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HIPAA Notice of Privacy Practices

I. 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.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

We are legally required to protect the privacy of your health information. We call this information protected health information or PHI. Identifiable information about your past, present, or future health or condition, along with the provision of health care to you, or payment for this health care is considered PHI. We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. If we do so, we will post a new Notice near the Department of Social Services, in the outpatient/clinic waiting area, near the Great Day for Seniors office and on the Recuperative Service Unit. You may request a copy of the new notice from the Chief Privacy Officer (see below for his full address). It is also posted on our website at www.hebrewseniorlife.org.

III. HOW WE MAY DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below we describe the different categories of our uses and disclosures and give you some examples of each category.

A. USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS REQUIRE THAT YOU HAVE RECEIVED THIS NOTICE

We may use and disclose your PHI for the following reasons:

For treatment: We may disclose your PHI to doctors, medical students, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team or with our central pharmacy staff.

To obtain payment: We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicaid, Medicare or a private insurer to get paid for services that we delivered to you.

For health care operations: We may use or disclose your PHI in the course of operating this facility or programs. For example, we may use

your PHI in evaluating the quality of services provided or disclose your PHI to our accountant or attorney for audit and legal purposes.

Appointment reminders: We may provide PHI to provide appointment reminders or to give you information about treatment alternatives, or other health care services or benefits we offer.

Exceptions: Although receiving this notice is required for the use or disclosure of your PHI for the activities described above, the law allows us to use or disclose your PHI in certain situations. For example, we may disclose your PHI if needed for emergency treatment if we reasonably believe you would have approved.

B. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE RECEIVING THIS NOTICE

We may use and disclose your PHI for the following reasons:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. For example, cause of death is noted on the death certificate, which is maintained at the State's Registry of Vital Records and Statistics

For health oversight activities: We will provide information to assist the government or a licensing agency when it conducts an investigation or inspection of a health care provider or organization.

Relating to decedents: We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants

For research purposes: In certain circumstances, and under supervision of our Research Department, we may disclose PHI to assist medical research.

To avoid harm: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

For worker's compensation purpose: We may provide PHI in order to comply with worker's compensation laws.

C. OTHER USES AND DISCLOSURES

Fundraising activities: We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as

part of our fundraising efforts, please contact the Development Office at the Center.

D. TWO USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Patient Directories: We may include your name, location, general condition, and religious affiliation in our patient directory for use by clergy and callers or visitors who ask for you by name, unless you object in whole or in part. The opportunity for approval may be obtained retroactively in emergency situations.

To families, friends or others involved in your care: We may provide your PHI to a family member, friend, or other person that you indicate is involved with your care or the payment for your health care, unless you object in whole or in part. We may also share PHI with these people to notify them about your location, general condition, or death. The opportunity for approval may be obtained retroactively in emergency situations.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to you PHI:

To request restrictions on uses or disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and make every reasonable effort abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address, such as to a post office box, or by an alternative means, such as email instead of regular mail. We must agree to your request so long as we can easily provide it in the format you requested.

To see and receive copies of your PHI: You or your legal representative have the right, upon an oral or written request, to access within 24 hours all records pertaining to you including current clinical records except if otherwise prohibited by law. If you want copies of your PHI, or any portions thereof upon request and two working days advance notice, for residents who are entitled to receive such photocopies free of charge pursuant to state or federal law, such copies will be provided free of charge.

To correct or update your PHI: If you believe that there is a mistake or missing information in your PHI, you may request, in writing, that we amend or add to the record, according to acceptable standards or policies. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is:
(i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for the denial and explain your rights to respond. You have the right to request the denial, along with any statement in response that you provide, be appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI

To find out what disclosures have been made: You have a right to get a list of instances when your PHI has been released. This list will not include those instances of disclosure for treatment, payment, operations, or to you and your family. It will also not include

disclosures where you gave consent such as the facility directory. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or prior to April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years, starting from April 2003. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To receive this notice by email: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

V. OTHER USES AND DISCLOSURES

All other uses and disclosures of your PHI not described in this Notice will require your prior written authorization. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures to the extent that we have not taken any action relying on that authorization.

VI. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VII below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services through the:

Office of Civil Rights
U.S. Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building-Room 1875
Boston, MA 02203
Phone: (617) 565-1340

We will take no retaliatory action against you if you make such complaints.

VII. PERSON TO CONTACT TO FILE A PRIVACY COMPLAINT

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

Maxwell Agyei
Director of Health Information
Hebrew SeniorLife
1200 Centre Street
Boston, MA 02131
Tel: (617) 363-8396
Email: MaxwellAgyei@hrca.harvard.edu

VIII. EFFECTIVE DATE OF THIS NOTICE

This notice is effective on April 14, 2007.



Employee/Student/Volunteer Confidentiality Statement

Hebrew Rehabilitation Center has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my employment/assignment at Hebrew Rehabilitation Center, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient services. Patient information that is considered confidential includes: admission, diagnosis, prognosis, status of care, tests, types of treatment and therapy, financial status, and medical records.

I understand that such information must be maintained in the strictest confidence. As a condition of my employment/assignment, I hereby agree that, unless directed by my supervisor, I will not at any time during or after my employment/assignment with Hebrew Rehabilitation Center disclose any patient information, other than as necessary in the course of my employment/assignment. When patient information must be discussed with other healthcare practitioners in the course of my assignment, I will use discretion to ensure that others who are not involved in the patient's care cannot overhear such conversation.

Violations of the HRC Privacy Policy include, but are not limited to:

- Accessing information that is not within the scope of my job/assignment
- Attempting to access a secured application without proper authorization or job-related, need-to-know.
- Leaving a secured application unattended while signed on
- Disclosing to another person my sign-on-code and password for accessing electronic patient information.

Further, I understand that violation of this agreement may result in corrective action, up to and including discharge. Criminal behavior, i.e. using patient information for personal gain or to cause harm to the patient or family, will be reported to the proper law enforcement agency.

Signature of Employee/Student/Volunteer

Date