

## Notice of Privacy Practices

Protecting patient privacy is an important element of the trust between our caregivers and their patients, and an important legal and ethical obligation. The Atrius Health medical groups are deeply committed to protecting our patients' rights to privacy, and to safeguarding patient information.

**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.**

This notice applies to all Atrius Health medical groups. A complete list of the medical groups that participate in Atrius Health is attached to this Notice.

### **Our Responsibilities:**

Dedham Medical Associates is required to maintain the privacy of your Protected Health Information ("Health Information"). This includes medical information about you that is collected during the course of your treatment maintained in either paper or electronic form. Typically, this information includes your symptoms, examination and test results, diagnoses, treatment, and a plan for future care. Information about care that you have received from other providers may also be included in Dedham Medical Associate's medical record. Health Information also includes demographic information and payment information.

Dedham Medical Associates and the other Atrius Health medical groups share an integrated electronic medical record so that your caregivers at any Atrius Health practice can provide you with high quality, coordinated care. Access to the integrated medical record is expressly restricted to those clinicians and staff involved in your care, or to those who need the information for payment or health care operations or other purposes as set forth in this Notice.

Dedham Medical Associates must abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all Health Information that Dedham Medical Associates maintains. We are required by law to provide you with this Notice. In addition, we will post our current Notice in a prominent location in each of our practice sites, as well as on our website: [www.dedhammedical.com](http://www.dedhammedical.com).

### **I. Uses and Disclosures of your Health Information:**

The following are examples of the types of uses and disclosures of your Health Information that Dedham Medical Associates is legally permitted to make.

#### **A. Uses and Disclosures of Health Information for Treatment, Payment and Operations**

Your Health Information may be used and disclosed by your physician and Dedham Medical Associates staff who are involved in your care and treatment. Your Health Information may also be used and disclosed as necessary for Dedham Medical Associates to obtain reimbursement for care provided to you, and to support the operation of our practice.

1. **Treatment:** Dedham Medical Associates may use your Health Information to provide and manage your health care. If we refer you for treatment or consultation outside Dedham Medical Associates – for example to another clinician or hospital – we will provide that health care provider with the necessary information to diagnose or treat you. In some cases, these providers have a specific relationship with Dedham Medical Associates, such as physicians at area hospitals to which Dedham Medical Associates refers or admits its patients. Atrius Health providers can also review your Health Information maintained in your Dedham Medical Associates medical record when they provide care to

you. All of these providers must also take steps to protect the confidentiality of your Health Information. We believe this type of sharing is critical in providing you the very best in health care and is necessary given the complexities of various illnesses and health conditions.

2. **Payment:** Dedham Medical Associates may use and disclose your Health Information, as needed, to obtain payment for health care services. We may disclose information to your health plan or other third party payer in order to make sure your treatment is approved, to verify eligibility or coverage for insurance benefits, and to permit the payer to review services provided to you for medical necessity. For example, we may need to share relevant Health Information to your health plan to obtain approval for a hospital admission.
3. **Health Care Operations:** Dedham Medical Associates may use or disclose your Health Information in order to conduct its business of providing health care. These “health care operations” may include quality assessment, training of medical students, credentialing and various other activities that are necessary to run our practice and to improve the quality and cost effectiveness of the care that we deliver to you. Some of these activities occur in conjunction and cooperation with other Atrius Health groups. Other of these business operations may be performed by outside parties (“Business Associates”) on Dedham Medical Associate’s behalf. Our Business Associates must agree to maintain the confidentiality of your Health Information.

Unless you ask us not to, we will contact you to remind you of your appointments with us. We may also provide you with information about treatment alternatives or other health-related benefits, products and services that may be beneficial to you, again with the hopes of improving your health and welfare. In addition, Dedham Medical Associates may use your Health Information to contact you for fundraising to support Dedham Medical Associate’s programs and services and its charitable mission.

**B. Other Permitted and Required Uses and Disclosures of Your Health Information:**

In addition to treatment, payment and health care operations, there are other circumstances in which Dedham Medical Associates is either permitted or required to disclose your Health Information, in accordance with applicable law.

1. **Involvement of Others in Your Health Care :** Dedham Medical Associates will make an effort to ask you if we may share relevant Health Information about you with family members or any other person you identify. If you are not present, unable to communicate, or in an emergency situation, Dedham Medical Associates staff may exercise their professional judgment to determine whether to share this information. In addition, we may need to disclose Health Information to notify a family member or any other person responsible for your care of your location, general condition or death. Finally, Dedham Medical Associates may disclose your Health Information to an authorized public or private entity to assist in disaster relief efforts, and to coordinate efforts to notify someone on your behalf. Please be assured we will only do so if absolutely necessary and in the event of an emergency or disaster.
2. **Public Health:** Dedham Medical Associates may disclose your Health Information for public health activities, including the following:
  - to report Health Information (e.g., infectious diseases, such as chickenpox) to prevent or control disease, injury, or disability
  - to report births and deaths
  - to report reactions to medications or problems with products
  - to notify a person who may have been exposed to a communicable disease, or may be at risk for contracting or spreading the disease
3. **Victims of Abuse, Neglect or Domestic Violence:** If Dedham Medical Associates reasonably believes you are a victim of abuse, neglect or domestic violence, Dedham Medical Associates may disclose your Health Information to an appropriate agency authorized by law to receive such reports.
4. **Health Oversight:** Dedham Medical Associates may be required to disclose Health Information to a health oversight agency for audits, investigations, inspections, and other health oversight activities. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

5. **Legal Proceedings:** Dedham Medical Associates may be required to disclose Health Information in the course of any judicial or administrative proceeding in response to a legal order or other lawful process, including a subpoena.
6. **Law Enforcement:** Dedham Medical Associates may be required to disclose Health Information for law enforcement purposes.
7. **Coroners, Funeral Directors, and Organ Donation:** Dedham Medical Associates may be required to disclose Health Information to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also disclose Health Information to a funeral director or their designee, as necessary to carry out their duties. Health Information may also be disclosed to organizations that facilitate organ, eye or tissue donation and transplantation.
8. **Research:** Dedham Medical Associates may use or disclose Health Information for research that is approved by an Institutional Review Board when written permission is not required by Federal or State law. This may include preparing for research or telling you about research studies in which you might be interested.
9. **To avert a serious threat to health or safety:** Dedham Medical Associates may be required to use and disclose Health Information to prevent or lessen a serious threat to a person's or the public's health or safety.
10. **Specialized Government Functions:** Under certain circumstances, Dedham Medical Associates may be required to disclose Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State.
11. **Workers' Compensation:** Dedham Medical Associates may use and disclose Health Information as required to comply with workers' compensation laws, and other programs that provide benefits for work-related injuries or illnesses.
12. **Required By Law:** Dedham Medical Associates may be required to use or disclose your Health Information to the extent that the use or disclosure is required by federal, state or local law. This includes any other law not already referred to in the preceding categories. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**C. Uses and Disclosures of Health Information Based upon Your Written Authorization:**

Uses and disclosures of your Health Information, other than those described above, will be made only with your written authorization. For example, you will need to sign an authorization form before Dedham Medical Associates can send your Health Information to your life insurance company. With limited exceptions, we will also obtain your written authorization prior to using your Health Information for marketing purposes. You may revoke your authorization at any time, in writing, except to the extent that Dedham Medical Associates has taken any action in reliance on the authorization.

In addition, federal and Massachusetts laws require that we obtain your specific written authorization for the use or disclosure of certain information about you. This information includes psychotherapy "process notes" as defined by federal law; communications with certain behavioral health professionals; communications between domestic violence victims and domestic violence counselors, and between sexual assault victims and sexual assault counselors; and information related to substance abuse treatment, HIV testing or results, treatment of sexually transmitted diseases, and genetic testing or test results.

**II. Your Individual Rights:**

Although your medical record at Dedham Medical Associates is Dedham Medical Associate's property, the Health Information it contains belongs to you. The following is a statement of your rights with respect to your Health Information, and a brief description of how you may exercise these rights.

- A. **You have the right to inspect and obtain a copy of your Health Information.** At any time, you may inspect and obtain a copy of Health Information about you, including your medical and billing record, which may be used to make decisions about your care. Under limited circumstances we may limit your access to all or certain portions of your record. This includes, but is not limited to, psychotherapy “process” notes, or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. If you are denied access to portions of your record, in some circumstances you may have a right to have this decision reviewed. All requests to access your record must be made in writing to the Medical Records department, and will be processed within 30 days. If you request a copy of your records, we may charge you a fee to cover the copying and mailing costs.
- B. **You have the right to request an amendment of your Health Information.** You may request Dedham Medical Associates to amend your treatment and billing information if you think the information is incorrect or incomplete, for as long as Dedham Medical Associates maintains the information. If for some reason we deny your request, we must give you a written statement with the reasons for the denial, and what other steps are available to you. Please don’t hesitate to contact the Privacy Officer if you have questions about amending your medical record, or any registration staff to discuss amendments to your billing records.
- C. **You have the right to request a restriction of your Health Information.** You have the right to ask for restrictions on the use and sharing of your health information for treatment, payment, or health care operations. Dedham Medical Associates is not required to agree to your request. If we do, we must put the restriction in writing and abide by it except if you need to be treated in an emergency. You may not ask us to restrict uses and sharing of information that we are legally required to make. All requests must be in writing to Dedham Medical Associate’s Privacy Officer.
- D. **You have the right to request to receive communications from us by alternative means or at an alternative location.** We will make every effort to accommodate requests, provided you supply a valid alternative address or other method of contact. The Privacy Officer will handle all requests. In certain cases we may need to contact you and may do so at the original address or phone number if attempts to contact you at the alternative locations are not successful.
- E. **You have the right to receive an accounting of certain disclosures we have made, if any, of your Health Information.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It does not apply to disclosures we may have made to you, that were authorized by you, information provided to family members or friends about your care, or for notification purposes. You have the right to receive specific information regarding disclosures made by Dedham Medical Associates that occurred after April 14, 2003. You can request an accounting of disclosures for a period up to six years, but only for disclosures made after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. Requests must be made to our Privacy Officer, and we will respond to your request within 60 days.
- F. **You have the right to obtain a paper copy of this notice.** We will provide a paper copy of this Notice to you, upon request, even if you have agreed to accept this notice electronically.

III. **Effective Date: This Notice is effective on February 28, 2006.**

IV. **Complaint Process:**

If you believe Dedham Medical Associates has violated your privacy rights, please communicate your concerns by contacting our Privacy Officer. We will make every effort to respond to your concerns immediately and professionally. You may also send a written complaint to the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint about our privacy practices, nor will it affect your rights or status as a patient with Dedham Medical Associates. You may contact our Privacy Officer at (781) 329-1414 x1198 for further information about the complaint process.



**This Notice of Privacy Practices applies to the following Atrius Health care system medical groups:**

<b><u>Member Organizations</u></b>	<b><u>Contact Information for reporting a privacy breach or complaint</u></b>
1. <b>Dedham Medical Associates</b> One Lyons Street Dedham, MA 02026	Privacy Officer: 781-329-1414 x1198
2. <b>Granite Medical Group</b> 500 Congress Street Quincy, MA 02169	Privacy Officer: 617-376-6680
3. <b>Harvard Vanguard Medical Associates</b> 275 Grove Street Suite 3-300 Newton, MA 02466	Privacy Officer: 617-559-8411
<b><u>Including the following divisions:</u></b>	
- <b>Concord Hillside Medical Associates</b> 242 Baker Avenue Concord, MA 01742	Privacy Coordinator: 978-287-9300
- <b>Lynnfield Medical Associates</b> 2 Essex Center Drive Peabody, MA 01960	Privacy Coordinator: 617-559-8411
- <b>Primary Care Internal Medicine Associates</b> 1153 Centre Street, Suite 43 Boston, MA 02130	Privacy Coordinator: 617-522-7041
4. <b>South Shore Medical Center</b> 75 Washington Street Norwell, MA 02061	Privacy Officer: 781-681-1630
5. <b>Southboro Medical Group</b> 24 Newton Street Southboro, MA 01772	Privacy Officer: 508-460-3204