

NOTICE of PRIVACY PRACTICES

**The Key Program, Inc.
670 Old Connecticut Path
Framingham, MA 01701**

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.

These privacy rights and practices apply to you if you are 18 years old or older or if you are an "emancipated minor." If you are younger than 18, this information will be reviewed with you and your parent/legal guardian who has the right to act on these privacy rights on your behalf.

If you have any questions about this Privacy Notice, please contact our Agency Privacy Officer, Cynthia Hay, 670 Old Connecticut Path, Framingham, MA 01701, (508) 877- 3690.

I. Introduction

Key is required to keep your health information private and provide you with this notice. This document describes how Key may use your health information internally within Key and **disclose** your protected health information (to individuals/agencies) outside of Key. This information is necessary to carry out Key's treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We must comply with the practices outlined in this *Notice of Privacy Practices*. This *Notice* also describes your rights to your health information that we keep on file, and a brief description of how you may exercise these rights.

"**Protected Health Information**," means health information (including identifying information about you) we have collected from you or received from other health care providers, health plans, or your employers. It may include information about your past, present or future physical or mental health condition, the provision of your health care, and payment for your health care services.

II. How We Will Use and Disclose Your Health Information

We will use and disclose your health information as described below. For each category, we will explain the general, but not all the specific uses or disclosures of health information.

A. Uses and Disclosures That May Be Made For Treatment, Payment and Operations

1. **For Treatment.** We will use and disclose your health information **without your permission** to provide, coordinate, or manage your health care and any related services. If applicable, we may disclose information to other non-Key "treatment team members" who assist in coordinating and managing your care. The members of this treatment team may include your state agency social worker, caseworker, or case manager and/or Commonworks staff, courts, and probation. When we disclose information to

another third party (other than your health plan or the treatment team members noted above) for coordination or management of your health care, we will try to obtain your written permission. **A third party is a person or entity that is not affiliated with Key.**

We may also use your health information without your permission with our clinicians and other staff (including clinicians other than your therapist, with direct care, and/or supervisors), who work for Key. For example, our staff may discuss your care at a case conference or in our quality improvement activities.

2. For Payment. We may use or disclose your health information without your authorization for payment of services provided to you. This may include:

- making a determination of eligibility or coverage for health insurance;
- reviewing your services to determine if they are medically necessary;
- reviewing your services to determine if they are authorized or certified in advance of your care; or
- reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.

For example, your health plan may ask us to share your health information to determine if the plan will approve additional visits to your therapist.

3. For Health Care Operations. We may use and disclose health information about you without your authorization for our health care operations. These uses and disclosures are necessary to run our organization and make sure our clients receive quality care. These activities may include quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and administrative activities.

B. Uses and Disclosures That May be Made Without Your Permission, But For Which You Will Have an Opportunity to Object

Persons Involved in Your Care. We may provide health information about you to someone who helps pay for your care. We may disclose your health information to a family member, personal representative, social worker/case manager, legal guardian, or any other person that is responsible for your care, location, and/or general condition. We may sometimes disclose health information about you to a friend or family member who is involved in your care. If you are physically present and able to make health care decisions, your health information may only be disclosed with your authorization to those people that you have identified.

If you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that the person may assist in your care. In this case we will determine whether the disclosure is in your best interest and only disclose the information that is necessary for your care.

If you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to:

- your health care agent if we have received a valid health care proxy from you,
- your guardian or medication monitor if one has been appointed by a court, or
- if applicable, the state agency responsible for consenting to your care.

C. Uses and Disclosures That May be Made Without Your Permission or Opportunity to Object

1. **Emergencies.** We may use and disclose your health information without your authorization in an emergency treatment situation. For example, we may provide your health information to a paramedic who is transporting you in an ambulance.
2. **As Required By Law.** We will disclose health information about you as required by federal, state, or local law.
3. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you if necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of the public or another person. In these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.
4. **Public Health Activities.** We may disclose health information about you if necessary for public health activities including, for example, to:
 - public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - report vital events such as birth or death;
 - conduct public health surveillance or investigations;
 - report child abuse or neglect;
 - notify a person who may have been exposed to, or is at risk of contracting or spreading a communicable disease;
 - notify the appropriate government agency if we believe an adult or child has been a victim of abuse, neglect, or domestic violence. We will only notify an agency if we obtain your agreement or if we are required by law to report such abuse, neglect, or domestic violence.
5. **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care and civil rights laws.
6. **Disclosures in Legal Proceedings.** We may disclose health information about you to a court when a judge orders us to do so. We also may disclose health information about you in legal proceedings without your permission or a judge's order when:
 - you are a party to a legal proceeding and we receive a subpoena for your health information. We will not provide this information in response to a subpoena without your authorization if the request is for substance abuse records or for information relating to AIDS or HIV status or genetic testing;
 - your health information involves communications made during a court-ordered psychiatric examination;
 - your mental or emotional condition supports your claim or defense in any proceeding and the judge approves our disclosure of your health information;
 - you sue any of our clinicians or staff for malpractice or initiate a complaint with a licensing board against any of our clinicians;
 - the legal proceeding involves child custody, adoption or dispensing with consent to adoption and the judge approves our disclosure of your health information;
 - one of our clinicians brings a proceeding, or is asked to testify in a proceeding, involving foster care of a child or commitment of a child to the custody of the Massachusetts Department of Social Services.
7. **Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when:
 - you agree to the disclosure; or
 - when the information is provided in response to an order of a court; or
 - we determine that the law enforcement purpose is to respond to a threat of a dangerous activity by you, against you, or against another person; or
 - the disclosure is required by law;
 - If you are the victim of a crime, we will disclose information if the disclosure is requested by law enforcement personnel, or if we determine it is in your best interest.

8. **Military and Veterans.** If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs.
9. **Workers' Compensation.** We may disclose health information about you to comply with the Massachusetts Workers' Compensation Law.

III. Uses and Disclosures of Your Health Information with Your Permission.

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally be made only with your written permission, called an "Authorization." You have the right to revoke (cancel) this written permission (Authorization) at any time. If you revoke (cancel), your authorization we will not make any further uses or disclosures of your health information (except those already made based upon your earlier authorization).

IV. Your Rights Regarding Your Health Information.

A. Right to Inspect and Copy.

You have the right to inspect or copy health information used to make decisions about your care. This information may include both the treatment and payment of your care. This would include clinical and billing records. This does not include psychotherapy notes.

You must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and supplies associated with your request.

We may deny your request to inspect or copy your health information in some circumstances. In some cases, you will have the right to have the denial reviewed by a licensed professional not directly involved in the original decision to deny your access to the file. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed professional reviewer.

B. Right to Amend.

For as long as we keep records about you, you have the right to request that we amend any health information used to make decisions about your care. This would include clinical and billing records. This does not include psychotherapy notes.

To ask for an amendment to your record, you must submit a written request to our Privacy Officer and tell us why you believe the information is incorrect or inaccurate.

Key may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- is not part of the health information we maintain to make decisions about your care;
- is not part of the health information that you would be permitted to inspect or copy; or
- is accurate and complete.

If we deny your request to amend your record, we will give you a written notice stating our reason for the denial. We will then offer you the chance to provide a written statement disagreeing with our decision. If you do not choose to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information involved in your request.

If you choose to write a statement of disagreement, we have the right to prepare a written rebuttal to your

statement. In this case, we will attach your written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that was involved in your amendment request.

C. Right to an Accounting of Disclosures.

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. **An accounting is a list of disclosures.** This list will not include the disclosures of your health information Key has made for purposes of treatment, payment, and health care operations or any other disclosures authorized by you.

To request an accounting, you must make your request in writing to the Privacy Officer. For your convenience, you may submit your request on a form called a "**Request For Accounting**," which you can obtain from our Privacy Officer. The request should state the time period for which you wish to receive an accounting. The time period of your request cannot be longer than six years and cannot include dates before April 14, 2003.

The first accounting list you request within a 12-month period will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request.

D. Right to Request Restrictions.

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, or health care operations. You may also ask that any part (or all) of your health information not be disclosed to family members or friends who are involved in your care or for notification purposes as described in Section II (B)(2) of this Notice, unless you are a legal minor (under 18).

You must request the restriction in writing and address it to the Privacy Officer. The Privacy Officer will ask you to fill out a "**Request for Restriction Form**," which you should complete and return. Key is not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

E. Right to Request Confidential Communications.

You have the right to request that we communicate with you about your health care only at a certain location or by a certain method. For example, you may request that we contact you only at work or by e-mail. To request this confidential communication, you must put your request in writing to the Privacy Officer. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how and where you wish to be contacted.

F. Right to a Paper Copy of this Notice.

You have the right to obtain a paper copy of this *Notice of Privacy Practices* at any time. To obtain a paper copy, contact our Privacy Officer.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Key or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, you must first contact **Cynthia Hay, Privacy Officer, 670 Old Connecticut Path, (508) 877-3690, chay@key.org**. Submit all complaints in writing.

Filing a complaint will not be held against you.

