

# NOTICE OF PRIVACY PRACTICES

## YOUR PRIVACY

BAMSI takes your privacy seriously. This Notice contains important information about your rights and our obligations under the law (HIPAA ó the Health Insurance Portability and Accountability Act), and describes how your personal health information may be used and how you can get access to this information.

## YOUR HEALTH INFORMATION

This Notice applies to what is called Personal Health Information (PHI). PHI includes information which may identify you personally (such as your social security number, date of birth and address) and information that relates to your past, present and/or future physical and/or mental health and related health care services. This includes information which was or can be conveyed in oral, written and electronic form.

## OUR DUTIES

BAMSI is required to maintain the privacy of your PHI according to applicable law and to the terms of this Notice. In the event that BAMSI revises this Notice of Privacy Practices, the new Notice will apply to all personal health information maintained by BAMSI at that time and a copy of the revised Notice of Privacy Practices will be provided to you.

## YOUR RIGHTS

### 1. **Right to receive confidential communications**

BAMSI generally sends written information in an envelope with our name on it. If you do not want material from BAMSI to be sent in a BAMSI envelope, or if you want us to send the information to an address other than the address we have on file, you can request in writing that we do so and we will generally accommodate that request.

### 2. **Right to inspect and copy your health information**

BAMSI maintains records which may be written and/or electronic. The information specific to you, which contains your PHI is called a òdesignated record setö (Record Set). This Record Set contains personal data, physical and mental health records, billing records, and other records that are used to make decisions about your health care. You have the right to access your designated record set in almost all situations except: (a) when there are separately maintained psychotherapy or social work records or notes; (b) if the information is compiled in reasonable anticipation of a civil, criminal, or administrative action; or (c) as otherwise prohibited by law. Your request for your health information must be submitted in writing and fees may apply for copying and postage, if the records are mailed. If we are required to deny your request for records, we will send you a written denial, the reasons for the denial and information about how you can file a complaint.

### 3. **Right to request a change to your health information**

If you believe that something in your health information maintained by BAMSI is inaccurate you can request that it be changed, if the record in question originated from BAMSI providers. If we agree to make the change, we will do so as quickly as possible. If we deny the request to modify your record, we will send you a written denial, the reasons for the denial and information about how you can file a complaint. All requests for changes must be in writing; these requests and our responses will be maintained in your designated record set.

### 4. **Right to accounting of disclosures**

You have the right to receive an accounting of all disclosures of your health information (except for disclosures made for treatment, payment and operations, some required disclosures which are described in this notice, and those disclosures which you explicitly authorize). Your request for this accounting must be made in writing and may be made once every twelve (12) months without charge. If you submit this request more frequently, we will charge you a reasonable amount to produce the information.

### 5. **Right to notice of breach of security of health information**

You have the right to be notified of the acquisition, access, use and/or disclosure of your health information in a manner not permitted by this Notice of Privacy Practices unless our assessment of the risk involved indicates a low probability that the information has been compromised.

## HOW YOUR HEALTH INFORMATION IS USED

### 1. Routine uses of your health information which do not require consent

- a. Treatment, provision, coordination or management of health care services, including consultation between health care providers and referrals from one provider to another
- b. Collection and coordination of payment for services; however, you have the right to restrict disclosures of your personal health information to a health plan in circumstances where you are paying for the service in full out of your pocket
- c. Health care operations, such as care coordination or case management, training health care personnel, Quality Assurance or Utilization Review, medical audits, legal reviews and data analysis

### 2. Disclosures which are required by law

- a. Worker's compensation programs that provide benefits for work related injuries or illnesses
- b. Public health activities
- c. Government agencies or services to which we are required to report abuse, neglect, domestic violence and/or fraud, including entities providing public benefits
- d. Civil, criminal or agency investigations
- e. If required by law or law enforcement
- f. Specialized government functions such as national security and intelligence services
- g. Correctional institutions, if you are an inmate
- h. Funeral directors, coroners or medical examiners as necessary

### 3. Other legal uses of personal health information

- a. BAMSÍ may contract with other entities to provide services for us and in order to do so, we may need to disclose the personal health information they need to do that job. We require that each such entity safeguard your personal health information just as BAMSÍ does.
- b. From time to time, BAMSÍ may contact you about fundraising activities; you have the right to opt out of such activities by contacting BAMSÍ's Privacy Officer whose contact information appears at the end of this notice.
- c. Disclosures may be made after your death to persons involved in your health care during your lifetime unless you have specifically told BAMSÍ in writing that you do not authorize this disclosure.
- d. In the event of emergency, in order to ensure your health and safety.

### 4. Disclosures which do require your consent

Other than previously described in this section, all other disclosures of your health information require your consent.

If you would like more information regarding BAMSÍ's privacy practices, you may request a copy of this Notice of Privacy Practices by contacting our Privacy Officer, or may review the document at any time on our website, [BAMSÍ.org](http://BAMSÍ.org).

If you feel your privacy rights have been violated, you have the right to notify BAMSÍ's Privacy Officer by calling 508.580.8700 or by writing to:

HIPAA Privacy Officer  
BAMSÍ  
10 Christy's Drive  
Brockton, MA 02301

You may also contact the Secretary of Health and Human Services in Washington, DC.

## QUESTIONS

**BAMSÍ**  
**10 Christy's Drive**  
**Brockton, MA 02301**  
Tel 508.580.8700  
Fax 508.580.3114  
TTY 508.580.0437  
[BAMSÍ.org](http://BAMSÍ.org)