



# Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information.

**Please Review it carefully.**

Central Boston Elder Services provides a variety of services that enable older people and adults with disabilities to stay at home in the community. Because we work with a variety of funding sources, including Medicaid, and get referrals from a number of health care providers, we may have personal health information about you.

Personal health information includes things such as certain medical diagnoses, the kinds of medical or treatment services you get, or the dates you get the services. This notice explains when CBES may use and share your health information and your rights regarding your health information.

By law, Central Boston Elder Services must:

- Protect the privacy of your health information as described in this notice.
- Explain our privacy practices to you
- Notify you if your unsecured health information is obtained by an unauthorized person.

CBES may use or share your health information:

- When communicating with family members or other persons identified as a contact person for your care or your general condition.
- With medical professionals including primary care physicians, other physician specialists and their office medical staff, local hospitals, rehabilitation facilities, health insurances or nursing homes, as part of managing your care.
- When required by law
- For payment activities, such as checking if you are eligible for health benefits and being paid for services you get.
- To operate our programs, including evaluating the quality of the services you get.
- With our provider vendors to coordinate your services.
- With health oversight agencies (such as the MassHealth, or the federal Centers for Medicare and Medicaid Services) for oversight activities authorized by law, including fraud and abuse investigations.
- For research projects that meet privacy requirements and help us evaluate or improve the Agency's programs.



- With government agencies that give you benefits or services.
- To prevent or respond to an immediate and serious health or safety emergency.
- To tell you about new benefits and services, or health or safety emergency.
- To raise funds for CBES charitable purposes.

Except as described above, CBES cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing. We must get your permission to use your information for marketing purposes or when we are paid for your health information.

Please note we cannot take back any health information we used or shared when we had your permission.

You have the right:

- To see and get a copy of personal health information. You must ask for this in writing or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, Health Care Proxy Holder, Guardian or Conservator, he or she may also execute this document. CBES may charge you to cover certain costs, such as copying and postage.
- To ask CBES to change your health information if you think it is wrong or incomplete. You must tell us in writing, or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, health Care Proxy Holder, Guardian, or Conservator, he or she may also execute this document. Identify what health information you want us to change, and why.
- To ask CBES to limit its use or sharing of your health information. You must ask for this in writing, or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, health Care Proxy Holder, Guardian, or Conservator, he or she may also execute this document. CBES is not required to agree to your request, unless it relates to a service for that you have paid for in full.
- To ask CBES to get in touch with you in some other way, if contacting you at the address or telephone number we have on file for you would put you in danger. Please let us know by telephone and tell us exactly where and how CBES should contact you so that we may discuss. CBES will confirm, in writing with you that you have stated.
- To get a list of what and with whom CBES has shared your health information, with certain exceptions. You must ask for this in writing or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, health Care Proxy Holder, Guardian, or Conservator, he or she may also execute this document.
- To ask CBES not to solicit funds for CBES for charitable purposes.
- To get a paper copy of this notice at any time.



By law, Central Boston Elder Services must give you this notice explaining that we protect your health information, and that we must follow the terms of this notice.

If we at Central Boston Elder Services change how we use and share your health information, we will notify you of these changes.

Central Boston Elder Services takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that Central Boston Elder Services has violated your privacy rights, contact Central Boston Elder Services Privacy Officer in writing at the following address:

Central Boston Elder Services Inc,  
Privacy Officer  
2315 Washington Steet  
Boston, MA 02119

Filling a complaint or exercising your rights will not affect your covered services. You may also file a complain with the U.S Secretary of Health and Human Services.

For more information, or if you need help understanding this notice, call 617-277-7416 Monday through Friday 9am-5pm.

## **Acknowledgement of Receipt of Privacy Notice**

Consumer Name: \_\_\_\_\_

Consumer Address: \_\_\_\_\_



I have been given a copy of Central Boston Elder Services Notice of Practices that describes how my health information is used and shared. I understand that Central Boston Elder Services has the right to change this notice at any time.

_____	or	_____
Consumer Signature		Consumer Representatives Signature
_____		_____
Print Name		Print Name
		_____
		Relationship to Consumer

**Acknowledgement Refused:**

Efforts to obtain: _____
Reason for refusal: _____