



**Effective Date:** April 14, 2003

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09/30/13, 1/30/17, 12/11/18

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 our Privacy Officer at (617) 774-1080.

## INTRODUCTION

This Notice of Privacy Practices (“Notice”) describes how Aspire Health Alliance may use and disclose your protected health information (“PHI”) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice applies to the privacy practices of all Aspire Health Alliance locations. This Notice also describes your rights regarding the PHI we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your privacy and your rights regarding your PHI.

## PROTECTED HEALTH INFORMATION

“Protected Health Information” (PHI) means health information, including identifying information about you, that we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include any information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

## OUR RESPONSIBILITIES

Aspire Health Alliance is committed to respecting your privacy and confidentiality. We are required by law to maintain the privacy of your PHI and to provide you with this Notice. We are also required to comply with the terms of our current Notice. We will post a copy of the current Notice at our main office and at each of our sites where we provide care. You may also obtain a copy of the current Notice on our website at [www.aspirehealthalliance.org](http://www.aspirehealthalliance.org) or by calling Aspire Health Alliance.

## I. HOW WE MAY USE AND DISCLOSURE YOUR PHI

We may use and disclose your PHI for various reasons. For some of these uses or disclosures, we need your written authorization. Below we describe the different categories of uses and disclosures and give you some examples of each category. Except when disclosing PHI relating to your treatment, payment or health care operations, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

### A. Treatment

We may use or disclose your PHI to manage, coordinate, and provide your health care treatment and any related services. For example, Aspire Health Alliance may disclose information to the Aspire Health Alliance team members involved in managing and providing your care, including treatment providers, social workers, and other health care personnel or to other health care providers outside of Aspire Health Alliance. Further, your therapist may discuss your care with his or her supervisor.

### B. Payment

We may use or disclose your PHI for billing and payment purposes. For example, we may disclose your PHI to your insurer or health plan for a number of reasons, including: to obtain approval of services; to determine eligibility or coverage for health insurance; to review whether your services were medically necessary; to review whether your services were appropriately authorized or certified in advance of your care; or to review your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.

## C. Health Care Operations

We may use and disclose your PHI for our health care operations. These uses and disclosures are necessary to operate our agency and make sure that you receive quality care. These activities may include quality assessment and improvement, quality management, reviewing the performance or qualifications of our management, clinicians, training students in clinical training activities, licensing, and accreditation, business planning and development, fundraising and general administrative activities. We may combine the PHI of our clients to decide what additional services we should offer, what services are no longer needed, and whether certain new treatments are effective. We may also combine our PHI with PHI from other providers to compare how we are doing and see where we can make improvements in our services. When we combine our PHI with information of other providers, we will remove identifying information so it may be used to study health care or health care delivery without identifying specific clients.

## D. Business Associates

Some services, including but not limited to electronic data and medical records storage, may be performed on Aspire Health Alliance's behalf by third party contractors called business associates. Business associates are required to safeguard your PHI properly.

## E. Opportunity to Object

**Persons Involved in your Care.** In limited circumstances, we may use and disclose your PHI without your authorization, but you will have an opportunity to object. For example, we may disclose your PHI for the purpose of collecting payments from someone who helps pay for your care. In such case, you would have an opportunity to object.

**Appointment Reminders.** We may contact you via voice or text messages to remind you of your scheduled appointments, using the telephone number that you have provided to us. While these appointment reminders can be useful, they may also pose a risk to you. For example, a family member might answer your home telephone or listen to a reminder message left on your answering machine. Text messages sent to your mobile phone are not secure and may be read by anyone who uses your mobile phone. You may possibly incur a charge from your cellular carrier for receiving our text message, or the message may count against your plan limit. Every appointment reminder message you receive from us will contain instructions on opting out of receiving future reminder messages. You may also opt out of these appointment reminders by contacting

our Privacy Officer at (617) 774-1080.

**Fundraising.** We may contact you as part of our fundraising efforts. You have the right to opt out of receiving such communications. Any fundraising material sent to you will include a description of how you may opt out of receiving such communications. If you opt out, we will use best efforts to make sure that you do not receive any further fundraising solicitations.

## II. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

Aspire Health Alliance may legally use and disclose your PHI to others for certain purposes that are not treatment, payment or health care operations, without your written authorization or opportunity to object. Such examples include but are not limited to the following:

**Facility Directory.** We do not maintain a facility directory at any of our outpatient programs. If asked, we will not confirm that you are our current or former client, verbally, in writing, or through any other means. Exceptions are listed below under "Person's Involved in Your Care."

**Persons Involved in Your Care.** We may provide health information about you to someone who helps pay for your care as required for the purposes of collecting payment.

### A. Emergencies

If you are in an emergency situation, we may disclose your PHI to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest, and if so, only disclose information that is directly relevant to the emergency. PHI may be disclosed to other healthcare providers in the event that emergency psychiatric treatment is required.

### B. Unable To Make Health Care Decisions

In non-emergency situations where you are unable to make your own health care decisions, we will, under certain circumstances and as authorized by law, disclose your PHI to an authorized health care proxy, guardian or applicable state agency responsible for consenting to your care.

### C. As Required By Law

We will disclose PHI about you when required to do so by federal, state or local law.

## **D. To Prevent a Serious Threat to Health or Safety**

We may use and disclose your PHI when necessary to prevent a serious and imminent threat to the health or safety of you, the public or another person. Under these circumstances, we will only disclose PHI to someone who is able to help prevent or decrease the threat.

## **E. Public Health Activities**

We may disclose PHI about you as necessary for public health activities, including, by way of example, for the purpose of:

- reporting to public health authorities if required by law for the purpose of;
- preventing or controlling disease, injury or disability;
- conducting public health surveillance or investigations;
- reporting child abuse or neglect;
- reporting to the Food and Drug Administration (FDA) or to a person required by the FDA to report certain events including information about defective products or problems with medications;
- notifying consumers about FDA-initiated product recalls; and;
- notifying appropriate government agencies if we believe you have been a victim of abuse, neglect or domestic violence.

## **F. Health Oversight Activities**

We may disclose PHI about you to a health oversight agency for activities authorized by law. Oversight agencies may include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, and other government programs regulating health care and civil rights laws.

## **G. Disclosures in Legal Proceedings**

In limited circumstances, and as authorized by law, we may disclose your PHI to a court or other administrative tribunal.

## **H. Law Enforcement Activities**

We may disclose your PHI to a law enforcement official for law enforcement purposes in limited circumstances as authorized by law.

## **I. Medical Examiners or Funeral Directors**

We may provide PHI about you to a medical examiner and/or funeral directors according to law. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances.

## **J. National Security and Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

## **K. Workers Compensation**

We may disclose PHI about you to comply with the Massachusetts Workers' Compensation Law.

## **III. USES OR DISCLOSURES OF PHI THAT REQUIRE YOUR WRITTEN PERMISSION**

Uses and disclosures of your PHI not otherwise described in this Notice will require your written permission, called an "authorization." Examples of uses and disclosures that require your authorization include, but are not limited to, most disclosures of psychotherapy notes, drug and alcohol abuse treatment records, and disclosing for marketing purposes. Further, Aspire Health Alliance is prohibited from selling your PHI without your express written authorization. You have the right to revoke your authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your PHI, unless we have already taken action relying upon the uses or disclosures you have previously authorized.

## **IV. YOUR RIGHTS REGARDING YOUR PHI**

### **A. Right to Inspect and Copy**

You have the right to request an opportunity to inspect or copy your PHI used to make decisions about your care – whether they are decisions about treatment or payment. You must sign an authorization form and submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or provide you with a copy of your PHI in certain limited circumstances. If your request is denied, you may, in some circumstances, request that the information be sent directly to another health care provider or your attorney.

### **B. Right to Amend**

For as long as we keep records about you, you have the right to request us to amend any PHI used to make decisions about your care - whether they are decisions about treatment or payment. You must submit a request in writing to our Privacy Officer and tell us why you believe the information is incorrect or inaccurate. We may deny

your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend PHI that:

- was not created by us;
- is not part of the PHI we maintain to make decisions about your care;
- is not part of the PHI that you would be permitted to inspect or copy; or
- is accurate and complete.

If we deny your request to amend, we will send you a written notice stating the basis for the denial, and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the PHI that is the subject of your request. If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal. In this case, we will attach the written request and the rebuttal, as well as the original request and denial, to all future disclosures of the PHI that is the subject of your request.

### **C. Right to an Accounting of Disclosures**

You have the right to request that we provide you with an accounting (list) of disclosures we have made of your PHI, other than those we have made for purposes of treatment, payment, and health care operations except as specified herein. To request an accounting of disclosures, you must submit your request in writing. For your convenience, you may submit your request on a form called a "Request For Accounting," which you may obtain from Aspire Health Alliance. The request should state the time period for which you wish to receive an accounting. You may request an accounting as far back as six years, except requests for electronic disclosures relating to treatment, payment or health care operations are limited to three years. The accounting will not include (i) non-electronic disclosures relating to treatment, payment or health care operations; (ii) disclosures if you gave your written authorization to share the information; (iii) disclosures shared with individuals involved in your care; (iv) disclosures to you about your health condition; (v) disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement officials who have custody of you. We will respond to your request within 60 days of receiving it. The first accounting you request within a twelve-month period will be free. For additional requests during the same 12 month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request at that time.

### **D. Right to Request Restrictions**

You have the right to request a restriction on the PHI we use or disclose about you to others who are involved in your care or payment, like a family member or friend. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted PHI is needed to provide you with emergency treatment.

### **E. Right to Restrict Disclosures**

You have the right to restrict certain disclosures of PHI to a health plan if you pay out-of-pocket in full for the health care item or service.

### **F. Right to Request Confidential Communications**

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by cellphone. To request such a confidential communication, you must make your request in writing and specify how or where you wish to be contacted. We will accommodate all reasonable requests. You do not need to give us a reason for the request, but your request must specify how or where you wish to be contacted.

### **G. Breaches**

Individuals whose PHI has been breached will be notified in writing as required by law.

## **V. CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS**

For clients who receive treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by state and/or federal law. As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as a substance abuser, unless: you authorize the disclosure in writing; the disclosure is permitted by a court order; the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; you threaten to commit a crime either at the drug or alcohol abuse program or against any person who works for Aspire Health Alliance's drug or alcohol abuse programs.

A violation of the federal law governing drug or alcohol abuse may be a crime. Suspected violations may be reported to the United States Attorney in the district

where the violation occurs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations.

#### **Record Retention**

Aspire Health Alliance's clinical records are maintained for 20 years after the client's discharge or after the final treatment, as otherwise required by law. All non-clinic Aspire Health Alliance records will be maintained according to law and/or as specified in the contract with the vendor.

#### **Changes to This Notice**

We reserve the right to change the terms of this Notice. We also reserve the right to make the revised or changed Notice effective for PHI that we already have about you as well as any PHI we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each of our sites where we provide care. You may obtain a copy of the current Notice of Privacy Practices on our website at [www.aspirehealthalliance.org](http://www.aspirehealthalliance.org) or Aspire Health Alliance.

#### **Right to a Paper Copy of this Notice**

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, contact our *Privacy Officer*.

#### **Right to File a Complaint**

You have the right to file a complaint if you believe your privacy rights were violated by Aspire Health Alliance. Your care will not be affected if you file a complaint. You may file a complaint by contacting the Privacy Officer listed below.

#### **Privacy Officer**

Aspire Health Alliance  
500 Victory Road  
Quincy, MA 02171

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, at (800) 696-6775 or email [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov).

You may contact our Privacy Office for further questions regarding Aspire Health Alliance's privacy practices.