

# BAYSTATE HEALTH NOTICE OF PRIVACY PRACTICES

*Effective Date: September 15, 2005*

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## 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 PRIVACY OFFICER AT (413) 794-5840.

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### WE ARE COMMITTED TO THE PRIVACY OF YOUR MEDICAL INFORMATION

Each time you visit a Baystate Health, Inc. facility, affiliated practice, or other affiliated health care provider (“Baystate”) for patient services, we create a record of your care. This record, which is the property of Baystate, typically contains information about your symptoms, examinations and tests, diagnoses and treatments, plans for future care, and billing information. We understand that your medical information is personal, and we are dedicated to maintaining the privacy of this information.

This notice explains the ways we may use and disclose (share) medical information about you. It also describes your rights and our obligations regarding the use and disclosure of that medical information. The main reasons we use and share medical information are for treatment, for payment, and for health care operations.

We are required to:

- Maintain the confidentiality of your medical information to the extent provided by law.
- Provide you with notice of our privacy practices concerning your medical information.
- Follow the terms of our notice of privacy practices in effect at the time.

Baystate reserves the right to change the terms of its notice of privacy practices and to make provisions of the new notice effective for all protected health information maintained by Baystate. We will post a copy of any revised notice of privacy practices in our facilities and at our website: [www.baystatehealth.com](http://www.baystatehealth.com); and, upon your request, we will provide you with a copy of any such revised notice of privacy practices.

### WHO WE ARE:

You have received this notice because you are seeking patient services from Baystate, which may include the following affiliated entities and health

care providers:

- Baystate Affiliated Practice Organization, Inc.
- Baystate Health Ambulance, Inc.
- Baystate Health, Inc.
- Baystate Medical Center, Inc., its Medical Staff, and its Associate Professional Staff
- Baystate Medical Education and Research Foundation, Inc.
- Baystate Visiting Nurse Association & Hospice
- Franklin Medical Center, its Medical Staff, and its Associate Professional Staff
- Mary Lane Hospital Corporation, its Medical Staff, and its Associate Professional Staff

### HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:

The following categories describe different ways that we use and share medical information. Please note that each particular use or disclosure is not listed below. However, the different ways in which we are permitted to use and share your medical information generally fall within one of the categories listed below.

**Treatment.** We may use and share medical information about you to provide you with medical treatment or services. We may disclose this information to doctors, nurses, technicians, residents, students, or other health care personnel involved in your care at Baystate. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments in Baystate facilities may also share medical information about you to coordinate the different services you need, such as lab work and X-rays. For example, lab and X-ray results may be requested and shared with an emergency department physician who is treating you. Baystate may also share medical information with other providers who may be treating you, such as the doctor who referred you to Baystate or to whom a Baystate provider refers you or who is otherwise involved in your care.

**Payment.** Baystate may use and share your medical information to bill and collect payment for services delivered by Baystate. For example, if you have health insurance, we will need to give to the health plan or government agency (for example, Medicare or Medicaid) information about the services you received so that your plan will pay us. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Care Operations.** We may use and disclose medical information about you to evaluate and improve Baystate services. We may share information with doctors, nurses, technicians, students, and other health care personnel for review and learning purposes. For example, we may use medical information about you to review our treatment and services and to evaluate the performance of our staff in caring for you. We may remove information that identifies you from this medical information so it can be used to study health care delivery without identifying specific patients. We may combine medical information about you with information from other hospitals to compare and identify areas where we can make improvements. We may share medical information for Baystate health sciences and other teaching programs.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care. We may contact you by telephone and may leave a message on your voicemail or answering machine. We may also contact you by mail to remind you of your appointment.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend therapies, health care providers, settings of care or possible treatment options or alternatives that may interest you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related products, benefits or services offered by Baystate that may interest you.

**Fundraising Activities.** We are a not-for-profit health system that depends extensively on philanthropic support to serve our community. We may share with our affiliate Baystate Health Foundation your name, address, dates of treatment and demographic information in order for the Foundation to inform you of opportunities to support Baystate and its programs and services.

**Hospital Directory.** We may include certain limited information about you in a Baystate directory while you are an inpatient, observation, emergency or daystay patient at Baystate. This information may include your name, location at Baystate, your general condition (e.g., fair, good, etc.) and your religious affiliation. Unless you object, the directory information, except for your religious affiliation, will be released to people who ask for you by name. Unless you object, your religious affiliation will be given to members of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose medical information about you to a friend or family member who is involved in your medical care or to someone who helps pay for your care. Unless you object, we may also tell your family or friends your condition and that you are at Baystate. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. In many cases, most or all of the information that could be used to identify you specifically, such as your name, contact information, and medical record number, will have been removed. All research projects at Baystate, however, are subject to a special approval process. Consistent with such special approval process, we generally will seek your consent in those cases where the medical information requested includes information by which you may be specifically identified, and in those cases where the research involves any participation by you. The special approval process for research at Baystate evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave Baystate and so long as the researchers represent that this information is necessary for research purposes.

**As Required or Permitted By Law.** We will use and disclose medical information about you when required to do so by federal, state, or local law. We may use and disclose medical information about you when permitted by law to do so. For example, as required by law, we may disclose health information to the following types of entities, including, but not limited to:

- Food and Drug Administration
- Public Health authorities charged with preventing or controlling disease, injury or disability
- Organ and Tissue Donation Organizations
- Health Oversight Agencies
- Funeral Directors and Medical Examiners
- National Security and Intelligence Agencies

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to help prevent a serious threat to the health or safety of you, the public or another person.

**For Public Health Activities.** We may use and disclose your medical information for public health activities, which may include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify you of recalls of products or medical devices that you may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authorities (or designee) if we believe a patient has been a victim of abuse, neglect, or domestic violence.

We will only make this disclosure if you agree or when we are required or authorized by law to do so.

**Judicial and Administrative Proceedings.** We may use and disclose medical information as required by a court or administrative order, or in some instances pursuant to a subpoena, discovery request or other legal process.

**Law Enforcement.** We may use and disclose medical information about you to correctional or law enforcement officials when necessary or appropriate, including:

- In response to a court's authority, including a court-issued order or search warrant.
- About a death required to be reported to a medical examiner, including when we believe the death may be the result of criminal or other suspicious circumstances.
- About criminal conduct at a Baystate facility.
- To report a crime, the location of the crime or victims, or the identity, description or location of the person who may have committed the crime.

We have described in the preceding paragraphs those uses and disclosures of your medical information that we may make either as permitted or required by law or otherwise without your written authorization. For other uses and disclosures of your medical information, we must obtain your written authorization. A written authorization request will, among other things, specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it.

### YOUR RIGHTS:

You have the following rights regarding medical information we maintain about you.

**Inspect and Copy.** You have the right to inspect and obtain a copy of your medical and billing records. If you would like to inspect or obtain a copy of your medical or billing records, you must submit the request in writing to the Health Information Management Department of the Baystate facility where you received treatment. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request only in very limited circumstances. If you are denied access to your medical or billing records, you may request that the denial be reviewed. Another licensed health care professional chosen by Baystate (different from the person who denied your initial request) will review your request and the denial. We will comply with the outcome of the review.

**Amendment Requests.** If you feel the medical information Baystate has about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must make your request in writing and submit it to the Health Information Management Department of the Baystate facility or the physician office where you received treatment. You must include the reason you are making the request.

We may deny your request for an amendment if it is not in writing or does not include the reason you are making the request. We may also deny your request if, for example, you ask us to amend information that we determine:

- Is accurate and complete.
- Was not created by Baystate.
- Is not part of the medical information kept by or for Baystate.
- Is not part of the information that you would be permitted to inspect and copy.

If we deny your request for amendment, you have the right to file a statement stating your disagreement with us, and we may provide a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures we made of medical information about you, except for disclosures to carry out treatment, payment or health care operations; disclosures made to you or authorized by you; disclosures made for a facility directory or to persons involved in your care or payment for your care; disclosures made for national security or intelligence purposes; disclosures made to correctional institutions or law enforcement officials having lawful custody of you; and disclosures made as a part of a limited data set (that is, when most identifying data has been removed). When you request an accounting of disclosures, we account for medical information that we have disclosed about you for certain public health purposes, for certain research purposes, for certain law enforcement purposes, to certain governmental entities, and for certain other disclosures required by law. You must submit your request for an accounting of disclosures in writing to the Health Information Management Department of the Baystate facility where you received treatment. You are not entitled to request an accounting of disclosures made prior to April 14, 2003. You are entitled to receive an accounting of disclosures made after April 14, 2003, for a time period of no more than the six years prior to your request.

**Restriction Requests.** You have the right to request a restriction on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to others who are involved in your care or payment for your care, such as family members or friends. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or is required by law. To request restrictions, you must make your request in writing to the Health Information Management Department of the Baystate facility where you received treatment. In this request, you must include the following:

- The information you want to restrict.
- Whether you want to restrict our use, disclosure, or both, of such information.
- To whom you want the restrictions to apply.

Even if we agree to your request, the restriction does not apply to prior uses or disclosures of such information by Baystate and is not effective to prevent uses or disclosures in the following circumstances:

- Where the use or disclosure is permitted without first obtaining your consent or authorization or without first providing you with an opportunity to object.
- Where the information is used or disclosed pursuant to your consent or authorization.

**Confidential Communications Requests.** You have the right to request that we communicate with you about medical matters in a certain way or in a certain location (for example, you can request we contact you only at work or by mail). To request confidential communications, you must make your requests in writing to the Health Information Management Department of the Baystate facility or the physician office where you received treatment. We will not ask you the reason for your request, and we will accommodate all reasonable requests if we are able to do so. In your request, you must specify how or where you wish to be contacted (such as an alternative address or telephone number).

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with Baystate or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the U. S. Department of Health and Human Services, please contact the Office of Civil Rights at Government Center, J.F. Kennedy Federal Building-Room 1875, Boston, Massachusetts 02203. Phone: (617) 565-1340, FAX: (617) 565- 3809, TDD: (617) 565-1343.

To file a complaint with Baystate, please contact the following:

ENTITY	RESPONSIBLE INDIVIDUAL/POSITION
BMC	Director, Patient & Guest Relations
FMC	Risk Manager
MLH	Risk Manager, QI and Risk Management
BMERF & BAPO Practices	Practice Administrator
Baystate VNAH	Director, Performance Improvement
Baystate Home Infusion & Respiratory Services	Clinical Supervisor
BH Ambulance Service	Manager

You may also contact our Privacy Officer at (413) 794-5840. All complaints must be submitted in writing. You will not be penalized for filing a complaint. We will not retaliate against you for filing a complaint.

**Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice at any time, which is also posted on our website at [www.baystatehealth.com](http://www.baystatehealth.com). To obtain a paper copy, please contact the Baystate Privacy Officer at (413) 794-5840.