

# Notice of Privacy Practices



*Thank you for choosing to receive care at MIT Medical. MIT Medical is committed to protecting your privacy. Please review the following guidelines to understand how your information will be protected, disclosed and used at MIT Medical.*

## ROUTINE USES AND DISCLOSURES OF YOUR INFORMATION

The federal Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of the health information that we collect about you. Health information is information that could be used to identify you and that relates to your health condition, your health care or payment for your health care. We are permitted to use health information for a variety of routine tasks, such as to provide health care services to you, obtain payments for those services and conduct normal health care business operations. Here are examples of how we use your health information:

- **Treatment** — We keep a record of each visit and/or admission. These records may indicate your test results, diagnoses, medications and response to medications or other therapies. A clinician at MIT Medical may share your health information with another clinician inside MIT Medical or with a clinician at another clinic or hospital, in order to determine how to diagnose or treat you. Your clinician may also share your health information with another clinician to whom you have been referred for further health care. This allows physicians, nurses and other clinical staff members to provide the best possible care to meet your needs.
- **Payment** — We keep a record of the 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 about an upcoming treatment or service in order to obtain their prior approval and authorization.
- **Health care operations** — We use your health information to ensure the quality of the services we provide, for population health and other clinical data analysis activities, to train staff, for business and financial analysis or management and for customer service purposes. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you, or to ensure that you have received appropriate disease management and/or screening.

We may share your health information with your health plan only if you are a plan member and only to the extent necessary to obtain payment for your health care. Your health information may also be shared with our business associates to facilitate treatment, payment for services or health care operations. In any of these cases, the persons with whom we share your health information must follow HIPAA privacy requirements.

Massachusetts law provides additional privacy protection for certain types of information. As a result, some parts of this general Notice of Privacy Practices may not apply to, among others, HIV test information, alcohol and substance abuse treatment information, genetic information and mental health information. For example, state law requires our mental health providers to obtain your consent, under certain circumstances, before using or disclosing your mental health information for many of the purposes described above. For more information, please contact the MIT Medical Privacy Officer at 617-253-2320 or email [privacy@med.mit.edu](mailto:privacy@med.mit.edu).

## NON-ROUTINE USES AND DISCLOSURES

There are other times when we are allowed or required to use or disclose health information without your permission. These circumstances are:

- If required by law;
- For public health activities such as immunization information, tracking diseases or monitoring the effectiveness of drugs or the safety of medical devices;
- To protect victims of abuse, neglect or domestic violence;
- For health oversight activities, such as government audits of MIT Medical;
- For judicial or administrative proceedings, such as responding to subpoenas issued by parties to a lawsuit;
- For law enforcement purposes, such as complying with court orders or responding to law enforcement requests when you have been a victim of a crime;

- In the unfortunate event of your death, to coroners, medical examiners, funeral directors and organizations that procure or store organs and must determine if donation is possible;
- To avert serious threats to the health or safety of you, another person or the public; but we will only share your health information with someone able to help prevent the threat;
- For specialized government functions, such as military, veterans, national security and intelligence activities;
- To Workers' Compensation if you are injured at work;
- To a correctional institution or law enforcement officer if you are an inmate or otherwise detained;
- For research purposes, so long as we have obtained, through a special process, assurance that research without your written authorization poses minimal risk to your privacy, or if the researcher has made certain specific promises to us about how your information will be used;
- To maintain a facility directory, so long as in non-emergency situations you have been given the opportunity to restrict or prohibit this disclosure;
- To friends or family members involved in your care or payment of your care, if you are incapacitated or otherwise unable to give consent and we determine that it is in your best interest to disclose, but we will always seek your consent if you are able;
- To public or private entities for disaster relief, unless you object and your objection does not interfere with the entities' relief efforts;
- To persons who are legally authorized to act as your personal representative, unless circumstances are such that doing so is not in your best interest. A parent or guardian will generally be considered the personal representative of a minor child unless the child is permitted by law to act on his or her own behalf. MIT students are not considered minors, regardless of age; or
- As part of potential unavoidable disclosures that are incidental to otherwise permissible uses or disclosures, such as when other patients in a treatment area overhear some element of your health information in the course of a treatment session, given reasonable safeguards and other minimum necessary policies.

We may also use your health information to contact you about treatment alternatives and other health benefits and services that may be of interest to you, or to send you appointment reminder notices. However, to the extent a third party provides financial remuneration to us so that we make these treatment or healthcare operations-related communications to you, we will secure your authorization in advance. In addition we may remind you to refill your current prescription, or provide you with information regarding self-administration of certain medications, even if a third party pays the reasonable costs incurred by us to make this communication to you.

We may use your health information, in aggregate, to inform clinical, operational or financial analyses and improvements, but we will not disclose any personally identifiable information other than as described above.

All other uses and disclosures not described above may only be made with your written authorization. For example, most uses and disclosures of psychotherapy notes, most uses and disclosures of health information for marketing purposes and disclosures that constitute a sale of health information would all require your authorization. In addition, we would need your authorization to make disclosures to others at MIT who are not affiliated with MIT Medical (e.g., a Dean, a professor, the Provost, MIT Human Resources). MIT Medical also will not disclose health information to prospective employers without your written authorization. You may revoke any authorization you provide to us in writing at any time.

## **YOUR RIGHTS**

Under HIPAA, you have the right to:

- Request restrictions on how we use or disclose your health information in certain circumstances, including for treatment, payment or health care operations. We do not have to agree to your request unless you request restriction on disclosures to a health plan for purposes of payment or healthcare operations, and the health information relates to an item or service for which you, or another person on your behalf, have assumed full financial responsibility. If we do agree to your restrictions, we will be bound by our agreement except in limited circumstances, such as if there is an emergency.

- Request to receive confidential communications at an alternate phone number or address. Your request must be in writing. We will try to accommodate all reasonable requests.
- Request to inspect and obtain a copy of your health information (fees may apply). Your request must be in writing; download and complete the form at [www.medical.mit.edu](http://www.medical.mit.edu). Under certain circumstances, we have the right to deny your request consistent with HIPAA regulations.
- Request amendment to your health information if you feel you need to make additions or corrections. Your request must be in writing; download and complete the form at [www.medical.mit.edu](http://www.medical.mit.edu) and include supporting information.
- Get an accounting of disclosures of your health information made during the six years prior to your request, except for disclosures we made to you, pursuant to your written authorization.
- Get a paper copy of this notice upon request, even if you received it electronically.

## **OUR RESPONSIBILITIES**

We are required by law to retain medical records for at least twenty (20) years after the patient's discharge or final treatment. For more information, you can request a copy of our medical record retention policy. We are also required to maintain the privacy of your health information, provide this written Notice of Privacy Practices, abide by the terms of the Notice currently in effect and to notify you following a breach of unsecured protected health information that affects you. We reserve the right to change our Notice of Privacy Practices and make the new provisions effective for all health information we maintain. Revised Notice of Privacy Practices will be available at [www.medical.mit.edu](http://www.medical.mit.edu) and will be posted at our facilities.

MIT Medical is committed to protecting your privacy. Your health information is available to our employees in accordance with this Notice of Privacy Practices and applicable HIPAA regulations. Our employees must adhere to confidentiality policies designed to prevent any misuse of your health information.

## **COPIES OF NOTICE, ADDITIONAL INFORMATION, COMPLAINTS**

For copies of this Notice or additional information, visit [www.medical.mit.edu](http://www.medical.mit.edu), call MIT Medical's Privacy Officer at 617-253-2320 or email [privacy@med.mit.edu](mailto:privacy@med.mit.edu). If you believe your privacy rights have been violated, you may file a complaint with MIT Medical and we will act promptly to investigate and resolve it. To file a complaint with MIT Medical, write to the Privacy Officer (E23-023, 77 Massachusetts Ave., Cambridge, MA 02139). You may also file a complaint with the Secretary of the Department of Health and Human Services. For more information on how to file a complaint with the Secretary, visit [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). You will not be subject to any retaliation or other harm as the result of any complaint. Complaints must be filed in writing.