

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. This includes acute care hospitals, CHA Cambridge Hospital and CHA Everett Hospital, and multiple ambulatory care centers. CHA also provides services and programs such as the Cambridge Public Health Department. More information about CHA and our care locations can be found at www.challiance.org.

When you get care at CHA, your caregivers 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 or HIV. CHA's medical record may also contain information about care that you received from providers outside of the CHA system.

All providers who work at CHA or who are members of CHA's medical staff have access to your medical record, whether it be paper or electronic. 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.

Some examples include:

- CHA shares your medical information with physicians and other providers who treat CHA patients at CHA's affiliate, Beth Israel Deaconess Medical Center (BIDMC) or who treat CHA patients at other institutions such as Partners HealthCare.
- Patients who get their care both at CHA and other institutions such as BIDMC or Partners HealthCare will have their medical records available to their doctors and other providers through a secure, electronic link. This ability to share medical information will allow treating providers in both institutions to provide excellent care for each patient. Patients who get their care both at CHA and other Massachusetts hospitals will be able to have their medical records available to doctors and other providers either directly through a link between participating institutions (such as the Magic Button or CareEverywhere) or through a secure, electronic link known as the Massachusetts Health Information Highway.
- CHA shares your medical information with health plans, including plans such as Commonwealth Care Alliance and Tufts Health Together with CHA, as well as community partners who may play a role in coordinating and improving the care you receive in and out of the hospital.
- For our patients who are members of certain health plans (such as Tufts Health Plan and Harvard Pilgrim Health Plan), CHA works closely with the Beth Israel Deaconess Care Organization (BIDCO, see www.bidco.org) to improve your care by engaging in quality improvement, utilization management, contract and financial management and case management activities.

Who will follow this Notice

- All members of our workforce including doctors, nurses, other health care providers, other employees, staff and volunteers
- All members of our Medical Staff

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- 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 organ and tissue donation 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 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 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 information

- 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, 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 our Patient Relations Office at (617) 665-1398.
- 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, or calling 1-877-696-6775, or visiting 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 friend 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 Uses and Disclosures

How do we typically use or share your health information?

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

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 doctor treating you for an injury asks another doctor 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.

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.

Bill for your services

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

Example:

We give information about you to your health insurance plan so it will pay for your services.

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.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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 law.

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
- 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.

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.

For more information see:

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 office, and on our web site.

Contacts

- CHA Privacy Officer.** Call 617-591-4820 or write to CHA Privacy Office, 1493 Cambridge Street, Cambridge, MA, 02139.
- CHA Patient Relations.** Call 617-665-1398 or email patientrelations@challiance.org
- For Risk-Bearing Provider Organization appeals.** Contact the MA Office of Patient Protection. Call 800-436-7757. Visit www.mass.gov/hpc/opp. Email HPC-OPP@mass.gov

To receive a copy of this document, ask the front desk at your provider's office 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 resevwa yon kopi avì 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.

Your Rights as a CHA Patient

Cambridge Health Alliance (CHA) is committed to protecting your rights as a patient and supports laws and policies that uphold these rights.

- You have the right to receive medical care that meets the highest standards of CHA, regardless of your race, religion, national origin, any disability, gender, sexual orientation, expression, age, military service, or the source of payment for your care.
- You have the right to receive visitors of your choosing that you (or your support person, where appropriate) designate, including a spouse, domestic partner (including same-sex domestic partner), or another family member or a friend. You also have the right to withdraw or deny consent to receive such visitors.
- You have the right to visitation privileges regardless of your race, religion, national origin, any disability, gender, sexual orientation, gender identity or expression, age, military service, or the source of payment for your care. Depending on clinical situations, personal safety risk, or security issues, the medical center reserves the right to place restrictions on visitation as necessary.
- You have the right to prompt, life-saving treatment in an emergency without discrimination based on economic status or source of payment, and to treatment that is not delayed by discussion regarding source of payment.
- You have the right to be treated respectfully by others, and to be addressed by your proper name.
- You have the right to privacy within the capacity of the medical center.
- You have the right to seek and receive all the information necessary for you to understand your medical situation.
- You have the right to know the identity and the role of individuals involved in your care.
- You have the right to a full explanation of any research study in which you may be asked to participate.
- You have the right to leave the medical center even if your doctors advise against it, unless you have certain infectious diseases that may influence the health of others, or if you are incapable of maintaining your own safety or the safety of others, as defined by law.
- You have the right to access your medical record.

- You have the right to inquire and receive information about the possibility of financial assistance. You may request an itemized bill for the services you have received. You may also ask for an explanation of that bill. For inquiries related to financial assistance, please contact the Financial Assistance office at 617-665-1100.
- You are entitled to know about any financial or business relationships CHA has with other institutions, to the extent the relationship relates to your care or treatment.
- You have the right not to be exposed to the smoking of others. Smoking is not permitted anywhere on CHA property.
- You, or your legal representative, have the right to take part in decisions relating to your health care.
- You have the right to appropriate assessment and management of pain.
- You have the right as a patient who may have limited English proficiency to have access, free of charge, to meaningful communication via a qualified interpreter either in person or by phone, as deemed appropriate. If you are a Deaf or hard of hearing patient, CHA will provide a certified interpreter, either from the CHA interpreter services, or the Massachusetts Commission for the Deaf and Hard of Hearing.
- You have the right to receive information about how you can get assistance with concerns, problems or complaints about the quality of care or service you receive, and to initiate a formal grievance process with the medical center or regulatory agencies.
- You have the right to have your spiritual and cultural needs addressed within the capacity of CHA.
- You have the right to obtain a copy of the rules and regulations for CHA that apply to your role as patient.
- You have the right to access information about CHA, including care management programs and services provided as well as care management staff qualifications.
- You have the right to be informed of all care management services available, even if a service is not covered, and to discuss options with treating practitioners.
- You have the right to decline participation or dis-enroll from programs and services offered by CHA.

Compliments and Concerns

If you would like to thank CHA staff or if you have any concerns regarding your care and treatment, we want to hear from you. Please call Patient Relations at 617-665-1398.

CHA as a Risk-Bearing Provider Organization

CHA is part of a provider organization certified as a "risk-bearing provider organization" (RBPO) by the Massachusetts Division of Insurance. As a patient of an RBPO, you have the right to make a complaint and use an appeals process to resolve your complaint.

You can authorize a representative to act on your behalf during the appeals process.

Please contact **CHA Patient Relations** to ask about this appeals process or to file a complaint.

We will give you a written answer to your pre-service and post-service complaint/appeals in fourteen (14) business days. If your complaint involves urgent medical needs, we will give you a written answer in three (3) days.

Your responsibilities as a CHA Patient

What Cambridge Health Alliance asks of our patients

- Take an active role in your care, by giving correct and complete facts about your new and old health problems.
- Bring identification and insurance papers.
- Ask for help if you do not understand what you have heard about your care.
- Give the hospital a copy of your Health Care Proxy if you have one.
- Treat others with respect.
- Follow Cambridge Health Alliance rules and regulations affecting patient care and conduct, including:**
 - The Tobacco Free Policy
 - No acts of violence or aggression towards any patient, visitor or staff member.
 - No weapons of any kind are allowed on hospital premises.
 - No photography or videotaping without prior authorization.
 - Be considerate of the rights of other patients and hospital personnel and assist in the control of noise.
 - Provide the hospital with the information they will need about the payment of your medical care.
 - Work with your caregivers to get effective and safe treatment for your problem.
 - Do your best to follow your care plan.
 - Tell your care manager or care team member if you cannot follow your plan.
 - If you are participating in care management programs, you agree to work with your care manager and give him/her information to support your care.
 - If you are here for breast surgery, breast cancer treatment or childbirth, you have the right to specific information about your procedure. Please ask your care team.
- Adhere to the following Patient Code of Conduct:
 - Patient Code of Conduct**
 - As part of our commitment to provide a safe and healthy environment for staff and patients, Cambridge Health Alliance (CHA) expects patients and visitors to refrain from any behaviors that are disruptive or pose a threat to the rights and safety of other patients, visitors and staff.
 - Words or actions that are disrespectful, racist, discriminatory, hostile or harassing are not welcome at Cambridge Health Alliance (CHA). Examples of these include:
 - Carrying firearms or other weapons on CHA property.
 - Physical or verbal threats and assaults.
 - Any comments about others' race, accent, religion, gender, sexual orientation, or other personal traits (written or verbal).
 - Refusal to see a clinician or other staff member based on their race, accent, religion, sexual orientation, or other personal traits.
 - Offensive language including violent/sexual/vulgar words or actions.
 - Disrupting another patient's care or experience.
 - Taking photos or videos of patients, visitors, and/or staff without permission.
 - Cambridge Health Alliance believes you have violated the Patient Code of Conduct with unwelcome words or actions, you will be given the chance to explain your point of view to a member of your patient care team. We will always carefully consider your response before we make any decisions about your future care at CHA. Violations of this patient code of conduct may lead to you being asked to make other plans for your care, and future non-emergency care at Cambridge Health Alliance may require review.
 - If you, as a CHA patient, witness or experience any of these behaviors, please report it to a member of your care team. Retaliation for reporting a violation is prohibited.

Filing a Grievance

You have a right to file a grievance with:

Massachusetts Department of Public Health Bureau of Health Care Safety and Quality
67 Forest Street, Marlborough, MA 01752
Phone: 617-753-8000

Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Wakefield, MA 01880
Phone: 781-876-8200

The Joint Commission
Office of Quality and Patient Safety
By mail: One Renaissance Blvd, Oakbrook Terrace, Illinois 60181
Online: www.jointcommission.org.
Use the "report a patient safety event" link
Phone: 800-994-6610 Fax: 630-792-5636