



## **NOTICE OF PRIVACY PRACTICES**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health (HITECH) Act as amended by the Final Omnibus Rule

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**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.**

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**If you have any questions about this notice, please contact M2S: 603-298-5509**

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### **Protecting Your Personal Health Information**

M2S is committed to protecting the privacy of your personal health information. We are required by applicable federal and state laws to maintain the privacy of your personal health information, and to notify you of our privacy practices, our legal duties, and your rights concerning your personal health information (referred to in this notice as “PHI”). This notice describes those practices, duties, and rights. In this context, PHI includes any information relating to your health care or treatment that is identifiable to you by name, address, or otherwise. We are required to follow the privacy practices that are described in this notice for as long as it remains in effect.

### **Why does M2S collect your Personal Health Information?**

We collect PHI from your health care provider in order to provide medical services and to submit claims for reimbursement of those services.

### **How does M2S collect your Personal Health Information?**

In conducting our business, we will create records regarding your health, health status, and treatment and services we provide. We collect PHI from your health care providers, and/or our Business Associates (defined below).

### **How does M2S protect your Personal Health Information?**

We protect your PHI by:

- Treating all of your PHI that is collected as confidential;
- Restricting access to your PHI within M2S to those employees who need to see your PHI in order to provide services to you, such as submitting a claim for a covered benefit;
- Maintaining physical, technical, and administrative safeguards that comply with federal and state regulations to guard your PHI.



## How do we use and disclose your Personal Health Information?

We will not use or disclose your PHI unless we are allowed or required by law to do so or you (or your authorized representative) give us permission. Uses and disclosures, other than those listed below, require your written authorization. If there are other legal requirements under applicable state laws that further restrict our use or disclosure of your PHI, we will comply with those legal requirements as well. Described below are the general types of uses and disclosures we may make without your authorization:

- **Treatment:** We may use and disclose your PHI to facilitate medical treatment or services. In this context, we may disclose your PHI to health care providers, including doctors, nurses, technicians, medical students or others who are involved in your care.
- **Payment:** We may use and disclose your PHI for our billing activities, including the payment of claims for services delivered to you.
- **Health Care Operations:** We may use and disclose your PHI for our internal operations, including our customer service activities.
- **Business Associates:** We may share your PHI with individuals or organizations that perform certain activities for us, such as claims processing and other administrative activities. Our contracts with these “business associates” provide for privacy protection of your PHI.
- **To Your Parents, if You are a Minor:** Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of the state where the treatment is provided, and will make disclosures consistent with such laws.
- **Your Family, Friends or Others Involved in Your Care:** If you are unable to consent to the disclosure of your PHI, such as in a medical emergency, we may disclose your PHI to a family member, friend, or other person involved in your care to the extent necessary for your health care or payment for your health-care. We will only make such a disclosure if we determine that it is in your best interest.
- **Marketing:** M2S will not engage in any communication which might be deemed to be “Marketing” under HIPAA, the HITECH Act, or the HIPAA Omnibus Rule..
- **Research:** We may use and disclose your PHI for purposes of research under limited conditions only when HIPAA authorization conditions have been met. We also could use or disclose your PHI for research following your death, or if we removed from the PHI anything that might possibly identify you other than certain numbers or dates, and then only subject to a special privacy agreement and only to the extent allowed by HIPAA, HITECH, and the HIPAA Omnibus Rule.

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- **Death; Organ Donation:** In the event of your death, we may disclose your PHI to a coroner, medical examiner, funeral director, or organ, eye, or tissue procurement organization for purposes of their appropriate duties with respect to you.
- **Health and Safety:** We may disclose your PHI if we believe disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We also may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.
- **Public Health Activities:** We may disclose your PHI to public health authorities or to the federal Food and Drug Administration if necessary to help protect the public health. We also may disclose your PHI to a health oversight agency for oversight activities authorized by law.
- **Required by Law:** We must disclose your PHI when we are required to do so by law.
- **Legal Process and Proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose some of your PHI under certain circumstances to law enforcement officials. If you were to be in the custody of law enforcement officials, we would have authority to disclose your PHI to such officials for health, safety, security, or related administrative purposes.
- **Military and National Security:** If you are a member of the Armed Forces or a foreign military force, we may disclose your PHI for military purposes under certain circumstances. We also may disclose your PHI to authorized federal officials for purposes of lawful intelligence, counterintelligence, and other national security activities.
- **Workers' Compensation:** We may disclose your PHI as legally authorized to facilitate the provision of workers' compensation or other work-related benefits.

In circumstances other than those described above, we may use or disclose your PHI only if you (or your personal representative) provide us with a written authorization to do so. If you do provide us with an authorization, you may revoke it in writing at any time. However, your revocation will not affect any use or disclosure made consistent with the authorization while it was in effect.



## **What rights do you have as an individual regarding our use and disclosure of your Personal Health Information?**

You have the right to request all of the following:

- **Access to Your Personal Information:** You have the right to review and receive a copy of your PHI. We may ask for verification of identity upon your request for such access to your PHI. We may charge you a reasonable fee for providing you with copies of your PHI. Your right of access does not include the right to review or obtain copies of certain records, including PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; PHI gathered in the course of certain ongoing research; and PHI that is subject to state or federal laws that prohibit us to release such information. In addition, in certain situations when disclosure of your PHI could be harmful to you or another person, we may limit the information available to you, or use an alternative means of meeting your request. If we limit access based upon the belief that it could harm you or another person, you have the right to request a review of that decision.
- **Amendment:** You have the right to request that we amend your PHI that is part of your medical records. Your request must be in writing, and it must identify the information that you think is incorrect and explain why the information should be amended. We may decline your request for certain reasons, including if you ask us to change information that we did not create or if we believe the PHI is accurate and complete. If we decline your request to amend your records, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts both to inform others to whom we have disclosed the information of the amendment and to include the changes in any future disclosures of that information.
- **Accounting of Disclosures:** You have the right to receive a report of instances in which we or our business associates disclosed your PHI for purposes other than for treatment, payment, health care operations, and certain other activities. You are entitled to such an accounting for the six (6) years prior to your request, though not for any disclosure made prior to April 14, 2004. We will provide you with the date on which we made a disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI we disclosed, the reason for the disclosure, and other relevant information. If you request this list more than once in a 12-month period, we may charge you a reasonable fee for creating and sending these additional reports.
- **Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI for treatment, payment, health care operations or on disclosures to persons you identify. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency or if a use or disclosure is required by law).

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- **Confidential Communication:** You have the right to request that we communicate with you in confidence about your PHI by certain specified means or to a particular location. If you advise us that disclosure of all or any part of your PHI could endanger you, we will comply with any reasonable request provided you specify in this regard.
- **Electronic Notice:** If you receive this notice on our Web site or by electronic mail (email), you are also entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

### **When is this notice effective?**

This notice takes effect Nov. 12, 2014, and will remain in effect until we revise it.

### **What if M2S changes its notice of privacy practices?**

We reserve the right to revise or amend this Notice of Privacy Practices whenever there is a material change to the uses or disclosures, your rights, our legal duties, or other privacy practices stated in the Notice. Any revision or amendment to this notice will be posted on our Web site and will be effective for all of your records that M2S has created or maintained in the past, and for any of your records that we may create or maintain in the future. For your convenience, a copy of our current notice of privacy practices is always available on our Web site at [www.m2s.com](http://www.m2s.com) and you may request a copy at any time by contacting us at the number below.

### **How can you reach us?**

If you want additional information regarding our Privacy Practices, or if you believe we have violated any of your rights listed in this notice, please contact our Privacy Officer at 603-298-5509 or [hipaa@m2s.com](mailto:hipaa@m2s.com). If you have a complaint, you may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. Your privacy is one of our greatest concerns and we will not penalize you or retaliate against you in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.