

**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.**

**This is a joint form of L.U.K. Crisis Center, Inc. and its staff. If you have any questions about this Privacy Notice, please contact our Clinical Director at (978) 345-0685 or at [Privacy@luk.org](mailto:Privacy@luk.org).**

### **I. Introduction**

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 that are in compliance with the Privacy Rules of Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

The Privacy Rule protects all "*individually identifiable health information*" held or transmitted by LUK, whether it is electronic, paper, or oral. "Individually identifiable health information" is information about:

- you or your child's past, present or future physical or mental health condition,
- any services provided to you or your child or
- past, present, or future payment for the services we provide to you or your child.

This information is *individually identifiable health information* (for example, your name, address, birth date, Social Security Number) that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. The Privacy Rule calls this information "***protected health information (PHI)***."

This Notice also describes your rights regarding health information 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 health information.

We are required by the Privacy Rules of HIPAA to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

### **II. How We Will Use and Disclose Your Health Information**

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

#### **A. Uses and Disclosures That May Be Made With Your Acknowledgement Of This Notice**

1. **For Treatment.** We will use and disclosure your health information to provide your health care and any related services and to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care. We may also use and disclose your health information among our clinicians and other staff (including clinicians other than your therapist or principal clinician) who work at L.U.K.
2. **For Payment.** We may use or disclose your health information so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other payor. By way of example, we may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include: making a determination of eligibility or coverage for health insurance; reviewing your services to determine if they were medically necessary; reviewing your services to determine if they were appropriately authorized or certified in advance of your

care; or reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.

3. **For Health Care Operations.** We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include, by way of example, quality improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administrative activities. We may also use and disclose your health information to contact you regarding appointment scheduling.
4. **Fundraising Activities.** We may use or disclose health information about you to contact you about raising money for our programs, services, and operations. If you do not want us to contact you for fundraising purposes, you must notify the Chief Executive Officer or her/his designee in writing at 545 Westminster Street, Fitchburg, MA 01420. Please state clearly that you do not want to receive any fundraising solicitations from us.

## **B. Uses and Disclosures For Which You Will Have an Opportunity to Object.**

1. **Persons Involved in Your Care.** We may provide health information about you to someone who helps pay for your care. For example, we may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death.

In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are physically present, are an adult, and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. But, if you are in an emergency situation, we may disclose your health information 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 participation in your care.

And, if you are not in an emergency situation but are unable to make health care decisions or you are a minor, we will disclose your health information to:

- Your parent/guardian
- Your guardian or medication monitor if one has been appointed by a court, or
- If applicable, the state agency responsible for consenting to your care.

## **C. Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object.**

We will use and disclose health related information about you as necessary in the following situations:

1. **Emergencies.** For example, we may provide your health information to a paramedic who is transporting you in an ambulance.
2. **Research.** When you are participating in a research project approved by our Institutional Review Board.
3. **As Required By Law.** When required to do so by federal, state or local law.
4. **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person.
5. **Public Health Activities.** As necessary for public health activities including, by way of example, disclosures to:
  - Report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
  - Report child abuse or neglect;
  - Notify the appropriate government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.

6. **Health Oversight Activities.** To a health oversight agency for activities authorized by law.
7. **Disclosures in Legal Proceedings.** To a court when a judge orders us to do so. We also may disclose health information about you in legal proceedings in certain circumstances without your permission or a judge's order.
8. **Law Enforcement Activities.** To a law enforcement official for law enforcement purposes in certain circumstances.
9. **Medical Examiners or Funeral Directors.** To medical examiners or funeral directors.
10. **Military and Veterans.** For example, as required by military command authorities.
11. **National Security and Protective Services for the President and Others.** To authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
12. **Workers' Compensation.** To comply with the Massachusetts Workers' Compensation Law.

### **III. Uses and Disclosures of Your Health Information with Your Authorization.**

Other uses and disclosures not described elsewhere in this Notice of Privacy Practices will require your written authorization. You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

### **IV. Your Rights Regarding Your Health Information.**

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

You have the right to request an opportunity to inspect or have copied health information used to make decisions about your care. Usually, this would include clinical and billing records, but not psychotherapy notes. You must submit your request in writing to our Keeper of the Records or her/his designee at 545 Westminister Street, Fitchburg, MA 01420. 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 copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access.

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

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care. Usually, this would include clinical and billing records, but not psychotherapy notes. To request an amendment, you must submit a written document to our Keeper of the Records or her/his designee at 545 Westminister Street, Fitchburg, MA 01420 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 health information that:

- Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- Is not part of the health information we maintain to make decisions about your care;
- Is not part of the health information that you would be permitted to inspect or copy; or
- Is accurate and complete.

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

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information, by way of example, those we have made for purposes of treatment, payment, and health care operations. To request an accounting of disclosures, you must submit your request in writing to the Keeper of the Records or her/his designee at 545 Westminister Street, Fitchburg, MA 01420. For your convenience, you may submit your request on a form called a "Request For Accounting," which you may obtain from our Keeper of the Records or her/his designee. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003. The first accounting you request within a 12-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 before we incur any costs.

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

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. You may also ask that any part (or all) of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in Section II(B)(2) of this Notice of Privacy Practices.

To request a restriction you must request the restriction in writing addressed to the Keeper of the Records or her/his designee at 545 Westminster Street, Fitchburg, MA 01420. The Keeper of the Records or her/his designee will ask you to fill out a Request for Restriction Form, which you should complete and return to the Keeper of the Records or her/his designee. 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 health information is needed to provide you with emergency treatment.

#### **E. 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 e-mail. To request such a confidential communication, you must make your request in writing to the Keeper of the Records or her/his designee at 545 Westminster Street, Fitchburg, MA 01420.

#### **F. 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. To obtain a paper copy, contact our Keeper of the Records or her/his designee at 545 Westminster Street, Fitchburg, MA 01420.

### **V. Confidentiality of Substance Abuse Records**

For individuals who have received treatment, diagnosis, or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations. 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 an alcohol or drug abuser. A violation by us of the federal law and regulations governing drug or alcohol abuse is 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. Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

### **VI. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Clinical Director or her/his designee at 545 Westminster Street, Fitchburg, MA 01420, or at [Privacy@luk.org](mailto:Privacy@luk.org), or at (978) 345-0685. All complaints must be submitted in writing. Our Chief Executive Officer or her/his designee will assist you with writing your complaint if you request such assistance. We will not retaliate against you for filing a complaint.

### **VII. Changes to this Notice**

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by accessing our website at [www.luk.org](http://www.luk.org) or by calling us at (978) 345-0685 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.