



NORTH SHORE MAGNETIC IMAGING CENTER

A Joint Venture of Addison Gilbert, Beverly, Salem and Union Hospitals
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Notice of Privacy Practices

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

Introduction

At **NORTH SHORE MAGNETIC IMAGING CENTER (NSMIC)**, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, as well as how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003.

What Health Information is Protected

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information (PHI) are:

- Information indicating that you are a NSMIC patient or receiving treatment or other health-related services from NSMIC;
- Information about your health condition (such as a disease you may have);
- Information about health care products or services you have received or may receive in the future; or
- Information about your health care benefits under an insurance plan;

When combined with:

- Demographic information (such as your name, address, or insurance status);
- Unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); or
- other types of information that may identify who you are.

Understanding what your PHI is and how your PHI is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Under Massachusetts law, special privacy protections apply to HIV test information, alcohol and substance abuse treatment information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. For example, Massachusetts law does not allow us to disclose your HIV test information with anyone outside NSMIC without your written informed consent. For additional information on these protections, please contact the Center's Privacy Officer at (978) 532-8960.

Your Health Information Rights

You have the right to:

- ***Obtain a paper copy of this notice of privacy practices upon request.*** To do so, please call the Privacy Officer at (978) 532-8960.
- ***Inspect and copy your health record.*** You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please contact the Privacy Officer at (978) 532-8960. You will be asked to fill out a Request for Access to PHI Form. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request.
- ***Amend your health record.*** If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept in our records. To request an amendment, please contact the Privacy Officer to complete a Request for Correction/Amendment of Health Information Form. Your request should include the reasons why you think we should make the amendment. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.
- ***Obtain an accounting of disclosures of your health information.*** After April 14, 2003, you have a right to request an “accounting of disclosures,” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this notice. Many routine disclosures we make will not be included in this accounting; however, the accounting will include many non-routine disclosures. To request an accounting of disclosures, please contact the Privacy Officer to fill out a Request For Disclosure Form and indicate a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period.
- ***Request confidential communications of your health information (by alternative means or at alternative locations).*** You have the right to request that we contact you about your medical matters in a way that is more confidential for you, such as calling you at home instead of at work. To request more confidential communications, please inform the support staff of your request. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.
- ***Request a restriction on certain users and disclosures of your information.*** You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. To request restrictions; please contact the Privacy Officer to fill out a Patient Request Form. We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to

revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

- ***Revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance on that authorization.***

Our Responsibilities

NORTH SHORE MAGNETIC IMAGING CENTER is required to:

- Treat your health information as confidential,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, and
- Abide by the terms of this notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please contact the Privacy Officer in writing with your request.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Center's Privacy Officer @ 978-532-8960.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint with either the Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with the Center's Privacy Office, please call (978) 532-8960.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

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1. Treatment, Payment, and Health Care Operations.

We may use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record. Members of your health care team will then record the actions they took and their observations.

We will also provide your physician or a subsequent health care provider with copies of reports that should assist him or her in treating you.

We may use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We may use your health information for health care operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Appointment Reminders, Treatment Alternatives, Benefits And Services. In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Business Associates: There are some services provided in our organization through contacts with business associates. For example, we may share your information with a billing company that helps us to obtain payment from your insurance company. Another example is that way may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. We may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

2. **Friends And Family Involved In Your Care.** If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care.

3. Emergencies or Public Need

Victims Of Abuse, Neglect, Or Domestic Violence. We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our office. These government

agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

To Avert A Serious And Imminent Threat To Health Or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person, or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security And Intelligence Activities Or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military And Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Coroners, Medical Examiners And Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties consistent with applicable law.

Organ And Tissue Donation. In the unfortunate event of your death, we may disclose your health information to the medical examiner for his other records.

Research: Under some circumstances, we may use and disclose your health information without your written authorization if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

Product Monitoring, Repair And Recall. We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

Food and Drug Administration: We may disclose to the Food and Drug Administration health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities under law, such as controlling disease or public health hazards. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. We may also release your health information to government disease registries. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Lawsuits And Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure and only with a written certification by the party issuing the subpoena in accordance with law.

Law Enforcement: We may disclose health information to law enforcement officials for certain reasons, such as complying with court orders, assisting in the identification of fugitives or the location of missing persons, or if necessary to report a crime that occurred on our property.

4. Completely De-identified Or Partially De-identified Information. We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is “completely de-identified.” We may also use and disclose “partially de-identified” health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will *not* contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

5. Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.