

## **HIPAA NOTICE OF PRIVACY PRACTICES**

Embrace Pathways to Wellness, LLC (“Embrace”) is a mental health clinic, licensed and regulated by the Massachusetts Department of Public Health. In the course of Embrace’s business, medical records and other personal health information may be collected, used, and disclosed.

This Health Insurance Portability and Accountability Act (“HIPAA”) notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully. If you have any questions about this Privacy Notice, please contact your therapist or our Clinical Director and Chief Executive Officer, Gabriela DeMello, M.Ed., LMHC, at (617) 804-2773.

### **UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you visit a hospital, health care provider, or mental health clinician, a record of your visit is made. Typically, this record contains your symptoms, evaluation and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third party payer can verify that services billed were actually provided;
- tool in educating health professionals;
- source of information for public health officials charged with improving the health of the nation;
- source of data for facility planning and marketing; and/or
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- better understand who, what, when, where and why others may access your health information;
- make more informed decisions when authorizing disclosure to others; and/or
- ensure its accuracy.

### **YOUR PRIVACY RIGHTS**

You have the following rights regarding the health information that we have about you.

- **Your Right to Inspect and Copy:** In most cases, you have the right to look at or get copies of your medical records. You may be charged a fee for the cost of copying your records. (You may need to make an appointment to look at your record to assure that we will have it available for you.)

- **Your Right to Amend:** You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.
- **Your Right to Request Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. We will do our best to accommodate such a request.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information:** You can ask for limits on how your information is used or disclosed. We are not required to agree to such requests but can if we believe it is reasonable to do so.
- **Your Right to a List of Disclosures:** You have the right to ask for a list of certain disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. It will not include information released without your name or other data that would identify you. The first accounting you request within a twelve month period will be free, but there is a fee for additional requests during the same 12 month period.
- **Your Right to a Paper Copy of this Notice:** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. Your requests must be made in writing to us, addressed to Privacy Officer, Embrace Pathways to Wellness, LLC, 1R Newbury St, Suite 401, Peabody, MA 01960.

## OUR RESPONSIBILITIES

Embrace will:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction; and
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

## HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

**We will use your health information for treatment.**

For example: Information obtained by your therapist, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. These clinicians will document in your record your evaluation and treatment plan. Members of your healthcare team will then record the actions they took and their observations. In that way, we will know how you are responding to treatment. We may also share your health information without your authorization among our clinicians and other staff (including clinicians other than your therapist or principal clinician), who work at Embrace. For example, our staff may discuss your care at a team meeting.

When we make disclosures to a third party (other than your health plan) for coordination or management of your health care, we will usually obtain your written authorization prior to the disclosure. A third party is a person or entity who is not affiliated with our organization. In addition, with your authorization, we will disclose your health information to another health care provider (e.g., your primary care physician or a laboratory) working outside of Embrace.

**We will use your health information for payment.**

For example: A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and the type of visit. Or, as part of the prior approval process, your HMO may request information regarding your current clinical status.

**We will use your health information for regular health operations.**

Embrace may use and share your health information for activities that are known as health care operations. These are activities that are needed to operate our facilities and carry out our mission. Some of the information is shared with outside parties who perform these health care operations or other services on behalf of Embrace. These are called “business associates.” Business associates must also take steps to keep your health information private. Examples of activities that make up health care operations include:

- contacting you at the address and telephone numbers you give to us (including leaving messages on answering machines) about:
  - scheduled or cancelled appointments, registration/insurance updates, billing or payment matters, or test results;
  - information on patient care issues, treatment choices and follow up care instructions; or
  - other health-related benefits and services that may be of interest to you;
- monitoring the quality of care and making improvements where needed;
- reviewing medical records for completeness and accuracy;
- meeting standards set by regulating agencies;
- teaching mental health professionals;
- using outside business services such as storage, auditing, legal or other consulting services;
- storing your health information on computers; and/or

- managing and analyzing medical information.

### **Uses and disclosures (sharing) of your health information without your specific permission**

Embrace may legally use and/or share your health information with others in the following areas without your specific permission, however, in such cases, we will disclose the minimum amount of information necessary to fulfill our obligation:

- As required by state and federal laws and regulations;
- For public health activities, including required reports to the state public health agencies or to agencies such as cancer registries and the federal Food and Drug Administration;
- When Embrace staff believe you might be in danger of harming yourself or other persons or are at risk because of being unable to take care of yourself;
- When Embrace staff believe that a child, elderly person, or disabled person in your care is being abused or neglected;
- For health oversight activities such as responding to reviews by government agencies or benefit programs such as Medicare or Medicaid;
- For research that is approved by an Embrace Research Committee when written permission is not required by federal or state law. This also may include preparing for research or telling you about research studies in which you might be interested;
- We may disclose health information about you to a court when a judge orders us to do so;
- We may disclose health information about you in legal proceedings without your permission when:
  - your health information involves communications made during a court-ordered psychiatric examination;
  - you introduce your mental or emotional condition in evidence in support of your claim or defense in any proceeding and the judge approves our disclosure of your health information;
  - you file a claim against any of our clinicians or staff for malpractice or initiate a complaint with a licensing board against any of our clinicians;
  - a judge approves our disclosure of your health information in a legal proceeding that involves child custody, adoption or dispensing with consent to adoption; or
  - one of our social workers brings a proceeding, or is asked to testify in a proceeding, involving foster care of a child or commitment of a child to the custody of the Massachusetts Department of Social Services;
- For law enforcement purposes under specific conditions such as reporting when someone is the victim of a crime. Other conditions include:

- when the information is provided in response to an order of a court when you agree to the disclosure;
- we determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
- the disclosure is otherwise required by law;
- With regard to people who have died, to coroners, medical examiners and funeral directors, or for organ, eye or tissue donation at death;
- To avert a serious threat to health or safety;
- For specialized government operations; and/or
- As authorized by and as necessary to comply with workers compensation laws.

**Uses and disclosures (sharing) of your health information that you may ask to be limited, or request not be made**

In general, Embrace will not give out any information to family or friends without an authorization signed by you. Embrace does not have a patient directory and will not give out any information regarding your care.

In an emergency situation, if you are present and are able to make health care decisions, we will try to find out if you want us to share this information with your family members or others. If you are not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that others really need to know.

And, if you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to your health care agent if we have received a valid health care proxy from you, your guardian or medication monitor if one has been appointed by a court, or if applicable, the state agency responsible for consenting to your care.

**Uses and disclosures of information that require your written permission**

- Sharing information about genetic testing (as defined by state law) or genetic test results;
- Sharing information about HIV testing or test results;
- Sharing information from substance abuse rehabilitation treatment programs;
- Sharing information about treatment for sexually transmitted diseases;
- Using and sharing health information for research, research preparation, or recruitment, when the appropriate Embrace Research Committee determines this is required under federal and state laws;
- Information which state law recognizes as “Privileged” (sensitive) information can only be shared in administrative and judicial proceedings if you give written permission. Privileged information includes information that relates to domestic violence, sexual assault counseling, confidential communications between a patient and a social worker, or confidential details of psychotherapy

(from a psychiatrist, psychologist, or licensed mental health nurse clinical specialist). Such proceedings may include civil or criminal trials and their preliminary proceedings, or hearings before a state, county or local administrative agency.

- Using and sharing psychotherapist notes (notes maintained outside of the medical record for the therapist's own use); however, specific permission is not required for use or sharing of these notes for your therapist to treat you, for training programs, for legal defense in an action you bring, or for oversight of the therapist

### **SMS Mobile Communication**

No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

We do not collect your information and provide it to the third party services for processing the phone numbers we collect and the consent we received will not be shared with third party providers.

Data, including mobile phone numbers, will not be sold or shared with third parties for promotional or marketing purposes.

### **Withdrawing permission**

If you have given permission for your medical information in the above categories to be used or shared, you may withdraw your permission in writing at any time and except to the extent that the providers have already acted on it, we will not make any further disclosures of your information.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Chief Executive Officer, Gabriela DeMello, M.Ed., LMHC, at 1R Newbury St., Suite 401, Peabody, MA 01960. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

### **Changes to this notice**

We reserve the right to change the terms of our HIPAA Notice of Privacy Practices. We also reserve the right to make the revised or changed HIPAA Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future.