

## NOTICE OF PRIVACY PRACTICES

**This Notice describes how health information about you may be used and communicated, and how you can get this information.**

**Please review this Notice of Privacy Practices carefully.**

*If you have any questions or would like a copy of this Notice of Privacy Practices, please contact the BMC HealthNet Plan Member Services Call Center.*

*MassHealth members: 1-888-566-0010 (English and other languages), or 1-888-566-0012 (Spanish)  
Commonwealth Care members: 1-877-957-5300*

This Notice of Privacy Practices, which was **effective April 14, 2003**, describes how we may use and communicate your protected health information to carry out treatment, payment or health care administration, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” or “PHI” is information about you, including demographic information, that may identify you and that relates to your health condition and related health care services.

By law, we are required to:

- Maintain the privacy and confidentiality of your protected health information
- Give you this Notice of Privacy Practices
- Follow the practices in this Notice

We use physical, electronic and procedural safeguards to protect your privacy. Even when disclosure of PHI is allowed, we only use and disclose PHI to the minimum amount necessary for the permitted purpose.

Other than the situations mentioned in this Notice, we cannot use or share your protected health information without your written permission, and you may cancel your permission at any time by sending us a written notice.

We reserve the right to change this Notice and to make the revised notice effective for any of your current or future protected health information. You are entitled to a copy of the Notice currently in effect.

### ***WE MAY USE AND COMMUNICATE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU***

**For Treatment:** We may communicate PHI about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and need the information to provide you with medical care. For example, if you are being treated for a back injury, we may share information with your primary care physician, the back specialist and the physical therapist so they can determine the proper care for you. We will also record the actions they took and their observations. That way, the health care team will know how you are responding to treatment.

**For Payment:** We may use and communicate PHI about you so that others may bill and receive



payment for the treatment and services that you received.

**For Health Care Administration:** We may use and communicate PHI about you to support our normal business activities. For example, we may use your information to review and improve the services you receive, communicate information to personnel for review and learning purposes, and communicate your protected health information to other organizations that help us with our business activities.

**For Personal Communications:** We may contact you to provide appointment or refill reminders, or information about possible treatment options or alternatives and other health-related benefits, or services that may be of interest to you.

**Fundraising Activities:** We may use PHI about you in an effort to raise money. If you do not want us to contact you for fundraising efforts, you may opt out by notifying us, in writing, with a letter addressed to the BMC HealthNet Plan Privacy Officer. In some limited situations, the law allows or requires us to use or communicate your health information for purposes beyond treatment, payment and operations.

**Required By Law:** We will communicate PHI about you when we are required to do so by federal, state or local law. This includes workers' compensation laws. We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health and Safety:** We may communicate your PHI for public health reasons, for example to prevent or control disease and to report births and deaths.

**Abuse or Neglect:** We may communicate your PHI to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only communicate this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

**Health Oversight Activities:** We may communicate PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensing purposes. We may have to do this for certain state and federal agencies to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may communicate PHI about you in response to a court or administrative order. We may also communicate PHI about you because of a subpoena or other lawful process, subject to all applicable legal requirements.

**Law Enforcement:** We may release your PHI upon request by a law enforcement official in response to a valid court order, subpoena or similar process.

**Military, Veterans, National Security and Intelligence:** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may be required by other government authorities to release your PHI for national security activities.

**Family and Friends:** We may communicate PHI to a member of your family, a relative, a close friend, or any other person you identify who is directly involved in your health care or payment related to your care. For example, we may communicate PHI to a friend who brings you into an emergency room.

**Serious Threat to Health or Safety:** We may use and communicate PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Disaster Relief:** We may communicate PHI to an authorized public or private entity for disaster relief purposes. For example, we might communicate your PHI to help notify family members of your location or general condition.



**Research:** We may use and communicate your PHI to researchers when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has approved their research.

**Coroners, Medical Examiners and Funeral Directors:** We may communicate PHI to coroners, medical examiners and funeral directors for identification purposes and as needed to help them carry out their duties consistent with applicable law.

**Organ and Tissue Donation:** If you are an organ donor, we may communicate your PHI to organizations that handle organ procurement, banking or transplantation for purposes of tissue donation and transplant.

**Correctional Facilities:** If you are or become an inmate in a correctional facility, we may communicate your PHI to the correctional facility or its agents, as necessary, for your health and the health and safety of other individuals.

**Business Associates:** Some of our services and products are provided through contracts with business associates, and we may communicate your PHI to our business associates so that they may perform the job we have asked them to do. To protect your PHI, however, we require the business associates to properly safeguard your PHI.

**Food and Drug Administration (FDA):** We may communicate to the FDA, or persons under the jurisdiction of the FDA, your PHI as it relates to adverse events with drugs, foods, supplements and other products and marketing information to support product recalls, repairs or replacement.

### ***YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU***

**Right to Access and Copy:** You have the right to inspect and obtain a copy of your PHI. To do so, you must submit a written request to the BMC HealthNet Plan Privacy Officer. We may ask you to pay a fee to cover our costs of providing you with that PHI, and certain information may not be easily available prior to July 1, 2002. We may deny your request to inspect and copy, in certain limited circumstances.

**Right to Amend:** If you believe the PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI, as long as this office keeps the PHI. You must request an amendment, in writing, to the BMC HealthNet Plan Privacy Officer and include a reason that supports your request. In certain cases, we may deny your request for amendment.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of PHI about you for most purposes other than treatment, payment and health care administration. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. To obtain an accounting, you must submit your request, in writing, to the BMC HealthNet Plan Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

**Right to Request Restrictions:** You have the right to request, in writing, to the BMC HealthNet Plan Privacy Officer, a restriction or limitation on our use or disclosure of your PHI. We are not required to agree to your request. If we do agree, we will comply with your request unless the PHI is needed to provide emergency treatment to you.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters only in writing or at a different residence or post office box. To request confidential communication, you must complete and submit a Request for Confidential Communication Form to the BMC HealthNet Plan Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Assistance in Preparing Written Documents:** BMC HealthNet Plan will provide you with assistance



in preparing any of the requests explained in this Notice that must be submitted in writing. There will be no cost to you for this.

### ***OTHER USES AND DISCLOSURES OF PHI***

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke such an authorization at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

### ***COMPLIANCE WITH LAWS***

If more than one law applies to this Notice, we will follow the more stringent law.

### ***COMPLAINTS***

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Department of Health and Human Services. To file a complaint with our office, contact:

Privacy Officer  
BMC HealthNet Plan  
Two Copley Place, Suite 600  
Boston, MA 02116

You may also notify the Secretary of the Department of Health and Human Services (HHS). Send your complaint to: Medical Privacy, Complaint Division, Office for Civil Rights (OCR), United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington D.C., 20201. You may also contact OCR's Voice Hotline Number at (800) 368-1019 or send the information to their Internet address [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

BMC HealthNet Plan will not take retaliatory action against you if you file a complaint about our privacy practices with either OCR or BMC HealthNet Plan.