



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 Jewish Family and Children’s Service, Inc. (“JF&CS” or “we”) may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice applies to the privacy practices of all JF&CS programs. The Notice also describes the obligations we have to protect your privacy as well as your rights regarding the protected health information we maintain about you. Anyone who is a client of the organization and receives services at any of its locations will receive a copy of this Notice. Although you may not be receiving health care services from JF&CS at this time, you are receiving this Notice because information may be shared about you or coordinated throughout JF&CS’ programs.

PROTECTED HEALTH INFORMATION

Protected health information (“PHI”) is any information created or received by JF&CS about your past, present or future physical or mental health condition, receipt of health care, or payment for such care, which identifies you or could reasonably be used to identify you. PHI may include but not be limited to your health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for future care or treatment.

OUR RESPONSIBILITIES

JF&CS is committed to respecting your privacy and confidentiality. We are required by law to maintain the privacy of your PHI. We will not use or disclose your PHI without your authorization, except as described in this Notice.

You may request a paper copy of this Notice at any time. A copy of the current Notice is also posted at each of JF&CS’ offices and is available on our website at: www.jfcsboston.org. If after reviewing this Notice you have any questions, please contact our Privacy Officer (contact information listed below).

Changes to This Notice. JF&CS follows the terms of this Notice as are currently in effect. However, we may change this Notice at any time, at which point the revised notice will be effective for PHI we already have about you as well as any information we receive in the future. A copy of the revised Notice will be posted on our website and available in our service locations and upon request.

I. HOW WE MAY USE AND DISCLOSE YOUR PHI.

We use and disclose PHI for many different reasons, some of which require your written authorization and others which do not. We will describe several situations which do not require your authorization in this Notice so that you are aware of them and of your rights with respect to

your PHI. Except when disclosing PHI relating to your treatment, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

For the most part, we typically use or disclose your PHI in the following ways:

For Treatment: We may use or disclose PHI to manage, coordinate and provide your health care treatment and any related services. For example, JF&CS may disclose information to JF&CS team members who are involved in managing and providing your care, such as nurses, physicians, therapists, social workers and other health care personnel. We may also disclose your PHI to other non-JF&CS providers, such as your physician or other health care providers.

For Payment: We may use or disclose your PHI for billing and payment purposes. For example, JF&CS may disclose your PHI to your insurer or other third-party payers to verify that services billed were actually provided or to determine if the insurer will approve future treatment.

For Health Care Operations: We may use or disclose your PHI for our health care operations. For example, JF&CS may use your PHI to perform assessments to improve the quality and effectiveness of our health care and services.

For Health Related Benefits and Appointment Reminders. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you, or to contact you to remind you of your appointment. If you do not want us to provide you with information on health-related benefits or services or to contact you for appointment reminders, you must notify the Privacy Officer in writing.

II. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION AND/OR WITH AN OPPORTUNITY TO OBJECT

JF&CS may legally use and disclose your PHI to others for certain purposes that are not treatment, payment or health care operations without your written authorization. Such examples include but are not limited to:

- When such disclosures are required by law (e.g., law enforcement purposes, mandated reporting of abuse and neglect);
- For public health activities;
- For health oversight activities;
- For research;
- To avoid serious threats to anyone's health or safety;
- For disaster relief;
- For specific government functions;
- For worker's compensation purposes; and
- To respond to lawsuits and legal actions (e.g., subpoenas, court and/or administrative orders).

We may contact you as part of our fundraising efforts. If you do not wish to be contacted for such purposes in the future, you have the right to opt out of receiving such communications. Also, JF&CS may, using its best judgment, disclose your PHI to a family member, other relative, close

personal friend, or any other person you identify with respect to your care, general condition or payment matters related to your care.

III. USE OR DISCLOSURES OF PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

All other uses and disclosures of your PHI not described above will require your written authorization, except as otherwise provided by law. Examples of common uses and disclosures that require your authorization include:

- most uses and disclosures of psychotherapy notes,
- drug and alcohol abuse treatment records (discussed more in-depth below),
- uses and disclosures for third-party marketing or where financial remuneration is involved, and
- disclosures that would be a sale of PHI.

If you provide us with authorization to disclose such PHI, you can later revoke it in writing to prevent any future uses and disclosures of the PHI, except to the extent that JF&CS has already acted upon your previously provided consent.

IV. YOUR RIGHTS:

Although your case records are the property of JF&CS, you have certain rights with regard to your PHI maintained by JF&CS, as follows. All requests pursuant to this Notice relating to your PHI must be in writing and should specify, to the extent possible, the dates of service of the PHI involved. Requests should be directed either to the Privacy Officer (listed below), or to your direct care provider.

Privacy Officer
Jewish Family and Children's Service, Inc.
1430 Main St.
Waltham, MA 02451
(781) 647-5327

- A. Right to inspect and/or obtain a copy of your PHI.** You have the right to inspect and/or obtain a copy of your PHI, with a few exceptions such as psychotherapy notes. You may receive a summary of your PHI instead if you request it, and if you would like a copy or summary of the information, we may charge a reasonable, cost-based fee and will usually provide the copy or summary within 30 days.

Note that we may deny your request to inspect and/or copy your PHI in certain very limited circumstances. If your request is denied, you may ask that the denial be reviewed in some circumstances, in which case a different licensed health care professional will review your request and the denial. JF&CS will comply with the outcome of the review.

- B. Right to amend.** If you believe that the PHI JF&CS has about you is incorrect or incomplete, you have the right to request we amend your PHI. We will usually amend your PHI or otherwise provide a response to your request within 60 days. We may deny your request under certain circumstances, including the following:

- if your request is not in writing,
- the PHI was not created by us,
- the PHI is not part of the information which you have been permitted to inspect and/or copy, or
- the PHI is accurate and complete.

C. Right to an accounting of disclosures. You have the right to receive an accounting of disclosures or, in other words, a list of instances when your PHI has been released, who we shared it with, and why. You may request an accounting as far back as six years. The accounting will not include certain categories of disclosures, such as those relating to treatment, payment, or JF&CS' health care operations, or any disclosures you asked that we make. We will usually respond to your request within 60 days.

The first accounting you request within a 12-month period will be free. For additional requests during the same 12-month period, we may charge you for reasonable costs.

D. Right to request restrictions on disclosure. You have the right to request restrictions on:

- the PHI used or disclosed to carry out treatment, payment, or health care operations; and/or
- the PHI disclosed to others who are involved in your care, like a family member or friend, or for payment.

We are not required to comply with your request, except when you pay for the health care service out-of-pocket in full, in which case you can ask us not to share that information for payment or operations purposes with your health insurer. In that situation, we must comply with your request with respect to that PHI only.

If we agree with your request, we will comply with your restriction. However, if you are in an emergency situation and we believe the PHI is needed to treat you, we may use or disclose your PHI to a treating health care provider.

E. Right to request confidential communications. You may request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests.

F. Right to have someone act for you. If you have given someone a medical power of attorney or have a legal guardian, that person can exercise your rights in this Notice and make health care decisions on your behalf. If you are unable to make health care decisions, we may disclose your PHI, as authorized by law, to your health care agent or guardian. We will make sure the person has authority to act for you before we take any action.

G. Breaches. Although unlikely, if your PHI is ever breached, JF&CS will notify you in writing as required by law.

V. ELECTRONIC COMMUNICATION

Email, text messaging and or other forms of electronic communication may be used by JF&CS to communicate with you. While convenient, these modes of communication carry inherent risks as they may not be the most secure methods of communication. Risks inherent in electronic communications include but are not limited to inadvertent disclosure of your protected health information.

You have the right to decide what mode(s) of communication JF&CS may use to communicate with you at any time.

VI. CONFIDENTIALITY OF SENSITIVE RECORDS:

The following special categories of PHI are afforded additional protection under state and/or federal laws. The agency will not disclose these categories of PHI pursuant to an authorization unless the authorization indicates that the client expressly intended to include such categories.

- HIV/AIDS information
- Sexually transmitted disease information
- Family planning services information
- Sexual assault counseling information
- Substance abuse program information*
- Behavioral health information (initial intake, most recent treatment plan, discharge summary)
- Progress notes

*Substance abuse program information is protected by Federal Confidentiality Rules 42 CFR Part 2 (FEDERAL RULES PROHIBIT ANY FURTHER DISCLOSURE OF INFORMATION THAT IDENTIFIES A PERSON AS HAVING OR HAVING HAD A SUBSTANCE USE DISORDER EITHER DIRECTLY, BY REFERENCE TO PUBLICLY IDENTIFIABLE INFORMATION, OR THROUGH VERIFICATION OF SUCH IDENTIFICATION BY ANOTHER PERSON UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY WRITTEN AUTHORIZATION OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY 42 CFR PART 2.). Suspected violations of the federal law governing drug or alcohol abuse records may be reported to the United States Attorney in the district where the violation occurs. 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.

To Report a Complaint: If you believe that your privacy rights have been violated, you may contact the Privacy Officer listed below. All complaints must be submitted in writing. If you have any questions about this Notice or a complaint about our privacy practices, please contact the Privacy Officer.

Privacy Officer
Jewish Family and Children's Service, Inc.
1430 Main St.
Waltham, MA 02451
(781) 647-5327

You may also file a complaint with the Secretary of the United States Department of Health and Human Services, Office of Civil Rights, at (617) 565-1340.

You will not be penalized for filing a complaint.

NOTICE OF PRIVACY PRACTICES
JEWISH FAMILY AND CHILDREN'S SERVICE, INC.

Signatures:

I have received a copy of Jewish Family and Children's Service, Inc.'s Notice Of Privacy Practices.

Client's name: (please print legibly) _____

Signature: _____

Date of signature: _____

When client is a minor, or not competent to give consent, the signature of a parent, guardian, health care agent (proxy) or other representative is required:

Name of legal representative: (please print legibly) _____

Signature: _____

Date: _____

Relationship of representative to client: _____