

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice also describes new federal confidentiality rules for substance use disorder (SUD) treatment records maintained by certain programs (42 C.F.R. Part 2). Please review it carefully.

The word “we” in this Notice of Privacy Practices refers to BMC Health System, including Boston Medical Center, Boston Medical Center – South, Boston Medical Center – Brighton, Cornerstone Health Solutions, Faculty Practice Foundation, Inc. d/b/a Boston University Medical Group Physician Practices, BMC Affiliated Physicians, Inc. d/b/a BMC Health, and the following individuals and organizations:

- Any health care professional authorized to enter information into your hospital chart.
- Any health care provider who is a member of BMC Health System Medical and Dental Staff.
- All BMC Health System workforce members, including employees, staff, volunteers and other hospital personnel.

This Notice does not apply to members of WellSense Health Plan. Please refer to www.wellsense.org to find the applicable WellSense Health Plan Notice of Privacy Practices.



When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this by contacting us using the information on the last page.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge fees as allowed by law.
- If we say “no” to your request, we will explain the reason and tell you what your rights are.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this by contacting us using the information on the last page.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way. For example, you can request that we contact you on your home or office phone or ask that we send mail to a different address.
- We will say “yes” to all reasonable requests.

Have someone else exercise your rights when you cannot

- If you are unable to make health care decisions for yourself, the person acting on your behalf to make health care decisions (such as your health care agent) can exercise your rights and make choices about your health information.
- If you are unable to tell us your choice, such as if you are unconscious, we may share your information with another person only if we believe it is in your best interest.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for 6 years prior to the date you ask. We will provide who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as, any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information below.
- You can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington D.C. 20201, calling 1-800-368-1019, 1-800-537-7697 (TDD), or by visiting <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- We will not retaliate against you for filing a complaint.

Rights for SUD Records

- If you receive SUD treatment at BMC, your SUD records are protected by federal law (42 C.F.R. Part 2). You have additional rights related to who may see, use, or disclose your SUD records, including:
 - The right to request restrictions on disclosures for treatment, payment, or health care operations (TPO) and to obtain restrictions to your health plan for services paid in full.
 - The right to ask for a list of disclosures made to intermediaries for the last three years.
 - The right to opt out of fundraising communications about SUD care.
 - The right to file a complaint with BMC or the Secretary of HHS if you believe your privacy rights regarding SUD records have been violated. You will not face retaliation or threats for making a complaint.
 - The right to receive a copy of this Notice upon request.



Your Choice

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both, the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- We may use your information for fundraising purposes to support our institutions, programs and mission to provide exceptional care, without exception, but you can tell us not to contact you again. We may use your demographic information, such as name, address, phone number, email address or other information allowed by law, including age, date of birth, gender, health insurance status, dates of services, department of service, treating physician, or outcome information.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of your psychotherapy notes.



How do we typically use or share your health information?

We typically use or share your information in the following ways:

<p>Treat You</p>	<ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you. 	<p>Example: We may share your health information with your referring or primary care physician.</p>
<p>Run our organization</p>	<ul style="list-style-type: none"> • We can use and share your health information to run our organization improve your care and contact you when necessary. 	<p>Example: We use health information about you to manage your treatment and services.</p>
<p>Contact You</p>	<ul style="list-style-type: none"> • We may use your health information to contact you: <ul style="list-style-type: none"> ○ At the address and telephone number you provide us including leaving messages at the telephone number. ○ With information about patient care issues, treatment choices, and follow-up care instructions. ○ With information that may be of interest to you which describes a health-related product or services we provide. ○ At the email address or other contact information you provide to assist us in activities describe in this Notice. 	<p>Example: We may contact you about scheduled or cancelled appointments, registration or insurance updates, billing or payment matters, pre-procedure assessment, satisfaction surveys or test results.</p>

Bill for your services	<ul style="list-style-type: none"> We can use and share your health information to bill for services we have rendered to you. 	<p><i>Example:</i> We use health information about you to prepare statements to send to your health insurance about the care we provide you.</p>
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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information *see*:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Help with public health and safety issues	<ul style="list-style-type: none"> We can share health information about you for certain situations such as: <ul style="list-style-type: none"> Preventing disease. Helping with product recalls. Reporting adverse reactions to medication. Reporting suspected child, elder, or disabled abuse or neglect. Preventing or reducing a serious threat to anyone’s health.
Perform research	<ul style="list-style-type: none"> We can share your health information for research that is approved by a BMCHS Research Committee or its designee 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.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> We can share health information about you with organizations that handle organ donation and transplants.
Comply with the law	<ul style="list-style-type: none"> We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> We can share health information about you: <ul style="list-style-type: none"> For worker’s compensation claims. For law enforcement purposes or with a law enforcement official. With health oversight agencies for activities authorized by law. For government functions such as military, national security and Presidential Protective Services. To correctional institutions or law enforcement, if you are an inmate of a correctional institution or in law enforcement custody, to provide you with health care; to protect the health and safety of yourself or others; for health and safety of correctional institution.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> We can share health information about you in response to a court or administrative order, or in response to a subpoena. SUD records, or testimony based on their content, will not be disclosed or used in legal, criminal, or administrative proceedings against you without your specific written consent or a court order.

Rules for SUD Treatment Records

- SUD records may not be used or shared for treatment, payment, or operations without your written consent.
 - You may sign one consent for all uses/disclosures for these purposes, which you may revoke in writing at any time.
 - General releases of medical records are not valid for SUD records. Separate consent forms are required.
 - Certain uses or disclosures (such as for legal proceedings or release of SUD counseling notes) require a separate, non-combinable written consent.
 - We will not use or disclose your SUD records for fundraising unless you have had the opportunity to opt out of such communication.
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We will generally ask for your consent or a judge's order before we share certain sensitive information about you such as, certain Psychotherapy Documentation; HIV testing or test results; Consent for Abortion; Sexually Transmitted Diseases; Genetic Test Results; Social Worker Communications; Domestic Violence Victim Counseling; Sexual Assault Victims Counseling; Substance Use Disorder treatment.

We participate in health information exchanges (HIEs), such as the Massachusetts Health Information Highway (Mass HIway) and Epic's Care Everywhere and provide real-time secure access to affiliated providers through BMC ChartLink. We use HIEs and ChartLink as a method to share, request, and receive electronic health information with other health care organizations. For questions, or if you want to opt-out of sharing your information through HIEs or ChartLink, contact us by using the information on the last page.

If your SUD information is disclosed to another provider, health plan, or business associate (e.g., via a health information exchange) under a valid TPO consent, those recipients are not required to segment SUD information within their records, but SUD records may not be used or disclosed in legal proceedings against you without your specific written consent or a court order.



Our Responsibilities

What are we responsible for?

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We are required by law to notify you and affected patients if a breach of your SUD records occurs.
- We will not intimidate, threaten, coerce, discriminate, or retaliate against you for filing a complaint involving SUD records, and you may not be required to waive complaint rights as a condition of care, payment, or enrollment in any program.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/index.html>

How long do we keep your information?

We record health information in paper, electronic, or photographic form and keep them for 20 years following discharge or final treatment. Other records are maintained in accordance with state and federal laws or regulations. A copy of our retention guideline for medical records is available upon request.

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site.

The effective date of this Notice is February 16, 2026

Boston Medical Center and the following providers of Boston HealthNet and Boston Accountable Care Organization share health information to participate in an integrated healthcare delivery system and engage in a number of joint activities such as quality review of services:

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| Boston Medical Center | Harvard Street Community Health Center*** |
| Boston Healthcare for the Homeless*** | Holyoke Medical Center/Valley Health Partners** |
| Boston Medical Center – South** | Manet Community Health Center*** |
| Boston Medical Center – Brighton** | Mattapan Community Health Center*** |
| Codman Square Health Center*** | NeighborHealth*** |
| DotHouse Health*** | Neponset Health Center* |
| Ellen Jones Community Dental Center – Harwich* | South Boston Community Health Center*** |
| Geiger Gibson Community Health Center* | South Shore Hospital and Physician Hospital Organizations** |
| Greater Roslindale Medical and Dental Center*** | Stanley Street Treatment Health Center** |
| Harbor Community Dental Center – Provincetown* | Sturdy Memorial Hospital** |
| Harbor Community Health Center – Hyannis* | The Dimock Center* |
| Harbor Community Health Center – Plymouth* | Upham’s Corner Health Center* |
| Harbor Health Community Health Center* | Whittier Street Neighborhood Health Center* |

*=Boston HealthNet (“BHN”) | **= Boston Accountable Care Organization (“BACO”) | ***= Both BHN & BACO



How to get in touch with us to request a copy of your medical record, request an amendment to your medical record, request an accounting of disclosures, request a restrictions, request confidential communications or file a complaint

Privacy Office	Compliance Department 960 Massachusetts Avenue, Boston, MA 02118 Office Number: 617-414-1800 Toll free: 800-586-2627 Email: PrivacyOfficer@bmc.org
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Medical Records <i>(For Medical Records Requests)</i>	Health Information Management / Medical Records Department 850 Harrison Avenue / Basement Yawkey Building Boston, MA 02118 Office Number: 617-414-4213
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