

# LGH Notice of Privacy Rights and Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY LAWRENCE GENERAL HOSPITAL AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

## **Your Information, Rights & Responsibilities. PLEASE REVIEW IT CAREFULLY.**

**MEMBER ORGANIZATIONS:** This Notice applies to services furnished at Lawrence General Hospital by the medical staffs, physicians, nurses, and other personnel of the following Lawrence General Hospital organizations/affiliates:

Lawrence General Hospital, Inc.; LGH Physicians Associates, P.C.; Community Medical Associates, Inc.; and Hospital-Based Groups.

Since April 14th, 2003, we are required under the Health Insurance Portability and Accountability Act (HIPAA) and Massachusetts law to maintain the privacy of your health information, to provide you with this Notice of Privacy Rights & Practices and follow the terms of our notice that is currently in effect.

This document explains in detail how we use and disclose your Protected Health Information (PHI). PHI is any information about you that could identify you and your past, present, or future physical or mental health condition(s). Your acknowledgement of receipt of this document is required the first time you receive services after April 14th, 2003, at one of the Lawrence General Hospital affiliates listed above.

Examples of how we can use and disclose your information without your authorization include:

**Treatment** – we keep a record of each visit and/or admission. These records may include your test results, diagnoses, medications or other therapies. These records are used and disclosed to allow doctors, nurses, spiritual care and other health care and clinical staff providers who are involved in your medical care and need information to provide you with high quality care to meet your needs.

**Payment** – we maintain a record of and may use and disclose information related to, services and supplies you receive at each visit and/or admission, so that we can be paid by you, an insurance company, or a third party. We may tell your health plan and other payors about an upcoming treatment or service which requires their prior approval and authorization.

**Health Care Operations** – we use and disclose your medical information to improve the services we provide, to train staff and students, for business management, and for customer service purposes.

Your information may be shared amongst Lawrence General Hospital affiliates, other health care providers, third party payors and our Business Associates to facilitate treatment, payment or health care operations. Lawrence General Hospital participates in the Massachusetts Health Information Highway (Mass HIway) exchange.

### **ADDITIONAL USES AND DISCLOSURES:**

I. There are additional times when we are permitted or required to use/disclose medical information without your permission. These circumstances are listed below:

- In emergency treatment situations
- To assist in communicative patients
- To protect victims of abuse, neglect or domestic violence
- For organ & tissue donations
- To Workers' Compensation if you are injured at work
- To coroners, medical examiners and funeral directors
- To a correctional institution if you are an inmate
- To avert serious threat to public health or safety
- If required by law and for law enforcement
- To share information in a disaster relief situation
- For public health activities (tracking diseases or medical devices)
- For health oversight activities such as fraud investigations
- For certain judicial or administrative proceedings
- For government functions such as national security & intelligence
- For research following an appropriate review or waiver of authorization by an institutional review board to ensure protection of information

II. We may also use your information, in cases where you have a right and choice, unless unconscious, to:

- Recommend treatment alternatives
- Tell you about health benefits and/or services
- Send, call or text you with appointments, reminders, prescriptions, etc.
- Ask you to make a charitable gift
- List your name, location, and general condition in the patient directory for the duration of your stay
- List your religious affiliation in the patient directory provided to clergy for the duration of your stay
- Communicate with those involved in your care

## NOTICE OF PRIVACY RIGHTS & PRACTICES

### WRITTEN AUTHORIZATION REQUIRED:

- I. Except as otherwise permitted by law, all other uses and disclosures not described above will require your signed authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization.

You may revoke any authorization you provide at any time by delivering a written statement directly to the Privacy Officer, except to the extent that we have already taken action in reliance on your authorization.

- II. Please know that federal and state law requires special privacy protections for certain highly confidential information about you including but not limited to: 1) confidential communications with psychotherapists, 2) mental health and developmental disabilities services, 3) alcohol and drug abuse prevention, treatment and referral, 4) HIV/AIDS testing, diagnosis or treatment, 5) genetic testing, 6) records from a Domestic Violence Victims or Sexual Assault Counselor, 7) research involving controlled substances, 8) community mental health records. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

- III. Your protected health information such as diagnosis, treatment, and nature of services, as well as demographic data, may only be used for fundraising purposes if your authorization is obtained. You have the right to opt-out of receiving any fundraising communications.

**YOUR RIGHTS:** Under HIPAA, you have the right to request in writing:

- restrictions on how we use or disclose your medical information.
- confidential communications in a certain manner or to an alternate location, phone or address other than your home.
- access to your medical information to review and obtain a copy, subject to federal and state laws (fees may apply); state law requires medical records to be retained for 20 years from your most recent episode of care.
- access to electronic copies of your Protected Health Information, and to have it sent electronically to a designated person.
- an amendment to your medical information if you feel you or your health care provider need to make additions or corrections.
- an accounting of disclosures of your medical information.
- a paper copy of this Notice even if you have received it electronically.
- revocation of any specific authorization obtained in connection with your privacy, such as for marketing and research.
- restricted release for services paid out-of-pocket that is not shared with your health insurance plan.
- to share information with your family, close friends or others involved in your care.
- to choose someone with medical power of attorney or your legal guardian to act for you.

While we will consider all requests for amendments and privacy restrictions carefully, we are not required to agree to any requested restrictions or changes.

**OUR RESPONSIBILITIES:** We are required by law to maintain the privacy of your medical information, to provide you with this written Notice of Privacy Rights and Practices, and to abide by the terms of the Notice currently in effect. We reserve the right to change this Notice and our privacy practices and make the new provisions effective for all information we maintain. Revised Notices will be posted in our facilities and offices, and will be available from your direct treatment provider. If affected, you have the right to be notified if a breach of unsecured protected health information were to occur.

**FOR MORE INFORMATION:** If you would like further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer at the address or phone number below. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or with the Director. Lawrence General Hospital and its employees are committed to protecting patient privacy.

### LAWRENCE GENERAL HOSPITAL COMPLIANCE & PRIVACY OFFICER

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