

---

# Riverside Community Care

THE HELP YOU NEED CLOSE TO HOME

## PRIVACY NOTICE (Short Version)

Effective Date: April 13, 2003

Revised, September 2013

This Notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review this notice carefully.

If you have any questions about this material, please contact the Program Director or our Privacy Officer at 781-329-0909 x 5383.

### **I. Introduction**

We are required by law to maintain the privacy of your health information and to provide you with this notice of Riverside's legal duties and privacy practices with respect to your health information. If you have a legal guardian, we will also provide them with this information, including their right to act on your behalf in these matters.

### **II. Uses and Disclosures of Your Health Information, With Your Permission**

Uses and disclosures not discussed in Section III will generally be made with your permission, which you will give us by signing an authorization, (i.e. we will ask for your written authorization to share information with other organizations/ clinicians who provide you with services.) You may revoke an authorization at any time.

### **III. How We Will Use and Disclose Protected Health Information**

#### **A. Uses and disclosures that may be made without your written authorization:**

- For treatment purposes (i.e. to share information with the other Riverside staff who work with you)
- For payment purposes (i.e. to provide your insurance company or other payor with required information to obtain payment for the services we provide for you)
- For health care operations (i.e. for monitoring of the quality of services provided)
- In emergency situations
- When we are required by law to provide the information
- To avert a serious health and safety risk

- 
- To fulfill public health requirements
  - If you are an inmate of a correctional institution or under the custody of a law enforcement official we may disclose health information to the correctional institution or the law enforcement official.
- B. Uses and disclosures that may be made without your authorization, but you have the opportunity to object:
- Information is shared with others involved in your care/treatment (i.e. family caretakers)

#### **IV. Your Rights Regarding Protected Health Information (PHI)**

You have the right to:

- Inspect and obtain a copy of your Protected Health Information (PHI)
- Amend (Change) your PHI
- An accounting of disclosures— a list of disclosures we have made of your PHI
- Request Restrictions on the information we will share
- Have confidential communications— i.e. if you wish, we will not leave the name of our organization if we leave you a telephone message.
- Rescind your authorization to release your PHI at any time.

#### **V. Confidentiality of Substance Abuse Records**

For people who receive treatment or services from a drug or alcohol abuse program, the confidentiality of related records is protected by federal law and regulations.

#### **VI. Complaints**

If you believe your privacy rights have been violated, you may file a complaint by writing our Privacy Officer at:

Attention: Privacy Officer  
Riverside Community Care  
450 Washington Street  
Dedham, MA 02026

You may also file a complaint with the Secretary of the United States Department of Health and Human Services

#### **VII. New/Revised Rights Regarding Your PHI**

- For fundraising/marketing purposes, Riverside may disclose basic non-health related information about you in fundraising campaigns and to an

---

organization which assists us to raise funds. You have the right to opt out of this type of disclosure.

- You have a right to request a restriction of disclosure to your health plan for services which you paid for yourself.
- Riverside has a legal obligation to notify you if your PHI has been affected by a security breach.

### **VIII. Changes to this Notice**

We reserve the right to change the terms of our Privacy Notice.

This Privacy Notice is in effect at all Riverside Community Care programs.

# Riverside Community Care

THE HELP YOU NEED CLOSE TO HOME

## **PRIVACY NOTICE (Long Version)**

Effective Date: April 13, 2003

Revised, September 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.

If you have any questions about this Privacy Notice, please contact the Program Director or our Privacy Officer at 781-329-0909 X 5383.

### **I. Introduction**

This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected health information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care and payment for your health care services.

Effective Date: 4/13/03

Revised 9/13

---

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Privacy Notice.

## **II. How We Will Use and Disclose Your Health Information**

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

### **A. Uses and Disclosures That May Be Made for Treatment, Payment and Operations**

#### **1. For Treatment**

- We will use and disclose your health information to provide you with services.
- We will also use and disclose your health information to coordinate and manage your services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care.
- We may also disclose your health information among other members of our staff who work at Riverside Community Care. For example, our staff may discuss your care at a case conference.
- In addition, with your authorization, we will disclose your health information to another health care provider (e.g., your primary care physician) who does not work for Riverside.

#### **2. For Payment**

- We may use or disclose your health information so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer. By way of example, we may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services.

These actions may include:

- ◆ Making a determination of eligibility or coverage for health insurance;
- ◆ Reviewing your services to determine if they were medically necessary;

#### **3. For Health Care Operations**

- We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include: quality management, reviewing clinical documentation, licensing, accreditation and general administrative activities.
- We may combine your health information with that of other consumers to decide what additional services we should offer, what services are no longer needed, and whether certain new treatments are effective.
- We may also combine our health information with health information from other providers to compare how we are doing and see where we can make improvements in our services. When we combine our health information with information of other providers, we will remove identifying information.

- 
- We may also use and disclose your health information to contact you to remind you of your appointments.

**B. Uses and Disclosures That May be Made Without Your Consent or Authorization, But For Which You Will Have an Opportunity to Object.**

**Persons Involved in Your Care**

- We may provide health information about you to someone who helps pay for your care.
- We may use or disclose your health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your location, general condition or death.
- In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. But, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case, we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.
- 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.

**C. Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object**

**1. Emergencies**

We may use and disclose your health information in an emergency treatment situation.

**2. Disasters**

We may also use or disclose your health information to an entity assisting in disaster relief efforts.

**3. Research**

We may disclose your health information to researchers when their research has been approved by the Human Rights Committee and the HR Committee has determined that the research proposal and established protocol ensure the privacy of your health information.

**4. As Required By Law**

We will disclose health information about you when required to do so by law.

---

---

## 5. To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.

## 6. Public Health Activities

We may disclose health information about you as necessary for public health activities including, by way of example, disclosures to:

- Report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- Report vital events such as death;
- Conduct public health surveillance or investigations;
- Report child abuse or neglect;
- Report to the Food and Drug Administration (FDA) or to a person required by the FDA to report certain events including information about defective products or problems with medications;
- Notify consumers about FDA-initiated product recalls;
- Notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
- Notify the appropriate government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.

## 7. Health Oversight Activities

We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.

## 8. Disclosures in Legal Proceedings

- We may disclose health information about you to a court when a judge orders us to do so.
- We also may disclose health information about you in legal proceedings without your permission or a judge's order when:
  - You are a party to a legal proceeding and we receive a subpoena for your health information. Normally, we will not provide this information in response to a subpoena without your authorization if the request is for substance abuse records or for information relating to AIDS or HIV status;

- 
- 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 sue any of our clinicians or staff for malpractice or initiate a complaint with a licensing board against any of our clinicians;
  - The legal proceeding involves child custody, adoption or dispensing with consent to adoption and the judge approves our disclosure of your health information;
  - One of our clinicians 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.

#### **9. Law Enforcement Activities**

We may disclose health information to a law enforcement official for law enforcement purposes when you agree to the disclosure or

- When the information is provided in response to an order of a court; or
- 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.
- We may also disclose health information about a client who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure or, in the case of the victim's incapacity, the following occurs:
  - The law enforcement official represents to us that (i) the victim is not the subject of the investigation and (ii) an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure; and
  - We determine that the disclosure is in the victim's best interest.

#### **10. Medical Examiners or Funeral Directors**

- We may provide health information about our consumers to a medical examiner.
- We may also disclose health information about our consumers to funeral directors as necessary to carry out their duties.

#### **11. Military and Veterans**

- If you a member of the armed forces, we may disclose your health information as required by military command authorities.
- We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs.

- 
- 
- Finally, if you are a member of a foreign military service, we may disclose your health information to that foreign military authority.

#### **12. National Security and Protective Services for the President and Others**

- We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.

#### **13. Inmates**

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official.

#### **14. Workers' Compensation**

- We may disclose health information about you to comply with the Massachusetts Workers' Compensation Law. These disclosures will usually be made only when we have received a court order or, sometimes, when we have received a subpoena for the information.

### **III. Uses and Disclosures of Your Health Information with Your Permission.**

Uses and disclosures not described in Section II of this Privacy Notice will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization, we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

### **IV. Your Rights Regarding Your Health Information**

#### **A. Right to Inspect and Copy**

- You have the right to request an opportunity to inspect or copy health information used to make decisions about your care.
- You must submit your request in writing to the Program Director.
- If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.
- We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

---

## **B. Right to Amend**

For as long as we keep records about you, you have the right to request us to amend any health information.

To request an amendment, you must submit a written document to the Program Director and tell us why you believe the information is incorrect or inaccurate.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment
- Is not part of the health information we maintain to make decisions about your care
- Is not part of the health information that you would be permitted to inspect or copy
- That is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

## **C. Right to a Listing of Disclosures**

You have the right to request that we provide you with a listing of disclosures we have made of your health information. But, this list will not include certain disclosures of your health information, for example: disclosures we have made for purposes of treatment, payment, and health care operations.

To request a listing of disclosures, you must submit your request in writing to the Program Director. You may submit your request on a form called a "Request For Action," which you may obtain from the program director. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003.

The first listing you request within a 12-month period will be free. For additional requests, during the same 12-month period, we will charge you for the costs of providing the listing. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

## **D. Right to Request Restrictions**

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. You may also ask that any part (or all) of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in Section II(B)(2) of this Privacy Notice.

---

To request a restriction you must fill out a **Request for Action** form and submit it to the Program Director. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

**E. Right to Request Confidential Communications**

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail.

To request such a confidential communication, you must make your request in writing to the staff person working with you. We will accommodate all reasonable requests. You do not need to give us a reason for the request but your request must specify how or where you wish to be contacted.

**F. Right to a Paper Copy of this Notice**

You have the right to obtain a paper copy of this Privacy Notice at any time. To obtain a paper copy, contact the program director or our Privacy Officer at Riverside Community Care, 450 Washington St, Dedham, MA. 02026.

**V. Confidentiality of Substance Abuse Records**

For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations. As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- You authorize the disclosure in writing; or
- The disclosure is permitted by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- You threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.

A violation by us of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities.

Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

**VI. 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 Privacy Officer at: Riverside Community Care, 450 Washington St., Dedham, MA. 02026. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

Effective Date: 4/13/03

Revised 9/13

---

## **VII. New/Revised Rights Regarding Your PHI**

- For fundraising/marketing purposes, Riverside may use and disclose basic non-health related information about you in fundraising campaigns to raise money for our programs/services. If you do not wish us to do so you need to notify the Privacy Officer, in writing, at 450 Washington St., Dedham, MA. 02026. You have the right to opt out of this type of disclosure.
- You have a right to request a restriction of disclosure to your health plan for services which you paid for yourself.
- Riverside has a legal obligation to notify you if your PHI has been affected by a security breach.

## **VIII. Changes to this Notice**

We reserve the right to change the terms of our Privacy Notice. We also reserve the right to make the revised or changed Privacy Notice effective for all health information we already have about you as well as any health information we receive in the future. A copy of the current Privacy Notice is available at all of our programs. You may also obtain a copy of the current Notice of Privacy Practices by accessing our website at [www.riversideecc.org](http://www.riversideecc.org) or by calling us at **781-329-0909 x 5383** and requesting that a copy be sent to you in the mail or by asking for one any time you are at one of our programs.