Notice of Privacy Practices

Town of Plymouth Health Plans

THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

At Town of Plymouth, we respect the privacy and confidentiality of your health information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your medical/health information and how you can get access to this information. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us.

I. OUR RESPONSIBILITIES TO YOU

We are required by law to:

1. Maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.

2. Comply with the terms of our Notice currently in effect.

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including both health information we already have and health information we create or receive in the future. Should we make material changes, we will make the revised Notice available to you by posting it on the Human Resources page of the Town of Plymouth's website www.plymouth-ma.gov; as well as on department bulletin boards.

II. HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

We may use and disclose your health information for purposes of treatment, payment and health care operations as described below.

1. **For Treatment.** We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. Your health information may be used by doctors and nurses, as well as by lab technicians, dieticians, physical therapists or other personnel involved in your care and with other health care providers involved in your care. For example, a pharmacist will need certain information to fill a prescription ordered by your doctor.

We may also disclose your health information to persons or facilities that will be involved in your care after you leave employment.

2. **For Payment.** We may use and disclose your health information so that we can provide payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to an insurance or managed care company, Medicare, Medicaid or another third party payor.

3. **For Health Care Operations.** We may use and disclose your health information as necessary for our internal operations, such as for general administration activities and to monitor the quality of care you receive. For example, we may use your health information to evaluate the quality of care you received, for education and training purposes, and for planning for services.

III. OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Under the Privacy Regulations, we may make the following uses and disclosures without obtaining a written Authorization from you:

1. **As Required By Law.** We may disclose your health information when required by law to do so.

2. **Public Health Activities.** We may disclose your health information for public health activities.

5. **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. A health oversight agency is a state or federal agency that oversees the health care system. Some of the activities may include, for example, audits, investigations, inspections and licensure actions.

7. **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process.

8. **Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to file reports required by law or to report emergencies or suspicious deaths; to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.

9. **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.

10. **Research.** Your health information may be used for research purposes, but only if: (1) the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board and the Board can legally waive patient authorizations otherwise required by the Privacy Regulations; (2) the researcher is collecting information for a research proposal; (3) the research occurs after your death; or (4) if you give written authorization for the use or disclosure.

11. **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person, we may use or disclose your health information to someone able to help lessen or prevent the threatened harm.

12. **Military and Veterans.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may also use and disclose health information about you if you are a member of a foreign military as required by the appropriate foreign military authority.

13. **National Security and Intelligence Activities; Protective Services for the Patient and Others.** We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

14. **Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes including your own health and safety as well as that of others.

15. **Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

16. **Disaster Relief.** We may disclose health information about you to an organization assisting in a disaster relief effort.

17. **Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

18. **Business Associates.** We may disclose your health information to our business associates under a Business Associate Agreement.

The conditions pursuant to which disclosures may be made for the above-listed purposes are more fully described at 45 CFR 164.512.

IV. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

1. We will obtain your written authorization (an "Authorization") prior to making any use or disclosure other than those described above.

2. A written Authorization is designed to inform you of a specific use or disclosure, other than those set forth above, that we plan to make of your health information. The Authorization describes the particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written Authorization will also specify the name of the person to whom we are disclosing the health information. The Authorization will also contain an expiration date or event.

3. You may revoke a written Authorization previously given by you at any time but you must do so in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified in that Authorization except where we have already taken actions in reliance on your Authorization. A Revocation of Authorization form is available from your town's Health Benefits Office.

V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

1. **Right to Request Restrictions.** You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. However, we are not required to agree to the restriction. If we do agree to a restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your treatment.

2. **Right to Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

3. **Right of Access to Personal Health Information.** You have the right to inspect and, upon written request, obtain a copy of your health information except under certain limited circumstances.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial. This review would be performed by a licensed health care professional designated by the Town of Plymouth who did not participate in the decision to deny access.

4. **Right to Request Amendment.** You have the right to request that we amend your health information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information: (a) was not created by us, unless you provide reasonable information that the originator of the information is no

longer available to act on your request; (b) is not part of the health information maintained by us; (c) is information to which you do not have a right of access; or (d) is already accurate and complete, as determined by us.

If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial. In that event, you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record.

5. **Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by us or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

You must submit your request in writing and you must state the time period for which you would like the accounting. The accounting will include the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs for completing the accounting.

6. **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. **In addition, you may obtain a copy of this Notice at our website, www.plymouth-ma.gov.**

VIII. COMPLAINTS

1. If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201.

2. To file a complaint with us, you should contact:

Town of Plymouth
11 Lincoln Street
Plymouth, MA 02360

3. We will not retaliate against you in any way for filing a complaint against Town of Plymouth.