

## **NOTICE OF PRIVACY PRACTICES**

### **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 Notice of Privacy Practices (“Notice”) describes how Wayside Youth & Family Support Network (“Wayside” or “we”) 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 also describes your rights with regard to your health information.

#### **Our Responsibilities:**

We are required by law to protect the privacy of your health information and will not use or disclose it without your permission, except as described in this Notice. If we change our practices and this Notice, the updated Notice will be posted on Wayside’s website at [www.waysideyouth.org](http://www.waysideyouth.org), and a paper copy will be made available to you upon request.

Throughout this Notice, we use the term PHI. PHI is information about you that may identify you and that relates to your past, present or future physical or mental health condition and health care services.

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

We may use and disclose your PHI without authorization as described in general in each category listed below. The categories do not describe all specific uses or disclosures of health information.

##### **Uses and Disclosures That May Be Made For Treatment, Payment and Operations**

1. **For Treatment.** We may disclose your PHI among our clinicians and other staff who work at Wayside at, for example, case conferences or staff meetings. In general, only the information necessary to coordinate your treatment will be shared with other Wayside personnel.
2. **For Payment.** We may use or disclose your PHI so that the treatment and services you receive are billed to, and payment is collected from, your health plan, other third party payor, or government agency payor. This information may include obtaining eligibility information, obtaining approval for additional services or appointments, or to bill for delivered services.
3. **For Health Care Operations.** We may use and disclose PHI for our health care 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, utilization review, quality management activities, licensing, accreditation, training of interns, and general administrative activities.
4. **Appointment Reminders.** We may use your information to contact you to remind you about appointments.
5. **Fundraising.** We may use your information to contact you for fundraising purposes. If you do not wish to be contacted for such purposes, you have the right to opt out of receiving such communications.

##### **Other Uses and Disclosures That May be Made Without Your Authorization**

1. **Federal, State or Local Law, Judicial or Administrative Proceedings or Law Enforcement:** For example, if you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if, when necessary, efforts have been made to tell you about the request or to obtain an order protecting the information requested.
2. **Food and Drug Administration (FDA):** We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.
3. **Worker’s Compensation:** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs established by law.
4. **Public health and health oversight activities:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability. We may also provide information to coroners, medical examiners, and funeral directors as necessary for these persons to carry out their duties. We may disclose your PHI to an oversight agency for activities authorized by law, including audits and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
5. **Specific government functions:** For example, if you are a member of the armed forces, we may release PHI about you as required by the military command authorities. We may also disclose your PHI to authorized federal officials for national security purposes, such as protecting government officials and performing intelligence activities or investigations.
6. **Business Associates:** There are some services provided by or to Wayside through third party contracts such as billing companies. In such cases, we may disclose your PHI to third parties as our business associates so that they can perform their contracted services. Both federal law and our contracts with business associates require them to appropriately safeguard your information.
7. **Notification:** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
8. **Correctional Institution:** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.
9. **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
10. **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your PHI to a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else, or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Before using or disclosing your PHI for any other purpose, we must obtain your written authorization, except as otherwise provided by law. Examples of uses and disclosures that require your authorization include, but are not limited to, most uses and disclosures of psychotherapy notes, drug and alcohol abuse treatment records, uses and disclosures for marketing purposes if the organization receives financial remuneration, and disclosures that constitute a sale of PHI. Further, Wayside is prohibited from selling your PHI without your express written authorization. You may withdraw or revoke an authorization in writing at any time. After we receive your written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

**Your Rights:**

- A. **You have the right to access your PHI:** You have the right to look at and copy PHI about you contained in your medical and billing records for as long as Wayside maintains this information. To look at or copy your PHI, please send a written request to the Medical Records Department of your program, or to Wayside’s administrative offices (address below). If you request a copy of the information, we may charge you a fee for the costs of the copying, mailing or other supplies that are necessary to grant your request. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time. We may deny your request in certain limited circumstances. If you are denied the right to see or copy your PHI, you may request that the denial be reviewed by a licensed health care professional not directly involved in the original decision to deny access. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.
- B. **You have the right to amend PHI in your record:** If you feel that PHI we have about you is incomplete or incorrect, you may request that we correct or update (amend) the information. You may request an amendment for as long as we maintain your PHI. To request an amendment, you must send a written request to the Privacy Officer. In addition, you must include the reasons for your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may prepare a response to your statement, which we will provide to you. You may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request. If we approve the amendment, we will work with you to inform others who may need to be informed of the amendment.
- C. **You have the right to request a list of the disclosures of your information:** You have a right to receive a list of instances when your PHI has been released. You must make your request in writing to our Medical Records Department. You may request an accounting as far back as six years, except requests for electronic disclosures relating to treatment, payment or operations disclosures which are limited to three years. The accounting will not include (i) non-electronic disclosures of relating to treatment, payment or operations; (ii) disclosures if you gave your written authorization to share the information; (iii) disclosures shared with individuals involved in your care; (iv) disclosure 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; or (vi) disclosures made before April 14, 2003. We will respond to your request within 60 days of receiving it.
- D. **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 service.
- E. **You have the right to request communications of your information by alternative means or alternative locations.** For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit your request in writing to the Program Director. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.
- F. **Breaches.** Individuals whose PHI has been breached will be notified in writing as required by law.

**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 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; or
- the disclosure is permitted by a court order; or
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for Wayside’s drug abuse or alcohol 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.

**For more information or to report a problem:** If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with our HIPAA Privacy Officer as listed below. We will not take retaliatory action against you. You may also file a written complaint with the Secretary of the United States Department of Health and Human Services through the:

Office of Civil Rights  
U.S. Department of Health and Human Services  
contact:  
Government Center  
J.F. Kennedy Federal Building-Room 1875  
Boston, MA 02203  
Phone: (617) 565-1340

**WAYSIDE’S SECURITY OFFICER: Patrick Keaton, IT Director**

**WAYSIDE’S PRIVACY OFFICER: Elizabeth Reid, LICSW**

If you have any questions about this Notice or a complaint about our privacy practices, please

Privacy Officer  
Wayside Youth & Family Support Network  
1 Frederick Abbott Way  
Framingham, MA 01701  
Ph: (508) 270-1237