Notice of Privacy Practices
Your Information, Your Rights. Our Responsibilities.

This Notice of Privacy Practices describes how medical information about you may be used and disclosed by Cambridge Health Alliance and its affiliates and how you can gain access to this information. Please review it carefully.

Our Uses and Disclosures
We may use and share your information as we: • Run our organization • Bill for services provided to you • Improve care for all our patients, for example by teaching • Help with public health and safety issues • Do research • Comply with the law • Respond to organizational and legal requests • Work with a medical examiner or funeral director • Address workers compensation, law enforcement, and other government requests • Respond to lawsuits and legal actions

Your Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record
• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
• We will provide you a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record
• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
• We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications
• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will start your new way of communicating within 30 days of your request.

Ask us to limit what we share or use
• You can ask us not to share or use certain health information for treatment, payment, or operations. If we agree, we will put your request in writing. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information
• You can ask us for a list of where we’ve shared your health information. We will provide the list to you within 60 days of your request. We may not need to list every place it was shared, only those that contribute to the public good, such as public health and research. We have to keep this list for six years.

Our Responsibilities
We must follow the duties and privacy practices described in this notice and give you access to your health information. We will let you know promptly if a breach occurs that may have compromised the confidentiality of your health information.

How else can we use or share your health information?
We can use or share your information to: • Treat you • Bill and get payment from health plans or others • Run our organization • Work with a medical examiner or funeral director • Address workers’ compensation, law enforcement, and other government requests • Respond to lawsuits and legal actions