

# Notice of Privacy Practices



## 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 get access to this information. Please review it carefully.

**Cambridge Health Alliance (CHA)** serves patients at many locations throughout Cambridge, Somerville and the Boston metro north area. Learn more about CHA at [www.challiance.org](http://www.challiance.org).

When you get care at CHA, your providers create a medical record, which can be paper or electronic. The medical record has information about your medical and/or mental health history, tests, your care and your response to the care. It may also contain sensitive information such as treatment for substance abuse, behavioral health or HIV. CHA's medical record may also contain information about care you received from providers outside of the CHA system.

CHA uses your medical information to support the care you receive at CHA. CHA also shares your medical information with providers outside of CHA who treat you or who participate in coordinating the care that you receive. CHA also may share your medical information for other permitted purposes, such as obtaining payment or supporting health care operations, including:

- Providers outside of CHA may access your medical information (unless you tell us that you object) in order to understand your medical history using a secure, electronic link such as CareEverywhere or other health information exchange.
- CHA may share your medical information with health plans for payment and with others to engage in quality improvement, utilization management, contract and financial management and case management activities.

### Who Will Follow This Notice

All providers and staff who work at CHA or who are members of CHA's medical staff have access to your medical record. If we share your medical information, federal privacy laws (such as HIPAA) still protect your information, yet it could be rediscovered by the recipient in limited circumstances where it would no longer be protected.

### Your Rights

When it comes to your health information, you have certain rights. You have the right to:

#### 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. You can request copies of your medical record through your MyChart account or directly from the CHA Health Information Management Department. See <https://challiance.org/patients-visitors/medical-records>.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for some requests.

#### 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'll 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 say "yes" to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### Get a list of those with whom we've shared your information (for reasons other than treatment, payment and healthcare operations)

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone a health care proxy, medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the CHA Privacy Office at 617-591-4819.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

### Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

If we do not comply with Part 2 and other privacy laws such as HIPAA, CHA may be subject to civil and/or criminal penalties.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our waiting rooms, and on our website.

#### Other Information

- This notice is effective as of May 15, 2017 and was revised as of February 2, 2026
- You may contact our Privacy Office by calling 617-591-4819 or writing to Privacy Office, Cambridge Health Alliance, 1493 Cambridge Street, Cambridge MA 02139.

To receive a copy of this notice in your language, ask the front desk at your provider's site or contact our Privacy Officer as noted above.

Para receber uma cópia deste aviso em seu idioma, por favor, solicite na recepção do escritório do seu provedor ou entre em contato com o nosso Diretor de Privacidade conforme mencionado acima.

Pou resenvwa yon kopi avi sa a nan lang ou, tanpri mande resepsyonis nan klinik founisè w la oswa kontakte Ofisyè Konfidansyalite nou an jan li note anwo a.

Para recibir una copia de este aviso en su idioma, solicítelo en la recepción de su consultorio médico o comuníquese con nuestro Oficial de Privacidad como se indicó anteriormente.

### Our Uses and Disclosures

We typically use or share your health information in the following ways:

#### To Treat You

We can use your health information and share it with other professionals who are treating you including with professionals at other places where you are being treated.

#### Examples:

- A provider treating you for an injury asks another provider about your overall health condition or reviews your electronic medical record to learn about your health history.
- If you have been in the hospital, we may share information with your regular doctor or a facility such as a nursing home to help plan your care after you leave the hospital.

#### To Run our Organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

#### Examples:

- We use health information about you to manage your treatment and services.
- We use health information to train or teach doctors or other healthcare workers and students.
- We use health information to monitor the quality of care and to make improvements where needed.
- We use health information to meet standards set by regulatory agencies, such as The Joint Commission, the Massachusetts Department of Public Health, Medicare or Medicaid.

#### To Bill for Your Services

We can use and share your health information to bill and get payment from health plans or other entities.

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Responding to certain permitted requests from law enforcement, including for example, to identify or locate a missing person, suspect or fugitive.

#### Do research

We can use or share your information for health research.

#### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws such as the Health Insurance Portability and Accountability Act (as amended, HIPAA) and 42 CFR Part 2 (Part 2).

#### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

#### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official (except that we will comply with the Enhanced Confidentiality Protections for CHA's Outpatient Addiction Service described in this Notice)
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena. However, we will comply with the Enhanced Confidentiality Protections for CHA's Outpatient Addiction Service described in this Notice.

#### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. See: [www.hhs.gov/hipaa/index.html](http://www.hhs.gov/hipaa/index.html).

**Enhanced Confidentiality Protections for CHA's Outpatient Addictions Service.** CHA's Outpatient Addictions Service (OAS) is a substance use disorder program under federal regulations and your treatment records receive enhanced confidentiality protections under Part 2. We will ask you for a one-time written consent to allow us to share your OAS records to treat you, to bill for our services and to run our organization (see examples of these uses above). This means that, if you allow us to share your information outside of OAS, your CHA care team and treatment providers outside of CHA can more easily communicate with each other and more safely care for you. If you consent, other federal privacy laws (such as HIPAA) still protect your information, but it could be rediscovered by the recipient in limited circumstances as permitted by HIPAA and as described in this Notice.

We will not tell people outside of CHA that you come to OAS or use or disclose information about your treatment at OAS unless (1) you consent, (2) we receive a court order (and related notices and documentation) requiring us to share the information, (3) there is a medical emergency or (4) the disclosure is to qualified personnel for research, audit, or program evaluation purposes.

You have the right to revoke a consent allowing us to share your OAS records.

We will not contact you for fundraising efforts without first giving you the opportunity to opt out.

### Our Communications

We may contact you about your healthcare using the phone/text numbers and email addresses that you provide us. CHA contracts with more than one third party vendor to provide these text/email communications, which means you may receive messages from different numbers. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications from that vendor. To opt out of CHA patient notifications from a different vendor, you may need to opt-out separately.

Our messages may include, but are not limited to, information about appointment reminders, preventative care, discharge planning, billing, prescription reminders, research opportunities, our products and services, surveys, your general health, and regulatory notices provided in lieu of first-class mail. Because any texts and emails sent outside of our MyCHArt portal may not be encrypted, there is a risk that someone else could read or access them. We therefore take steps to limit the amount of protected health information that they contain. Messages sent through our MyCHArt portal are secure and encrypted.