



NOTICE OF PRIVACY PRACTICES

Revised April 24, 2008

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

For the purposes of this Notice, Bridgewater State College Patient Care Providers (BSCPCP) will refer but not be limited to: Health Services, Counseling Center, Athletics (Trainers), Speech, Language and Hearing Center and any college departments providing direct health care (and payment for this health care that can be used to identify you. We provide you with this notice about our privacy practices to explain how, when, and maintaining records). BSCPCP are bound to the highest standard of maintaining the privacy of your "protected health information," or "PHI". PHI includes information that we've recorded or received about your past, present, or future health or condition, the provision of healthcare to you, or the why we use and disclose your PHI.

OUR PLEDGE REGARDING MEDICAL INFORMATION

BSCPCP understand that medical information about you and your health is personal. We are committed to protecting medical information about you. Each department creates a record of the care and services you receive from the BSCPCP. The record is kept at the individual department in accordance with the ethics which govern that department. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the BSCPCP, whether made by BSCPCP personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which the BSCPCP may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We make sure that medical information is kept private; give you this notice of our duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

YOUR PERSONAL HEALTH INFORMATION: BSCPCP collect personal health information from you through treatment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information, which is maintained in the department where you are treated, is protected by law broadly and may include any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. Specifically protected is health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information. BSCPCP must maintain the privacy of your personal health information and give you this notice that describes our privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information will be available for release to you, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice and in some cases, such as psychotherapy and counseling, provide **greater privacy protection** than provided herein.

HOW WE MAY USE OR DISCLOSE YOUR PERSONAL HEALTH INFORMATION: Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms of that permission.

USES AND DISCLOSURES PERMITTED WITHOUT YOUR WRITTEN AUTHORIZATION

Note: Many of the following authorizations are NOT permitted under the Massachusetts Mental Health Laws. Please discuss any questions you have with your Counseling Center counselor.

TREATMENT: For example, a doctor may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.

PAYMENT: In order for an insurance company to pay for your treatment, we must submit information that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills.

HEALTH CARE OPERATIONS: We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

APPOINTMENT REMINDERS: Unless you object, we may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

TREATMENT ALTERNATIVES: Unless you object, we may use and disclose medical information to tell you about or recommend possible treatment options or new services.

HEALTH-RELATED BENEFITS AND SERVICES: Unless you object, we may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

TO THOSE INVOLVED WITH YOUR CARE OR PAYMENT OF YOUR CARE: If people, such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death.

You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such release, unless there is an emergency.

AS REQUIRED OR PERMITTED BY LAW: We may be required to report some of your health information to state or federal legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.

FOR PUBLIC HEALTH ACTIVITIES: We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.

FOR HEALTH OVERSIGHT ACTIVITIES: We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.



FOR ACTIVITIES RELATED TO DEATH: We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.

FOR ORGAN, EYE OR TISSUE DONATION: We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.

FOR RESEARCH: Under certain circumstances, and only after a special approval process, we may anonymously use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.

TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY: As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

FOR MILITARY, NATIONAL SECURITY, OR INCARCERATION/LAW ENFORCEMENT CUSTODY: If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties.

FOR WORKERS' COMPENSATION: We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, subpoena or discovery request only if we have first given you notice of the order, subpoena or discovery request and an opportunity to quash (refute) it. There may arise an occasion in which the College cannot give notice sufficiently in advance of legal proceeding at which your medical records must be produced to enable you to seek to prohibit their disclosure. In those circumstances, the College will refrain from producing your health records to the party requesting the records and will instead submit the matter of the College's disclosure of your records to the court. We will also give you as much notice as we reasonably can.

OTHER USES AND DISCLOSURES: Uses and disclosures for purposes other than described above require your express authorization. For example, the BSCPCP must obtain your authorization before disclosing your medical information to a life insurer or to an employer, except under special circumstances such as when a disclosure to the employer is required by law. You have the right to revoke an authorization at any time, except to the extent that we have already relied on it in making an authorized use or disclosure. Your revocation of an authorization must be in writing. The BSCPCP hopes that if you choose to revoke an authorization, you will help us comply with your wishes by identifying the authorization you are choosing to revoke. Ways of telling us which authorization you are revoking might include indicating who you authorized to receive information or the approximate timeframe in which you signed the authorization.

DISCLOSURES TO BUSINESS ASSOCIATES: In some cases, BSCPCP contract with outside companies that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants and attorneys. In certain circumstances, we may need to share your medical information with a business associate so it can perform a service on your behalf. The BSCPCP will limit the disclosure of your information to a business associate to the amount of information that is the minimum necessary for the company to perform services for the BSCPCP. In addition, we will have a written contract in place with the business associate requiring it to protect the privacy of your medical information.

YOUR HEALTH INFORMATION RIGHTS

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the appropriate department, Health Services, Counseling Center, Athletics (Trainers), Speech, Language and Hearing Center, or the Privacy Officer: Mary Lou Frias, Tillinghast Hall, Room 002, Bridgewater State College, Bridgewater, MA 02325 m1frias@bridgew.edu.

INSPECT AND COPY YOUR HEALTH INFORMATION: With a few exceptions, you have the right to inspect and obtain a copy of your health information. Usually, this includes medical and billing records, but does not include psychotherapy notes or information gathered for judicial proceedings. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the department providing the direct care such as Health Services, Counseling Center, Athletics (Trainers), Speech, Language and Hearing Center. In addition, we may charge you a reasonable fee if you want a copy of your health information. We may deny your request in very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the BSCPCP 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.

REQUEST TO AMEND YOUR HEALTH INFORMATION: If you believe your health information is incorrect, you may ask us to correct the information for as long as it is kept by the BSCPCP. To request an amendment, contact the department where your treatment was rendered. You must also give a reason as to why your health information should be changed. We may deny your request for an amendment if it is not in writing or if does not include a reason to support the request. We may also deny your request if we did not create the health information that you believe is incorrect; if we disagree with you and believe your health information is correct; if the information is not part of the information which you would be permitted to inspect or copy (*i.e.*, psychotherapy notes); or, if the information is not kept by or for the BSCPCP.

REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES: You have the right to ask for restrictions on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to limit the health information provided to family or friends involved in your care or payment of medical bills. For example, you could ask that we not use or disclose information about a particular procedure you underwent. You may also want to limit the health information provided to authorities involved with disaster relief efforts. To request a restriction, you must make your request in writing to the department where your treatment was rendered or by contacting the Privacy Officer, Mary Lou Frias, Tillinghast Hall, Room 002, Bridgewater State College, Bridgewater, MA 02325. However, we are not required to agree in all circumstances to your requested restriction. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

AS APPLICABLE, RECEIVE CONFIDENTIAL COMMUNICATION OF HEALTH INFORMATION: You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

RECEIVE AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION: In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information



disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

We are not required to maintain records of disclosures for: (a) treatment, payment and health care operations; (b) requests of one's own health information; (c) information in the facility's directory or released to those involved in the patient's care; (d) information compliant with national security or intelligence purposes; (e) correctional institutions or law enforcement official requests; or (e) any disclosures made prior to April 14, 2003.

OBTAIN A PAPER COPY OF THIS NOTICE: Upon your request, you may at any time receive a paper copy of this notice from any of the BSCPCP, even if you earlier agreed to receive this notice electronically. This notice is also fully accessible at <http://www.bridgew.edu/Depts/Hlthserv/>

COMPLAIN: If you believe your privacy rights have been violated, please contact Mary Lou Frias, Privacy Officer, Tillinghast Hall, Room 002, Bridgewater State College, Bridgewater, MA 02325, who will provide you with the necessary assistance and paperwork.

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING YOUR PRIVACY RIGHTS OR THE INFORMATION IN THIS NOTICE, PLEASE CONTACT MARY LOU FRIAS AT (508) 531-1252.

We reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, we will post the revised notice at our service delivery sites and make the revised notice available to you at your request. We will also post the revised notice at <http://www.bridgew.edu/Depts/Hlthserv/>.