



KEY PROGRAM, INC. 670 Old Connecticut Path, Framingham, MA 01701 [www.key.org](http://www.key.org)

## Children's Charter Division - MOVA

# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

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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.

*This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. "These privacy rights apply if you are 18 years or older or if you are an "emancipated minor." If you are younger than 18, this information will be reviewed with you and/or your parent(s)/guardian if they have the legal right to act these privacy rights on your behalf.*

*As a participant in the MOVA program, Children's Charter is required to report an actual or imminent breach of your Protected Personal Health Information (PHI) within 24 hours to MOVA Grant Manager, Uchenna Amogu at [uchenna.amogu@state.ma.us](mailto:uchenna.amogu@state.ma.us) or to [movagrants@massmail.state.ma.us](mailto:movagrants@massmail.state.ma.us). MOVA is also required to notify the Office for Justice Programs of all actual or imminent breaches.*

### What is Protected Health Information ("PHI")?

PHI is information that identifies you. We create a record or get information that individually identifies you. We create a record or get from you or another health care provider, health plan, your employer or a healthcare clearing house that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, OR
- The past, present, or future payment for your health care.

### Rights - You have the right to:

- Get a copy of your health records
- Correct your health records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- Receive Notice of a Breach upon a breach of any of your unsecured PHI

### Your Choices - You have some choices in the way that we use and share information as we:

- Answer treatment questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures - We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Receive payment for your health services

- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**Your Rights - When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health records**

- You can ask to see or get a copy of your health information we have about you. If your PHI is maintained in an electronic format (known as an electronic health record or EHR), you have the right to request that an electronic record copy of your record be given to you or transmitted to another individual or entity. If your record is not readily producible in the form or format your record will be provided in a readable hard copy form. Ask us how to make this request.
- We can provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provide to you, so long as you agree to this alternative format. We will provide a copy or a summary of your health records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. We may not charge you a fee if you need the information for a claim of benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request. We will comply with the outcome of the review.
- You can only direct us in writing to submit your PHI to a third party not covered in this notice.

#### **Ask us to correct health records**

- You can ask us to correct your health records if you think they are incorrect or incomplete. Ask us how to do this. In certain cases, we may deny your request, but we will tell you why in writing within 60 days. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you a copy of any such rebuttal.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Your request must be in writing and you must be specific about how we are to contact you.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- Your request must state the specific restriction requested.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

#### **Get a list of those with whom we have shared information**

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice** - You can obtain a copy of this notice electronically at [www.key.org](http://www.key.org). You will always receive a paper copy and can ask for another paper copy of this notice at any time. We will provide you with a paper copy promptly.

**Choose someone to act for you** - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated** - You can complain if you feel we have violated your rights by contacting us using the information on page 5 of this Notice.

- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to Secretary, U.S. Department of Health and Human Services, Office for Civil Rights 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you or penalize you for filing a complaint.

**Your Choices** - For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. All such requests must be made in writing. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or other person(s) that you identify
- Share information in a disaster relief situation
- Share information related to payment of your care. You could ask us not to disclose information about services we if you paid for in full, out of pocket and refuse to file a claim with your health plan

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we *never* share your information, unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Fundraising activities
- We will never share any substance abuse treatment record, information about your HIV/AIDS status, or psychotherapy notes, if applicable, without your written permission.
- We will never disclose the results of a genetic test without first obtaining a written authorization and “informed written consent.”

**Other Uses and Disclosures** - How do we typically use or share your health information? We typically use or share your health information in the following ways:

**Help manage the treatment you receive**

- We can use your health information and share it with professionals who are treating you.

*For example: A social worker, as a member of the treatment team, sends us information about your diagnosis and treatment plan so we can arrange additional services. We may disclose information to other non-Key “treatment team” members who assist in coordinating and managing your care.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will provide treatment services.

*For example: We may use your health information to develop better services for you with other provider and state agencies and schools or at family and treatment plan meetings.*

**Pay for your health services**

- We can use and disclose your health information as for payment of your health services.

*For Example: We share information about you with the agencies that contract with us to receive payment for the services we provide for you.*

**Business Associates** - We may disclose Health Information to our business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we

may use another company to perform billing services on our behalf. All our business associates are obligated to protect the privacy of your information and abide by the same HIPAA Privacy standards as outlined in this Notice.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues** - We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

**Do research** - We can use or share your information for health research.

**Comply with the law** - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations, if applicable.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies, if applicable.

**Address workers’ compensation, law enforcement, and other government requests**

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions** - We can share health information about you in response to a court or administrative order, in response to a subpoena or in the event of a lawsuit.

**Inmates** - If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosures is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the safety of others, or (3) the safety and security of the correctional institution.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**For more information see:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to this Notice** - We can change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. Any new Notice will be available upon request, on our web site at [www.key.org](http://www.key.org). We will also mail a copy to you. We will post a copy of a current *Notice of Privacy Practices* at our clinics, regional office locations and at each program site where we provide services. You may also ask for a paper copy at any time you visit one of our offices or program sites.

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## **IMPORTANT NOTIFICATION**

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 our **Clinic Privacy Officer, Paula Stahl, Ed.D., Director of Children's Charter, 77 Rumford Avenue, Waltham, MA 02453. Email address [pstahl@key.org](mailto:pstahl@key.org) and telephone number (781) 894-4307.** Submit all complaints in writing. At your request, the Children's Charter Privacy Officer will assist you in writing your complaint. Depending on the nature of your privacy-related complaint, the Regional Privacy Officer may review your complaint with the **Agency's Privacy Officer, Cynthia Hay, Director of Management/Human Resources in Key's main office. Contact Ms Hay at Key Program, Inc., 670 Old Connecticut Path, Framingham, MA 01701, telephone number (508) 877-3690, email address [chay@key.org](mailto:chay@key.org).**

*Effective Date of this Notice – October 7, 2020*

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# Key Program, Inc. – Children’s Charter Division

## PRIVACY NOTICE ACKNOWLEDGEMENT FORM

This form must be filed in the individual’s file

**Client Name:** \_\_\_\_\_

*(Please Print Clearly)*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

**Intake Date:** \_\_\_\_\_

**Program Location:** \_\_\_\_\_

By signing below, I acknowledge that I received a copy of Key Program, Inc., Children’s Charter Division, *Notice of Privacy Practices, updated and revised October 7, 2020.*

I understand that my Protected Health Information may be used or disclosed by Key/Children’s Charter for its treatment, payment, and health care operations. My protected health information will be disclosed by Key/Children’s Charter to “other non-Key/Children’s Charter treatment team members” who are involved in the coordination and management of my care. Members of this treatment team may include state agency social worker, case worker, case manager, courts, probation, school personnel and other medical/dental/mental health care providers.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Legal Guardian’s Signature*  
*(required if child is under 18 years of age)*

\_\_\_\_\_  
*Date*

Effective Date: October 7, 2020