

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.

Your Rights

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.
- 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 state law.

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.
- 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, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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 six years prior to the date you ask, 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 on page 4.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Your Choices

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

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

In the case of fund raising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

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

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill for services we have rendered to you

Example: We use health information about you to prepare statements to send to your health insurance about the care we provide to you.

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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Help with public health and safety issues**

 - We can share health information about you for certain situation such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected child, elder, or disabled abuse or neglect
 - Preventing or reducing a serious threat to anyone’s health or safety

- Do research**

 - We can use and share your health information for research.

- Respond to organ and tissue donation requests**

 - We can share health information about you with organizations that handle organ donation and transplants.

- Comply with the law**

 - We will share information about you if state or federal laws require it, including with the 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**

 - 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**

 - We can share health information about you:
 - 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 institution 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**

 - We can share health information about you in response to a court or administrative order, or in response to a subpoena

There is some health information that we can release only with your permission or a judge’s order:

HIV Status/Testing Results (You must authorize each in writing)	Social Worker Communications
Consent for Abortion	Domestic Violence Victims’ Counseling
Sexually Transmitted Diseases	Sexual Assault Victims’ Counseling
Genetic Test Results	Alcohol & Drug Abuse Records
Communications with Mental Health Providers (psychologist, psychiatrist, nurse mental health specialist, licensed mental health counselor, marriage, family, rehabilitation and educational psychologist and family therapist)	

How Long Do We Keep Your Information?

We record health information in paper, electronic or photographic form and keep them for twenty (20) years following discharge or final treatment. Radiology films and scans, other image records, EEG/EKG tracings; and raw psychological testing data do not have to be kept as long and may be destroyed five (5) years after the date of service, as long as any reports that note the results of such tests and procedures are mentioned as part of the legal medical record. Fetal monitoring strips are kept for ten (10) years.

Our Responsibilities

- 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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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 May 17, 2016.

This Notice of Privacy Practices applies to Boston Medical Center, Faculty Practice Foundation, Inc. physician practices, Boston University Affiliated Physicians, Inc., 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 the BMC Medical and Dental Staff
- All BMC workforce members, including employees, staff, volunteers and other hospital personnel

Boston Medical Center and the following health centers of Boston HealthNet 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:

Codman Square Health Center
The Dimock Center
Dorchester House Multi-Service Center
East Boston Neighborhood Health Center
Geiger-Gibson Community Health Center
Greater Roslindale Medical and Dental Center
Harvard Street Neighborhood Health Center
Health Care for the Homeless

Manet Community Health Center
Mattapan Community Health Center
Neponset Health Center
South Boston Community Health Center
South End Community Health Center
Upham's Corner Health Center
Whittier Street Neighborhood Health Center

Contact the Privacy Officer at 617-414-1800; or toll free at 800-586-2627
privacyofficer@bmc.org
www.bmc.org