

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. If you have any questions about this notice please contact the Office Manager.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related healthcare services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. You may receive a revised copy of the Notice of Privacy Practices by requesting that a copy be sent to you in the mail or by asking for one at the time of your next appointment.

1. Allowed Uses and Disclosures of Protected Health Information

The following are examples of the types of uses and disclosures of your protected healthcare information that our office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that are allowed.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. For example, copies of your progress notes may be released to your referring primary care physician or to another healthcare provider or facility who may become involved in your care. This may include a provider who may be treating you for a related problem, a collaborating specialist who may be consulted by your treating provider or a hospital or laboratory used for diagnostic studies.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your healthcare services. This may include insurance claim submissions, determination of eligibility and coverage, obtaining referrals and/or prior approval of medications and services.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. Our staff will call you by name in the waiting room and may contact you at your home or a designated location to confirm or reschedule appointments. If we are unable to reach you by phone, we will do so by mail sending all notices to your home address unless directed otherwise. Other business activities in which your protected health information may be disclosed include, but are not limited to, employee review activities, education of office staff and training of medical students.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related products and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also review your record to screen for potential eligibility in upcoming asthma and allergy studies through our Center for Clinical Research. You may contact the Office Manager to request exclusion from such mailings and screening.

Other Instances in Which Your Protected Health Information May be Disclosed:

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician/provider shall try to obtain your authorization as soon as reasonably possible after the delivery of treatment.

Others Involved in Your Healthcare: With your permission and to the extent you request, we will share protected health information with those individuals directly involved in your healthcare whether this be a member of your family, a relative, a close friend, or any other person you identify.

Communication Barriers: It is understood that if you bring a translator with you to the visit, you give your consent to the disclosure of your protected health information to that individual. If we require the services of an outside vendor for translation assistance, that vendor will be subject to the same privacy standards as other business associates.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs or other government regulatory programs.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal, state and local laws.

Food and Drug Administration: We may disclose your protected health information to a person or company as required by the Food and Drug Administration to report adverse events, report product defects or problems, and/or track products/medications for recall.

Legal Proceedings: In accordance with federal and state laws, we may disclose protected health information in the course of any judicial or administrative proceeding as ordered by a court or administrative tribunal. This may include a response to a subpoena, request for discovery or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes may include or relate to (1) limited information requests for identification and location purposes, (2) information pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) criminal activity that may occur on the premises of the practice, and (5) medical emergency that may have resulted from criminal activity.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: Consistent with applicable federal and state laws, we may disclose your protected health information to the Department of Corrections if you are an inmate of a correctional facility and require continuation of your medical care at that facility.

Privacy Rule Compliance: Under the law we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq. of the HIPAA Privacy Rule.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization:

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. For example, if you are transferring your care from this practice or requesting that a copy of your medical record be forwarded to a third party such as an attorney or life insurance company, you will be asked to sign a written authorization prior to the release of this information. You may revoke this authorization at any time in writing, unless the requested information has already been released.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and request a copy of your protected health information. This means you may inspect and obtain a copy of your medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you **may not** inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact the Office Manager if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician/provider is not required to agree to a restriction that you may request. If your physician/provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician/provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician/provider, or provide this request in writing.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location or address. We will accommodate reasonable requests and will not request an explanation from you as to the basis for this request. Please make any such request in writing to the Office Manager.

You have the right to request that your physician/provider amend your protected health information. If you feel there is an error or omission in your protected health information, you may request an amendment be made in your medical record. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the Office Manager to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made directly to you or to designated family members or friends involved in your care. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The practice will provide the first accounting of all disclosures within a 12-month period without any charge. The practice may impose a reasonable cost-based fee for each additional accounting request made within that same 12-month period.

You have the right to obtain a paper copy of this notice from us upon request.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may write to the Secretary of Health and Human Services, 1 Ashburton Place, Room 1109, Boston, MA 02108, or call 617-727-7600. You may file a complaint with us by notifying our Office Manager at 508-584-6300. We will not retaliate against you for filing a complaint. You may contact the Office Manager for further information about the complaint process. This notice was published and becomes effective on **April 14, 2003**.