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NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

**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.***

This Notice describes the privacy practices of Element Care and of any Element Care health care providers who provide services to you. We are required by law to maintain the privacy of your protected health information (PHI), to give you this Notice of our Privacy Practices relating to your PHI, and to follow the terms of the Notice that are currently in effect. If you have questions about this Notice or want more information about your rights, please contact our Privacy Officer at (781)715-6608.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU: The following describes how we may use and disclose your PHI without your written authorization.

Treatment. We may use your PHI to provide and coordinate your treatment and care. We may disclose it to other providers such as nurses, home health aides, or physical therapists involved in your care. For example, Element Care team members will discuss your plan of care and may contact specialists also providing care to you.

Payment. We may use and disclose your PHI for billing and payment. We may disclose your health information to your personal representative or to an insurance company, managed care organization, Medicare, Medicaid, or the state agency that administers ESPNS programs. For example, we may disclose PHI to Medicare to determine your eligibility for services.

Health Care Operations. We may use and disclose your PHI for health care operations, such as management, training, fraud and abuse programs, and to monitor quality of care. For example, we may use your treatment data to assess the quality of our care and services.

OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

ELEMENT CARE may also use or disclose your PHI without your written authorization:

- To a family member, close personal friend, clergy, or other person you identify, who is involved in your care or payment for your care, or to notify those responsible for your care about your general condition, unless you object.
- To remind you about appointments.
- To contact you about treatment alternatives and health-related benefits and services of interest to you.
- When required to do so by law.
- For public health activities, including reporting to a public health authority for preventing or controlling disease, injury or disability, reporting elderly abuse or neglect, or reporting deaths.
- To notify a government authority, if authorized by law, and if ELEMENT CARE believes you have been a victim of abuse, neglect or domestic violence or if you agree to the report.
- To a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions.
- To someone able to help lessen or prevent a serious threat to your health or safety or the health or safety of the public.
- For judicial and administrative proceedings, such as in response to a court or administrative order, or a subpoena, discovery request, or other lawful process.
- For certain law enforcement purposes, including required compliance with reporting requirements, a court order, warrant, or similar legal process, or for information concerning crimes.
- For research purposes if the privacy aspects of the research has been approved, or if the researcher is preparing a research proposal, the research occurs after your death, or you authorize the use or disclosure.
- To a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- To a disaster relief organization.
- For essential governmental functions, including certain national security and military activity purposes.

Massachusetts state law requires specific, written authorization for the disclosure of psychiatric, substance abuse or HIV/AIDS-related information. ELEMENT CARE must also get your Authorization for certain specific uses and disclosures including disclosures of psychotherapy notes, marketing communications, and the sale of PHI; and any other uses and disclosures not described in this Notice.

You may cancel an Authorization in writing at any time. If you cancel an Authorization, we will no longer use or disclose your PHI for the reasons of the Authorization, except where we have already relied on the Authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding PHI that we maintain about you:

- **Inspect and obtain a copy** of your clinical or billing records or other written information used to make decisions about your care, subject to some exceptions. Your request must be made in writing.
- **Request amendment of your PHI** as long as the information is maintained by ELEMENT CARE. Your request must be in writing and must state the reason for

the requested amendment. ELEMENT CARE may deny your request for amendment if the information (a) was not created by ELEMENT CARE, unless the originator of the information is no longer available to act on your request; (b) is not part of the PHI maintained by or for ELEMENT CARE; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete. If we deny your request for amendment, we will give you the reasons for the denial in writing. You have the right to submit a written statement disagreeing with the denial.

- **Request an accounting of certain disclosures** of your PHI made by ELEMENT CARE or by others on our behalf, with the exception of disclosures for treatment, payment and health care operations, disclosures made pursuant to your Authorization, and certain others. To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six years from the date of your request.
- **Request restrictions** on our use or disclosure of your PHI for treatment, payment, or health care operations. You also have the right to request restrictions on the PHI we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care, or to notify family members or others about your general condition, location, or death. We will grant requests to restrict use of PHI if they are reasonable and can be accommodated. If we agree to accept your request, we will comply except as needed to provide you with emergency treatment. ELEMENT CARE is not required to agree to your requested restriction, unless (1) the request is to restrict disclosures to a health plan for payment or health care operations purposes; (2) and the disclosure is not otherwise required by law; and (3) the PHI relates solely to a health care item or service for which payment has been made in full by you or a third party other than the health plan.
- **Request Confidential Communications.** We will accommodate your reasonable requests for alternative means or locations of receiving communications.
- **Request a Paper Copy of This Notice** at any time, 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.elementcare.org
- **Receive Notification** if unsecured PHI about you is breached.

TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with ELEMENT CARE and/or the Office of Civil Rights in the U.S. Department of Health and Human Services. ELEMENT CARE will not retaliate if you file a complaint. To file a complaint with ELEMENT CARE, contact our Privacy Officer, at (781) 715-6608.

CHANGES TO THIS NOTICE

ELEMENT CARE may revise this Notice and make it effective for all PHI we maintain. We will provide a copy of the revised Notice upon request or as required by law.