

Privacy Statement for Springwell's Clients

Notice of Privacy Practices Summary

Springwell's Notice of Privacy Practices Summary provides a summary of how we may use and disclose your Protected Health Information (PHI), our responsibilities to keep your health information confidential, and your rights with respect to your health information.

Understanding your Health and Service Record/Information

Each time a Springwell Staff Member visits or contacts you, a record of the visit or contact is made. Typically this record contains personal information most often supplied by you, such as name, address, date of birth, etc., and medical information such as diagnoses, medications, and names of providers involved in your care.

This information is referred to as your case file and serves as a:

- Basis for planning your care and service plan.
- Means of communication among the many health and service providers who contribute to your care and service delivery.
- Legal document describing the care and services you receive.

Your Rights

Although your health and service record is the physical property Springwell, the information belongs to you. You have the right to:

- Request that we limit certain uses and disclosures of your information.
- View and obtain a copy of your information.
- Correct or update your information.
- Receive a list of the disclosures of your information.
- Request communication of your information by alternative means or at alternative locations.
- Withdraw consent to use or disclose Protected Health Information except to the extent that action has already been taken.
- Request a paper copy of the Notice of Privacy Practices.

Our Responsibilities

Springwell is required to maintain the privacy of your health and service information and will not use or disclose it without your authorization except as described in this notice.

We will use your information for:

- Treatment, for example, information obtained by a nurse or Care Advisor will be used to determine your plan of care and which services will work best for you.
- Payment, for example, a bill may be sent to you or a third party payer such as Medicare or Medicaid, that may include information about you and the treatment or services provided to you.
- Health care operations, for example, quality assessment or improvement activities.

We may use or disclose your information without your written authorization:

- When required by federal, state, or local law, judicial or administrative proceeding or law enforcement.
- When communicating with family or friends involved in your care or payment for your care.
- For public health and health oversight activities.
- For research approved by a sanctioning body.
- To our Business Associates so they may provide you with services.
- For personal communications such as an appointment reminder or to provide with health information that may be of interest to you.
- For fundraising efforts within our Agency.
- To protect victims of abuse, neglects or domestic violence.
- Any other use or disclosure may only be done with your signed authorization. You may revoke the authorization in writing at any time.

For more information or to report a problem

- For information, contact the Springwell Privacy Officer at (617) 926-4100.
- To file a complaint, contact the Springwell Privacy Officer at (617) 926-4100 or the Secretary of Health and Human Services in Washington, D.C.
- There will be no retaliation for filing a complaint.

Notice of Privacy Practices

Effective Date: April 14, 2003

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 Springwell Privacy Officer at (617) 926-4100.

Springwell respects your right to privacy and we are required by law to protect the privacy of your health information. This Notice of Privacy Practices describes

how we may use and disclose your health information to carry out your plan of care, get paid for our services, administer our Agency, and for other purposes that are permitted or required by law. We will not use or disclose your health information without your written permission, except as described in this Notice or as required by law.

This Notice also describes your rights with respect to your health information.

Throughout this Notice, we use the term “protected health information” or PHI. PHI is information about you that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

Your Rights

You have the following rights regarding the health information we maintain about you:

- Request that we limit certain uses and disclosures of your information. You have the right to request that we limit how we use or disclose your protected health information to carry out your plan of care, get paid or reimbursed for our services, or administer our Agency. (This is also referred to as “treatment, payment, or health care operations.”) You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. However, we are not required to agree to your request.
- View and obtain a copy of your information. You have the right to look at and request a copy of PHI about you contained in your case file and billing records for as long as Springwell maintains the information. If you request a copy of the information, we may charge you a fee for the costs of the copying, mailing, or other supplies that are necessary to grant your request. We may deny your request in certain limited circumstances. If you are denied the right to see or copy your PHI, you may request that the denial be reviewed.
- Correct or update your information. If you feel that PHI we have about you is incomplete or incorrect, you may request that we correct or update (amend) the information. You may request an amendment for as long as we maintain your health information. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may prepare a response to your statement, which we will provide to you.
- Receive a list of the disclosures of your information. You have the right to receive a list of the disclosures we have made of your PHI for most purposes other than treatment, payment, or health care operations. The list of disclosures will not include disclosures we have made directly to you, disclosures to friends or family members involved in your care, and disclosures for notification purposes. Your request must state the time period, but may not be longer than six years or prior to April 14, 2003, whichever is longer.

- Request communication of your information by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.
- Withdraw consent to use or disclose PHI except to the extent that action has already been taken. You may withdraw or “revoke” a consent in writing at any time. Upon receipt of the writing revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the consent.
- Right to a paper copy of this notice. You have the right to receive a paper copy of this notice upon request at any time. You may also view a copy of this notice on our web site at www.springwell.com.

If you would like to exercise any of the rights described above, contact the Springwell Privacy Officer in writing at the following address:

Springwell

Privacy Officer
125 Walnut Street

Watertown, MA 02472

Our Responsibilities

Springwell is required to maintain the privacy of your health and service information and will not use or disclose it without your authorization except as described in this notice.

Using and Disclosing Your Protected Health Information (PHI)

We will use and record your information for your care and treatment. For example, information obtained by a nurse or any other member of our care team will be recorded in your record and used to coordinate your care plan and determine the services that should work best for you. Your physician may be contacted for pertinent health information and it may be used in authorization of care and services.

We will use your information for payment. For example, a bill may be sent to you or to a third party payer. Examples of third party payers are Medicare, Medicaid (DMA), or the Executive Office of Elder Affairs. The information on or accompanying the bill may include information that identifies you, as well as the treatment or services provided to you.

We will use your protected health information to operate our Agency. For example, members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

We may combine health information about many clients for purposes of deciding what additional services may be needed and should be offered in the future.

We may use or disclose your PHI without your written authorization in the following circumstances:

- When a disclosure is required by federal, state, or local law, judicial or administrative proceeding or law enforcement: For example, we may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena.
- Communication with family or friends involved in your care or payment for your care: Agency staff, using their professional judgment, may disclose to a family member, close personal friend, or another person you identify, PHI related to that person's involvement in your care or payment related to your care, unless you object.
- Public health and health oversight activities: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may disclose your PHI to an oversight agency for activities authorized by law, including audits and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Research: We may disclose information to researchers when their research has been approved by the Executive Office of Elder Affairs or other sanctioning body, and when the research protocols have been reviewed to assure the privacy of your information on record.
- Business Associates: Springwell contracts with Business Associates to provide many of the services that we offer. When these services are contracted for, we may disclose your PHI to our Business Associates so that they can provide the services necessary to your care. Examples include communications with agencies providing homemaker or personal care services, adult day health, and certified health vendors. We require our Business Associate to appropriately safeguard your information.
- Personal communications: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and service that may be of interest to you.
- Fundraising: We may contact you as part of a fundraising effort for our Agency.
- Notification: We may use your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.
- Victims of abuse, neglect, or domestic violence: We may disclose PHI about you to a social service or protective service agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that is in necessary and will not be used against you.

- Disaster relief: We may disclose limited PHI about you to a disaster relief organization.
- To avert serious threat to health or safety: When necessary to prevent a serious threat to your health and safety or the health or safety of the public or another person, we may use or disclose PHI, limiting disclosures to someone able to help lessen or prevent the threat.
- Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your PHI to a coroner or medical examiner for the purpose of determining cause of death or other duties authorized by law, to funeral directors if necessary, for them to carry out their duties, and if you are an organ donor, to an organization involved in the donation of organs or tissue.
- Workers Compensation: We may disclose your PHI to comply with laws relating to workers' compensation or similar programs.
- Military, Veterans and other Specific Government Functions. If you are a current or past member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may disclose PHI for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.
- Correctional Institution: If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of others.

Before using or disclosing your PHI for any other purposes other than those stated above, we will obtain your written authorization. You may withdraw or "revoke" the authorization in writing at any time. After we receive your written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

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About this Notice

This notice is effective April 14, 2003. We are required by law to provide this notice to you and to abide by it. We reserve the right to change this notice. If we change our practices and this Notice, we will give you a revised Notice.