



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Notice of Privacy Practices
Old Colony YMCA Mental Health Clinic**

HIPAA NOTICE OF PRIVACY PRACTICES

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 discuss with your treatment provider(s).

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes 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 demographics, that may identify you and that relates to your past, present or future physical or mental health and related health care services.

OUR DUTIES:

We are required by law to maintain the privacy of your PHI; provide you with notice of our legal duties and privacy practices with respect to your PHI; and to notify you following a breach of unsecured PHI related to you. We are required to abide by the terms of this Notice of Privacy Practices. This Notice of Privacy Practices is effective as of the date listed on the first page of this Notice of Privacy Practices. This Notice of Privacy Practices will remain in effect until it is revised. We are required to modify this Notice of Privacy Practices when there are material changes to your rights, our duties, or other practices contained herein.

We reserve the right to change our privacy policy and practices and the terms of this Notice of Privacy Practices, consistent with applicable law and our current business processes, at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revisions of this Notice of Privacy Practices will be provided as follows:

1. Upon request;
2. Electronically via our website or via other electronic means; and
3. As posted in our place of business.

In addition to the above, we have a duty to respond to your requests (e.g. those corresponding to your rights) in a timely and appropriate manner. We support and value your right to privacy and are committed to maintaining reasonable and appropriate safeguards for your PHI

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, REQUIRING CONSENT



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We may use or disclose your PHI for treatment, payment and health care operations purposes with your consent as discussed below:

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. An example of treatment would be when we consult with another health care provider, such as a family physician or another treatment provider. *We may disclose PHI to any other consultant only with your authorization.*

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your consent. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing, medical documentation, and/or communication platforms) provided we have a written contract (*aka "Business Associate Agreement"*) with the business that requires it to safeguard the privacy of your PHI. *For training or teaching purposes, PHI will be disclosed only with your authorization.*

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time in writing, except to the extent that we have already made a use or disclosure based upon your authorization.

The following uses and disclosures will be made *only* with your written authorization:

- Most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record;
- Most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications;
- Disclosures that constitute a sale of PHI; and
- Other uses and disclosures not described in this Notice of Privacy Practices.

USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and



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safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Emergency Situations. We may disclose information to medical personnel for the purpose of treating you in an emergency.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

The following are the rights that you have regarding PHI that we maintain about you. Please review these rights carefully to ensure you have a clear understanding of your privacy rights, as described below.

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. *Usually, this includes medical and billing records, but does not include psychotherapy notes.* To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to *Old Colony YMCA, Attention: Mental Health Clinic, 320 Main Street, Brockton, MA 02301.* If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other services associated with your request. If you request a copy of your health information in electronic format, we will provide you with your records in electronic format if they are maintained by us in an electronic format and readily reproducible electronically. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the clinic. To request an amendment, your request must be made in writing and submitted to the *Director of Behavioral Health and Community Partnerships (contact information on last page).* In addition, you must provide a reason that supports your request. We will respond to your request within 60 days of receipt. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the health information kept by or for the clinic; Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete. The denial will state the reason for the denial and explain your rights.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to the *Director of Behavioral Health and Community Partnerships (contact information on last page).* Your request must state a time and should indicate what form you want the list (for example, on paper, electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.



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Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to restrictions for treatment, payment, and healthcare operations except in limited circumstances as described below. This request must be in writing. If we do agree to the restriction, we will comply with restriction going forward, unless you take affirmative steps to revoke it or we believe, in our professional judgment, that an emergency warrants circumventing the restriction in order to provide the appropriate care or unless the use or disclosure is otherwise permitted by law. In rare circumstances, we reserve the right to terminate a restriction that we have previously agreed to, but only after providing you notice of termination. To request restrictions, you must make your request in writing to the *Director of Behavioral Health and Community Partnerships* (contact information on last page). Your request must include: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your parents or spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing your Case Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. This notice is accessible to you at any time by visiting our website, www.oldcolonyymca.org/mentalhealth. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please direct requests to our clinic's administrative team by calling Office: (508) 427-4383.

Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach involving unsecured PHI. We are committed to provide prompt notification if a breach occurs that may have compromised the privacy or security of your information.

Out-of-Pocket Payments. If you have paid out-of-pocket in full for a specific item or service, you have the right to request that your *PHI with respect to that item or service not be disclosed* to a health plan for purposes of payment or healthcare operations. We are required by law to honor that request, when submitted in writing, unless written termination requested by you or when the disclosures are not required by law.



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Right to Voice Concerns. You have the right to file a complaint if you believe we have violated your privacy rights. Any complaints should be made in writing to our Privacy Officer, contact information provided below.

Kathleen Clark, MA, LMHC
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*Director of Behavioral Health and Community
Partnerships*
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