



HIPAA NOTICE OF PRIVACY PRACTICES

Effective 04/14/03

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.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in order to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of your health information generated or gathered by us, whether recorded in your medical record, invoices or payment forms, or in any other way. Berkshire Health Systems (BHS), its hospitals Berkshire Medical Center (BMC) and Fairview Hospital (FVH), the independent physicians of their Medical Staffs (including your physician), and other related health care providers have agreed, as permitted by law, to share your health information among themselves solely for purposes of treatment, payment and health care operations. This enables us to better address your health care needs in a clinically integrated setting.

Your personal doctor may have other policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ensure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

The medical information or "protected health information" (**PHI**) that is referred to in this notice includes any information which makes you identifiable, including your name, address, social security number, insurance information, diagnosis, and any clinical information included in your medical record.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

In some circumstances we are permitted or required to use or disclose your health information, without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

- **Treatment** We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with other providers of care. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We may also disclose PHI to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. Similarly, we may disclose your PHI to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care.
- **Payment** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain review activities that your health insurance plan or employer may undertake before it approves or pays for the health care services we recommend for you, such as; making a determination of eligibility or coverage for insurance benefits. We may also need to give information to an individual who helps pay for your care.
- **Health Care Operations** We may use and disclose, as needed, your PHI for the purpose of day-to-day operations. For example, we may use and disclose medical information to:
 - review our treatment and services and to evaluate the performance of our staff in caring for you;
 - combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective;
 - doctors, nurses, technicians, students, and other BHS personnel for review and learning purposes;
 - contact you with appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you; and
 - establish a sign-in sheet at the registration desk and call you by name in the waiting room.

We may also share your PHI with outside entities that perform various activities (e.g., transcription services) for BHS, but in those cases, we will have a written contract in order to protect the use of your PHI. We may also use and disclose your PHI for marketing and fundraising activities. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

- **Hospital Directory** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. You will have the opportunity to have your information not listed in the directory when you are admitted.
- **Individuals Involved in Your Care** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may use or disclose your PHI to an authorized public or private entity

to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. We may use or disclose your PHI in an emergency treatment situation. If this happens, your health care provider shall try to obtain your consent as soon as reasonably practical.

- **Research** We may disclose your PHI to researchers when the study has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Required By Law or Public Policy** We may disclose your PHI:
 - when required by federal, state or local law (i.e., we are required by the Commonwealth of Massachusetts to submit information about all newly diagnosed cases of cancer and about victims of abuse or neglect);
 - for public health purposes;
 - for health oversight activities, such as audits, inspections, licensure or civil, administrative or criminal investigations;
 - in judicial or administrative proceedings and for law enforcement purposes;
 - for workers' compensation purposes, as permitted by law; or
 - to avert a serious threat to health or safety.

SPECIAL SITUATIONS

- **End of Life** We may release PHI to a coroner or medical examiner for (1) identification purposes; (2) determining cause of death; or (3) for them to perform other duties authorized by law. We will also release PHI to funeral directors as necessary to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI will be used and disclosed for organ, eye or tissue donation purposes. Your family may be contacted upon your death by an organization that handles organ procurement, as required by Massachusetts State Law.
- **Military, Veterans and National Security** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purposes of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Public Health Risks** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. These activities generally include the following:
 - to prevent or control disease, injury or disability (e.g., we participate in data submission to the National Cancer Data Base);
 - to report births and deaths;
 - to report child abuse or neglect;

- to report reactions to medications or problems with products (e.g., we report all cases of product injury to the Consumer Product Safety Commission and/or Federal Drug Administration);
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy** You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain this record. A "designated record set" contains medical and billing records and any other records that BHS uses for making decision about you. Under federal law, however, you may not inspect or copy the following records; (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and (3) PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have a denial reviewed. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **Right to Amend** You may request an amendment of your PHI in a designated record set created by BHS for as long as we maintain this record. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Right to an Accounting of Disclosures** This right applies to disclosures that may have occurred for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. The right to an accounting does not include disclosures we may have made to you, for a hospital directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain expectations, restrictions and limitations. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions** You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. BHS is not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of you PHI or if restriction would interfere with treatment, payment or healthcare operations, your

PHI will not be restricted. If BHS does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Your request must state the specific restriction requested and to whom you want the restriction to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications** You may request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative identity or address or other method of contact. We will not request an explanation from you as to the basis for the request.
- **Right to a Paper Copy of This Notice** You may request a paper copy of this notice at any time. You may also obtain a copy of this notice at our website, www.berkshirehealthsystems.org.

Please contact our Privacy Officer with any questions regarding any of your rights.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The amended notice will include the effective date on its first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact our Privacy Officer. All complaints must be submitted in writing. Complaints should be filed without fear of reprisal from BHS.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made before we received your revocation, and that we are required to retain our records of the care that we provided to you.

CONTACT INFORMATION

If you have any questions about this notice or wish to initiate any of your rights as they pertain to HIPAA, please contact our Privacy Officer, by:

- Calling the BMC or FVH Switchboard and asking for the Privacy Officer or the Compliance Department; or
- Writing to the BHS Privacy Officer, Compliance Department at 725 North Street, Pittsfield, MA 01201.