



## **NOTICE OF PRIVACY PRACTICES**

Revised: March 2016

### **Please read the following carefully**

**This Notice of Privacy Practices (“Notice”) describes the privacy practices, regarding your medical information, of Harrington Hospital, and all employees, staff, other personnel, and affiliates (“Harrington” or the “Hospital”). Privacy practices refers to the ways we may use and disclose your medical information, and certain obligations we have regarding the use and disclosure of your medical information. This notice also describes your rights regarding the use and disclosure of your medical information, and how you can obtain access to this information.**

**We at Harrington pledge to give you the highest quality health care and to have a relationship with you that is built on trust. This trust includes our commitment to respect the privacy and confidentiality of your health information.**

**The word “Harrington” in this Notice includes Harrington Hospital and all of the organizations listed at the end of this notice. This Notice also applies to private doctors who are on the medical staff of Harrington Hospital if they see you at a Harrington site (they will give you their own Notice if they see you in their private office).**

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This Notice is being given to you because federal law gives you the right to be told ahead of time about:

1. How Harrington will handle your medical information
2. Harrington’s legal duties related to your medical information
3. Your rights with regard to your medical information.

Patient specific information is confidential and shall be made available only in conformity with all applicable state and federal laws and regulations regarding the confidentiality of patient records, including but not limited to, 42 CFR Part 2, and 45 CFR Parts 160 and 164 (HIPAA Privacy and security rules) if applicable.

Please note that treatment at Harrington’s Outpatient Behavioral Health Offices and/or at any facility or office for mental health and/or substance abuse treatment provides you with additional protections, as noted throughout this Notice. Substance Abuse facilities and/or providers will not share information with other healthcare providers or entities without an authorization signed by you to release information.

The Notice applies to your health information created, and/or maintained at any Harrington facility or office, including any information that we receive from other health care providers or



facilities. Your health information includes individually identifiable information that relates to your past, present or future health, treatment or payment for health care services.

## **Our Responsibilities to you**

We are required by law to maintain the privacy of your health information (sometimes referred to as “Protected Health Information” or “PHI”), to provide you with this Notice of our legal duties and privacy practices with respect to your health information, and to comply with the terms of our Notice currently in effect. We are required by law to notify you following a breach of privacy of your PHI. If you are a minor or otherwise incapacitated, we will notify your parent/guardian, or other person responsible for you.

## **Patient Privacy**

At Harrington, your privacy is a priority. We follow federal and state guidelines to maintain the confidentiality of your medical (protected health) information.

## **Protected Health Information**

PHI is any information about your past, present or future health care, or payment for that care that could be used to identify you. Members of our workforce and our business associates may only access the minimum amount of Protected Health Information that they need to complete their assigned tasks.

## **Use and Disclosure of PHI**

When you visit any Harrington facility or office, we use and disclose your protected health information to treat you, to obtain payment for services, and to conduct normal business known as health operations. We may also share information with a contracted business associate who must meet our privacy requirements.

### **How we use and disclose your information includes:**

*We do not need your authorization for the following uses and disclosures. Any uses and/or disclosures may be made by paper and/or electronic methods.*

- **Treatment** – We document each visit and/or admission. This documentation may include your test results, diagnoses, medications, and your response to medications or other therapies. This allows your doctors, nurses and other clinical staff to provide the best care to meet your needs.
- **Payment** – We document the services and supplies you receive at each visit or admission so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require its prior approval or to determine if your plan covers that treatment. We may also give information to someone who helps pay for your care.
- **Health Care Operations** – Health care operations are activities that are necessary to run the Practice and ensure that patients receive quality care. This includes internal administration and planning, and various activities that improve the quality and cost effectiveness of the



care and customer service that we deliver to you. Medical information is used to improve the services we provide, to train staff and students, for business management, performance improvement, and customer service.

**We may also use information to:**

- Recommend treatment alternatives
- Tell you about health benefits and services
- Communicate with other, healthcare providers, physician practices, pharmacies and/or any other business associates for treatment, payment or health care operations.
- Send appointment reminders
- Communicate with family or friends involved in your care with your permission, or if they are involved in your care or payment for your care. We may use or share your health information to notify a family member or other person responsible for you of your location, general medical condition or death.
  - If you are present and are able to make health care decisions, we will try to find out if you want us to share this information with your family members or others. If you are in an emergency situation and not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that others really need to know.

**There are other times when we are permitted or required to disclose medical information without your signed permission. These situations include:**

- 1) Public health activities, such as:
  - a) To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability
  - b) To report child abuse and neglect, elder abuse, disabled persons abuse, or rape or sexual assault to public health authorities or other government authorities authorized by law to receive such reports
  - c) To report information about products and services under the jurisdiction of the U.S. Food and Drug Administration
  - d) To notify people of recalls of products they may be using
  - e) To report information to your employer and/or the Massachusetts Industrial Accident Board as required under laws addressing work-related illnesses and injuries or workplace medical surveillance
  - f) To report information related to birth and subsequent health of an infant to state government agencies as required by law
  - g) To file a death certificate and report fetal deaths
  - h) To report abortions performed after 24 weeks of pregnancy to state government agencies as required by law
  - i) Massachusetts Immunization Information System (immunization registry)
- 2) Health oversight activities, such as disclosing PHI to a health oversight agency that oversees the health care system or government benefit programs (such as Medicare or Medicaid) or fraud investigations
- 3) As required by state and federal laws and regulations
- 4) For judicial or administrative proceedings, in response to a legal order or other lawful process
- 5) If required by law or for law enforcement
- 6) To coroners, medical examiners and funeral directors



- 7) For organ donations, if you are an organ donor
- 8) To avert serious threat to public health or safety
- 9) To prevent or lessen a serious danger to you or to others
- 10) For specialized government functions such as national security and intelligence
- 11) As authorized by and as necessary to comply with workers compensation laws
- 12) To a correctional institution if you are an inmate
- 13) For research following strict review to ensure protection of information
- 14) For an examination ordered by a court or detention facility
- 15) For Quality Improvement Purposes.
  - a) We may disclose health information about you to another healthcare facility that was also involved in your care if requested for purposes of that facility's internal quality improvement activities, such as evaluating patient outcomes. We will limit such disclosure to only that information which is minimally necessary for the other facility to perform its quality improvement functions.
- 16) As required by law and not already referred to in the preceding categories

Harrington will not release any physician records maintained outside of the Hospital at a medical office without an authorization signed by you to release information, or a proper judicial order.

Harrington will not release any mental health or substance abuse information or share it with others and/or health care providers without an authorization signed by you to release information, or a proper judicial order.

If you are admitted to the Hospital, your name, room location, general condition, and religion may be listed in that hospital's directory (information desk). This will be shared with members of your family, friends, members of the clergy, and to others who ask for you by name. You may ask to have your name taken off the directory list. You may also ask to restrict the information that is given out about you. If you are in an emergency situation and are not able to make your wishes known, we will put this information in the directory if we think it is in your best interest. We will not put the information in the directory if you have been admitted to the Hospital before and asked that it not be shared.

If you are admitted for inpatient mental health or substance abuse services, the Hospital does not have a patient directory and will not give out any information regarding your care and will not release any directory information without your specific authorization.

### **Highly Confidential Information**

Federal and state laws require special privacy protections for certain highly confidential information about you, including:

- 1) Your HIV/AIDS status
- 2) Mental/behavioral documentation and genetic testing information
- 3) Confidential communications with a psychotherapist, psychologist, social worker, allied mental health professional, or human services professional
- 4) Substance abuse (alcohol or drug) treatment or rehabilitation information
- 5) Venereal disease information
- 6) Abortion consent forms
- 7) Mammography records



- 8) Family planning services
- 9) Treatment or diagnoses of emancipated minors
- 10) Mental health community program records
- 11) Research involving controlled substances.

In order for us to disclose Highly Confidential Information for a purpose related to treatment, payment, or health care operations, we must obtain your separate, specific written consent unless we are otherwise permitted by law to make such disclosure.

There are some limited exceptions to these rules when your permission is not necessary before the use/disclosure can occur (including, by way of example, but not limited to, disclosure for research purposes).

If you are an emancipated minor, or we are treating you as a mature minor without parental consent as allowed under Massachusetts law, certain information relating to your treatment or diagnosis may be considered “Highly Confidential Information” and as a result will not be disclosed to your parent or guardian without your consent. Your consent is not required, however, if a physician reasonably believes your condition to be so serious that your life or limb is endangered. Under such circumstances, we may notify your parents or legal guardian of the condition, and will inform you of any such notification.

Please note that if you are a parent or legal guardian of an emancipated minor, certain portions of the emancipated minor’s medical record (or, in certain instances, the entire medical record) may not be accessible to you.

Other uses and disclosures, not previously described, may only be done with your signed authorization. You may revoke your authorization, in writing, at any time.

### **Contacting You**

In order for Harrington to service your account or collect any amounts you owe, Harrington, its agents, and its business associates may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Harrington, its agents, and its business associates may also contact you by sending text messages or emails, using any email address you provide to Harrington. Methods of contact may include use of pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

### **As a patient of Harrington you have the right to:**

- Notwithstanding the foregoing section, request that we restrict how we use or disclose your medical information (we are not required to abide by your request). All requests must be made in writing. If you request a limitation on disclosure to a family member, we may not be able to bill your family’s health plan and you will be financially responsible for paying us for your care. You may not ask us to restrict disclosure that we are legally required to make.
  - However, if you pay for service(s) in full and out of pocket, and you request that we not share any information about the services to your health plan for purposes of carrying out payment or health care operations, we will comply with your request, unless otherwise instructed by law.

# Harrington

HEALTHCARE SYSTEM

*Total Local Care*

- Request that we use a specific telephone number or address to communicate with you. You may request, and we will accommodate, a reasonable written request for you to receive PHI by alternate means of communication or alternative locations.
- Inspect and make a written request, by you or your authorized representative, to receive a copy of your medical record information (fees will apply, unless the record is requested for the purpose of supporting a claim or appeal under any provision of the Social Security Act or any federal or state needs-based program, upon reasonable documentation regarding such purpose). If you wish to inspect or request a copy of lab results, you may make this request directly to the lab. Under limited circumstances, we may deny your request. For example, psychotherapy notes may be withheld from you in certain circumstances. If you are denied access, you may ask that the denial be reviewed by a licensed health care provider at the practice.
- Request an amendment to your medical information (reason required) in writing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.
- Receive an accounting of how your medical information was disclosed for certain purposes (fees apply) upon written request. The time period for which you request an accounting may not exceed six (6) years and does not apply to disclosures that occurred prior to April 14, 2003.
- Obtain a paper copy of this notice if you received it electronically.
- Register a complaint with Harrington or with the Secretary of the Department of Health and Human Services. To register a complaint with us you may contact the Privacy Officer at 508-764-2484. We will not retaliate against you if you file a complaint with us or the Secretary.
- Not be part of our hospital directory or our on-going fundraising and/or marketing efforts by sending such a request in writing to our Privacy Officer
  - We must obtain your written authorization prior to using PHI to send you any marketing materials. We can, however, provide you with marketing materials in a face-to-face encounter, without your authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your Marketing Authorization. In addition, we may communicate with you about products or services relating to your treatment, case management, or care coordination, or alternative treatments, therapies, providers or care settings without your authorization, and we may use PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.
- You may revoke any authorization at any time in writing. However, such revocation does not apply to uses or disclosures made in reliance on authorization given prior to revocation.
- Notification in the event of a breach of you PHI

## **Medical Records Retention**

In accordance with Massachusetts law, Harrington, maintains hospital medical records for at least 20 years after the patient's discharge or after the final treatment, and for 7 years after the last encounter for Harrington physician records. After such period has elapsed the medical records will be destroyed in a manner consistent with state and federal privacy laws.





Radiological films, scans, other image records, raw psychological testing data, electronic fetal monitoring tracings, electroencephalograph, electrocardiography tracings and the like will be retained for at least 5 years, provided that any signed narrative reports, interpretations, or sample tracings that are generated to report the results of such tests and procedures shall be maintained as part of the medical record.

Please note that Harrington is not required by law to notify you prior to destruction of medical records. If you wish to receive a copy of your medical record information, you must do so within the time limits described in this Notice.

### **How to Contact Us**

If you have questions about this notice or if you would like to exercise your rights because you feel your privacy rights have been violated you may contact:

**Privacy Officer**  
**Harrington Memorial Hospital**  
**100 South Street**  
**Southbridge, MA 01550**  
**508-764-2484**  
[privacy@harringtonhospital.org](mailto:privacy@harringtonhospital.org)

All complaints will be investigated, and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, D.C.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. We will post a copy of this Notice in all our registration areas for public viewing and on our website at [www.harringtonhospital.org](http://www.harringtonhospital.org). You may also request a copy of this Notice at any time.

This Notice applies to the following Harrington organizations:

Harrington HealthCare System, Inc.  
Harrington Memorial Hospital, Inc.  
Harrington Physician Services, Inc.