a copy of the current Notice at any time.