

# **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **Protecting Your Personal and Health Information**

Healthy Path Partners LLC (HPP) is committed to protecting the privacy of patients' personal and health information. Additionally, both Federal and Massachusetts laws require us to maintain the privacy of our patients' personal and health information. This Notice explains HPP's privacy practices, our legal duties, and your rights concerning your personal and health information.

## **We protect your health information by:**

- Treating all your health information as confidential.
- Stating confidentiality policies and practices in HPP staff orientation and training documents, as well as disciplinary measures for privacy violations.
- Restricting access to your health information to only those clinical staff who need to know your health information in order to provide services to you.
- Only disclosing the health information necessary for an outside service company to perform its function on the clinic's behalf; such companies have by contract agreed to protect and maintain the confidentiality of your health information.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.
- Asking for separate, written authorization for any disclosures not covered above.
- No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

## **Procedures:**

All persons served will be provided with a 'Notice of Privacy Practices' upon initiation of treatment with HPP. *This notice describes the privacy practices of Healthy Path Partners LLC.* The 'Notice of Privacy Practices' indicates how medical information about persons served may be used and disclosed and how persons served can get access to this information.

## **I. Uses and Disclosures for Treatment, Payment and Health Care Operations**

We may use or disclose your *protected health information (PHI)*, for *treatment, payment and health care operations* purposes with your consent. To help clarify these terms, here are some definitions:

“*Use*” applies only to activities within our offices, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

“*Disclose*” applies to activities outside of our office, such as releasing, transferring or providing access to information about you to other parties.

“*PHI*” refers to information in your health record that could identify you.

“*Treatment, Payment and Health Care Operations*”

- “*Treatment*” is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another clinician. We may contact you as a reminder that you have an appointment for treatment or information about treatment alternatives unless otherwise requested.

- “*Payment*” is when we obtain reimbursement for your health care. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

- “*Health Care Operations*” are activities that relate to the performance and operation of the clinic. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services and case management and care coordination, which includes supervision and training purposes.

- “*Consent*” refers to when a member of HPP staff obtains your permission to proceed with the specified treatment or administrative action.

## **II. Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are

asked for information for purposes outside of treatment, payment and health care operations we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes we have made about our conversation during a private, joint or family counseling session.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we acted on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent Nor Authorization**

Uses and Disclosures of Your Highly Confidential Information. Federal and state law require special privacy protections for highly confidential information about you ("Highly confidential Information"), which includes (1) confidential communications with a psychotherapist, psychologist, social worker, allied mental health professional or human services professional; (2) your HIV/AIDS status (3) substance abuse (alcohol or drug) treatment or rehabilitation information; (4) venereal disease information; (5) abortion consent form(s); (6) treatment or diagnosis of emancipated minors; (7) mental health community program records; and (8) research involving controlled substances. In order for us to disclose your Highly Confidential Information for a purpose related to treatment, payment or health care operations, we must obtain your separate, specific written consent unless we are otherwise permitted by law to make such disclosure.

If you are an emancipated minor, information relating to your treatment or diagnosis is considered "Highly Confidential Information" and as a result will not be disclosed to your parent or guardian without your consent. If a clinician reasonably believes your condition to be so serious that your life or limb is endangered, we may notify your parents or guardian without your authorization. We will inform you of any such notification.

- Child Abuse: If we, in our professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, we must immediately report such conditions to the Massachusetts Department of Children and Families.

- Adult and Domestic Abuse: If we have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, we must immediately make a report to the Massachusetts Executive Office of Elder Affairs

- **Health Oversight:** The Board of Registration of Psychologists has the power, when necessary, to subpoena relevant records should we be the focus of an inquiry. We may disclose your PHI to a health oversight agency in connection with an audit, inspection, investigation or licensing review to ensure compliance with the rules of government health programs such as Medicaid or Medicare.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release information without written authorization from you or your legally-appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to us an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, we must take reasonable precautions. Reasonable precautions may include warning to the potential victim, notifying law enforcement or arranging for your hospitalization. We must also do so if we know you have a history of physical violence and we believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment and we have a reasonable basis to believe that you can be committed to a hospital, we must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.
- **Workers' Compensation:** If you file a workers' compensation claim your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Department of Industrial Accidents (DIA).
- **Training:** We may use or disclose your PHI without your consent or authorization for supervisory purposes and (without identifying information) for educational purposes.
- **As Required By Law:** We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

#### **IV. Patient's Rights and Clinician's Duties**

##### **Patient's Rights:**

##### **Your Rights Regarding Your Protected Health Information**

A. For Further Information: If you desire further information about your privacy rights you may contact our Privacy Office (see Section L below).

B. Complaints: If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact our Office Manager at 617-586-4545.

• **You may also send a written complaint to the Director of the Office of Civil Rights of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.**

• **We will not retaliate against you if you file a complaint with us or the above-named Director.**

C. Right to Request Additional Restrictions: You may request restrictions on our use and disclosure of your PHI for treatment, payment and health care operations to individuals (such as family members, other relatives or any other person identified by you) involved with your care or with payment related to your care.

D. While we will consider all requests for additional restrictions carefully we are not required to agree to a requested restriction. If you wish to request additional restrictions, please write the detailed specifics of your request and submit the complete information, with your signature, to the administrative office. We will send you a written response.

E. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.) Your request should be made in writing and must include exactly how we should contact you.

F. Right to Revoke Your Authorization: You may revoke your authorization or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it by delivering a written revocation statement to the Privacy Office identified below. A form of written revocation is available upon request from the administrative office to your clinician.

G. Right to Inspect and Copy Your Health information: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to

PHI under certain circumstances. If we deny you access to a portion of your records we will tell you why and you will have an opportunity to have a third person review your request. If you would like access to your records, please obtain a record request from the administrative office/clinician and submit the completed form to the administrative office. If you request copies we will charge you a reasonable cost-based fee. We will also charge you for your postage costs if you request that we mail the copies to you.

You should take note that, if you are a parent or legal guardian of a minor, portions of the minor's medical record will not be accessible to you. For example, "Highly Confidential Information" and other health care issues which the law protects.

H. Right to Request Amendments to Your Records: You have the right to request that we correct, change or delete certain PHI maintained in our enrollment, payment, claims adjudication and case or medical management records, or other records that may be used to make decisions about you and your health care if you believed that the information is incorrect or incomplete. If you would like us to amend your records, please put your request in writing with specific details and submit the completed form to the administrative office. If we cannot or do not believe it is appropriate to amend your PHI, we will notify you of this decision in writing. You will then have the option of asking us to make your request for a change/correction of your PHI a part of your record or ask to have a third party review our decision. We cannot amend information that we did not create without receiving information or instructions to do so from the creator of the records.

I. Right to Receive An Accounting of Disclosures: You have the right to obtain a list of when and with whom we have shared your PHI. Our response will not include uses or disclosure related to treatment, payment or health care operations or uses or disclosure for which you signed a written authorization. You may obtain an accounting of the remaining disclosures made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to January 1, 2024. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable, cost-based fee for each additional statement.

J. Right to Receive Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you previously agreed to receive the Notice electronically.

K. Right to Change Terms of this Notice: We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new Notice. If we

change this Notice, we will post the new Notice in our physical office location and on our Internet site at [www.healthypathpartners.com](http://www.healthypathpartners.com).

L. Privacy Office: You also may obtain any new Notice by contacting the Healthy Path Partners LLC Privacy Office by calling our main office at 617-586-4545 or writing to:

Privacy Office

Healthy Path Partners LLC

10 Langley Road

Suite 401

Newton, MA 02459-1917

To obtain copies of authorization, amendment or other HPP forms, please contact our office by calling 617-586-4545 or by email at [care@healthypathpartners.com](mailto:care@healthypathpartners.com).