

Notice of Privacy Practices



Your Information.

Your Rights.

Our Responsibilities.

Family Medicine Associates
75 Springfield Rd. Ste. 1
Westfield, MA 01085
413-562-5173

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.

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 an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- Your request must be in writing. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee. We will let you know beforehand.
- Learn more at www.familymedicineofwestfield.com/medicalrecords

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.
- We will say "yes" to all reasonable requests.
- Your request must be in writing. Ask us how to do this.

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.
 - We are not required to agree to your request, and we have the option to say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Choose someone to act for you

- You can identify someone (for example, a health care proxy or medical power of attorney) who 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 allow them to make decisions for you.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we have shared your health information during the 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'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

YOUR RIGHTS

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- This notice is also available at <https://familymedicineofwestfield.com/privacy>

Ask us to correct your medical record

- You can ask us to correct health or billing information about you that you think is incorrect or incomplete.
- Your request must be in writing. Ask us how to do this.
- We may say “no” to your request, for example, if your provider feels that the information currently in your record is complete and accurate. If we deny your request, we will tell you why in writing within 60 days.

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 at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., SW, Washington, DC 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against 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. We will treat you the same no matter what choices you make.

In these cases, you have the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

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
 - Most sharing of psychotherapy notes
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OUR 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.

Treatment

- We can use your health information and share it with other professionals who are treating you both inside and outside of

Family Medicine Associates. In addition, if you are receiving care from PVIX (Pioneer Valley Information Exchange) Member(s), these providers will have access to, and may use, your Family Medicine Associates health information for your treatment with them and for their related operational activities where certain requirements are met.

Example: Your provider may discuss your condition with a specialist

Run our practice

- We can use and share your health information to run our medical practice, improve your care, and contact you when necessary.

Example: We use health information about you for improving quality of care and teaching medical students.

Bill for our services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Contact you

Family Medicine Associates may use your health information to contact you:

- At the address and telephone numbers, including cell phone numbers (charges may apply), you give us. We may leave you voicemail messages or send you appointment reminders.
- At the email address or other contact information you provide to assist us in activities described in this notice. Family Medicine Associates prefers to send you emails through a secure email messaging system. We do this to protect your health information.

Our communications to you may include information about your care, insurance updates, payment matters, satisfaction surveys, supportive programs, or other services.

Example: We may contact you about scheduled or cancelled appointments, registration or insurance updates, billing or payment matters, pre-procedure assessment, satisfaction surveys, or test results.

OUR USES AND DISCLOSURES

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, visit: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html

Help with public health and safety issues	<p>We can share health information about you for certain situations, such as:</p> <ul style="list-style-type: none"> • 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 • Required reports to the state public health and child protection authorities, and to agencies such as cancer registries and the U.S. Food and Drug Administration.
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims, • For law enforcement purposes under specific conditions, such as reporting when someone is the victim of a crime, • With health oversight agencies for activities authorized by law, and • For special government functions, such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

When do we need your written permission before sharing your health information?

We will not share your health information for other purposes not described in this notice unless you give us your written permission. We are also restricted by state and other federal laws from sharing certain types of health information that are considered highly sensitive without your written permission, including:

- genetic testing (as defined by state law) or the results of genetic testing,
- HIV testing or test results,
- substance abuse rehabilitation treatment programs,
- treatment for sexually transmitted diseases,
- domestic violence or sexual assault counseling, and
- confidential communications between a patient and a social worker, or confidential details of psychotherapy (from a psychiatrist, psychologist, or licensed mental health nurse clinical specialist).

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 information.
- We must follow the duties and privacy practices described in this notice and offer 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, visit: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

Record Retention

How long do we keep your medical record information?

Family Medicine Associates maintains medical records for 7 years after you leave our practice or after your final office visit; other records are maintained in accordance with state and federal regulations. For example, radiology films and scans, other image records, and EEG/EKG data do not have to be kept as long and may be destroyed five (5) years after the date of service, as long as reports that note the results of these tests and procedures are included in the legal medical record. For information related to our record-retention policy, please call Family Medicine Associates' Main Number: 413-562-5173 and ask for the Practice Manager.

Changes to the Terms of This Notice of Privacy Practices

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. To get a copy, call the Family Medicine Associates Privacy Office telephone number listed at the end of this notice, visit our registration area, or view it on our website at

www.familymedicineofwestfield.com/privacy

Report a Concern

Family Medicine Associates respects your privacy while giving you the very best care. If you have any questions about this *Notice of Privacy Practices* or if you think your privacy rights have been violated, please contact the **Family Medicine Associates Privacy Officer**. If calling: 413-562-5173, ask for the **Privacy Officer**. We hope that you, your family, or your guardian will feel comfortable speaking with us. Reporting a concern will have no impact on your treatment or payment for services.

You may also write to the Privacy Officer:

Family Medicine Associates
ATTN: Privacy Officer
75 Springfield Rd. Ste. 1
Westfield, MA 01085
 Phone: 413-562-5173

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available online at <http://www.hhs.gov/ocr/office/file/index.html>.

You can also file by mail or phone:

U.S. Department of Health and Human Services
 200 Independence Ave., SW
 Room 509F, HHH Building
 Washington, DC 20201
 800-368-1019 (TDD: 800-537-7697)