

# Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Pursuant to Massachusetts Patients' and Residents' Rights Statute, Massachusetts General Laws, Chapter 111, Section 70E.**

**Please review it carefully.**

## **OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

We are committed to protecting your health information. This Notice of Privacy Practices (“Notice”) describes how Reliant Medical Group (“Reliant Medical Group”) will use and disclose your protected health information (“PHI”) to carry out treatment, payment, or healthcare operations and for other purposes that are permitted and/or required by law in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Reliant Medical Group employees<sup>1</sup> are required by law to make sure we keep your PHI private; to provide you this Notice of our legal duties and privacy practices with respect to your PHI; and to follow the terms of this Notice. Reliant Medical Group reserves the right to update this notice as required by law. Any revision of this Notice will affect how your current PHI is treated, as well as any information we receive in the future.

Additional copies of this Notice are available on our website:  
[www.reliantmedicalgroup.org](http://www.reliantmedicalgroup.org).

## **1. Uses and disclosures of protected health information**

### **A. Description of uses and disclosures of PHI for treatment, payment or health care operations at Reliant Medical Group.**

You will be asked by Reliant Medical Group to sign a consent form and an acknowledgement of receipt of this Notice. Your PHI may be used and disclosed without your consent by your physician, or other healthcare provider involved in your care and treatment for the purpose of providing healthcare services to you. Your PHI may also be used and disclosed without your consent to pay your healthcare bills and to support the healthcare operations of Reliant Medical Group.

**Treatment:** We may disclose your PHI to provide you with treatment, coordinate, or manage your health care or any related services by one or more healthcare providers, including consultation between providers regarding a patient and referral of a patient.

**Payment:** We may disclose your PHI so that treatment or services you receive may be billed and payment collected from you, an insurance company and/or a third party. For example, we may tell your health plan about treatment, so a prior approval may be obtained or to determine if services are covered by your plan.

<sup>1</sup> Includes all current and future employees, physicians, contractors, temporary staff, volunteers, outside entities and students/interns (hereafter referred to as “employee”) who have access to Reliant Medical Group’s computer systems and/or its facilities.

**Health care operations:** We may use and disclose your PHI in order to support the business activities and operations of Reliant Medical Group. For example, healthcare operations include but are not limited to the following: quality care assessment and improvement activities, business planning, insurance functions, health plan performance, evaluation, credentialing and accreditation, as well as medical review audits, legal services including fraud and abuse detection and compliance programs, etc.

We may also disclose your PHI to third party “business associates” that perform various activities (e.g., billing, insurance, accounting and medical transcription services) for or on behalf of Reliant Medical Group. Whenever an arrangement between Reliant Medical Group and a business associate involves the use or disclosure of your PHI, we will have a written agreement with the business associate. As a result of the American Recovery and Reinvestment Act of 2009, Reliant Medical Group’s business associates now have the same obligations to comply with the administration, physical and technical safeguards, and the procedure and documentation requirements as Reliant Medical Group.

**Treatment alternatives:** We may use or disclose your PHI, as necessary, to provide you with information about treatment options or alternatives that may be of interest to you.

**Marketing Services:** We must obtain your written permission (authorization) prior to using your PHI to send you any marketing materials. You have the right to opt-out of receiving these materials. If you want to opt out, please notify Customer Service at 1-800-993-8399.

**Fund-raising activities:** We may use your PHI to contact you in an effort to raise money for Reliant Medical Group. We may disclose your name and address and the dates you received services to a foundation that is affiliated with Reliant Medical Group or a third party business associate so that either party may contact you in raising money for Reliant Medical Group. You have the right to opt-out of any fundraising activities. If you want to opt out, please contact Customer Service at 1-800-993-8399.

**Training purposes:** We may use and disclose your PHI for purposes of providing training and education to our work force including, medical school students and/or residents who treat patients at Reliant Medical Group.

**Appointment reminders:** We may use or disclose your PHI, as necessary, to contact you as a reminder that you have an appointment at Reliant Medical Group. This may be done via an automated calling system. If you do not want to receive these calls, please contact Customer Service at 1-800-993-8399.

**Emergencies:** We may use or disclose your PHI in an emergency treatment situation. Under these circumstances, Reliant Medical Group will try to obtain your consent and acknowledgement of this notice as soon as reasonably practicable after the delivery of treatment to you. If your physician or another healthcare provider has attempted to obtain your consent but is unable to do so, he or she may still use or disclose your PHI to treat you.

**Communication barriers:** We may use and disclose your PHI if your physician or Reliant Medical Group attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician or Reliant Medical Group determines, in the exercise of professional judgment, that you intend to consent to the use and disclosure under the circumstances.

**B. Uses and disclosures of protected health information requiring an opportunity for you to agree or object**

We may use or disclose your PHI without your consent or authorization in limited circumstances when you are informed in advance of the use and disclosure and you have the opportunity to agree, object, or limit the use or disclosure. Unless you advise us of your objection to these uses, we will assume that you agree that we may use your PHI as described in this section. The types of uses or disclosures that require us to provide you with an opportunity to agree or object are set forth below.

**Individuals involved in your health care:** We may disclose your PHI to a family member, relative, close friend or anyone you identify who is involved in your medical care or to someone who helps pay for your care. These disclosures will be limited to the PHI that is directly relevant to the individual's involvement in your care or payment for your care.

**Notification identification and location of others and disaster relief:** We may use or disclose your PHI to notify, identify or locate relatives and personal custodians to inform them of your health status, condition, or death. We may disclose your PHI to a public or private entity authorized by law to assist in disaster relief efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our healthcare professionals will use their best judgment in connection with your family and others.

**C. Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object**

In certain circumstances, we may use or disclose your PHI without your consent, authorization or agreement. These situations include, but are not limited to the following:

**Required by law:** We will disclose your PHI to the extent that we are required to do so by federal, state or local law.

**Public health and health oversight activities:** As required by law, we may disclose to a public health authority your PHI for public health activities that may include:

- Prevention and control of disease, injury or disability;
- Providing notice to a person who may be at risk for contracting or spreading a disease or condition; and/or
  - Reporting and prevention of neglect, domestic violence or abuse, consistent with applicable federal and state law

We may disclose PHI to an agency responsible for overseeing healthcare activities authorized by law. Health oversight activities include audits, investigations, inspections, proceedings, and licensure and disciplinary actions or other activities necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to government regulatory programs or civil rights laws.

**FDA reporting:** We may disclose your PHI to non-government entities subject to regulation by the Food and Drug Administration (“FDA”) regarding the quality, safety and effectiveness of FDA-regulated products and activities, including:

- Reporting of reactions to medications or problems with medical devices
- Providing notice of drug or medical device recalls

**Legal proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process order.

**Law enforcement:** We may release your PHI to law enforcement officials under limited circumstances for the purposes of: (1) responding to a court order, subpoena, warrant, summons or similar process; (2) identifying or locating a suspect, fugitive, material witness or missing person; (3) responding to a request for information about the victim of a crime; (4) responding to a request for information about a death we believe may be the result of criminal conduct; (5) responding to a request for information about criminal conduct on the premises of Reliant Medical Group; and (6) in emergency circumstances to report a crime.

**Coroners, medical examiners and funeral directors:** We may release your PHI to a coroner or medical examiner for the purpose of identifying a deceased person; determine the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI about patients of Reliant Medical Group to funeral directors as necessary to carry out their duties.

**Organ and tissue donation:** We may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**To prevent a serious threat to health or safety:** We may disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

**Military and veterans:** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**National security and intelligence activities:** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. Protected services for the president and others. We may disclose your PHI to authorized federal officials so they may provide protection to the President, or others legally authorized.

**Workers' compensation:** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses.

**Correctional institutions:** Under certain circumstances, we may use or disclose PHI of patients who are inmates of a correctional facility.

**Research:** Under certain circumstances your PHI may be disclosed for research purposes. All research projects are subject to approval by the Institutional Review Board after reviewing the research proposal and established protocols to ensure the privacy of your PHI and granted a waiver of the authorization requirement

#### **D. Uses and disclosures of protected health information based upon your written authorization**

If you give permission to use or disclose your PHI, you may revoke that permission in writing at any time we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records for the care that we provided to you.

## **2. Your rights regarding your protected health information**

You have the following rights regarding the PHI we maintain about you:

**Right to request restrictions:** You have the right to request Reliant Medical Group to restrict the use or disclosure of your PHI for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend (i.e, you could ask that we not use or disclose information about a medication prescribed to you).

Your physician is not required to agree to any restriction you may request. If your physician believes it is not in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree with your requested restriction, Reliant Medical Group may not use or disclose PHI in violation of that restriction unless it is needed to provide emergency treatment or as otherwise required or permitted by law.

All requests for restrictions must be in writing to our Privacy Officer. In your request, you must tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (i.e, disclosures to your spouse).

**Right to inspect and copy:** To inspect and copy PHI, you must submit your request in writing to our Medical Records Department. If you request a copy of the information, we may charge you a reasonable fee for the costs of copying, mailing and/or other costs associated with your request. Under federal law, however, you may not inspect or copy the following records, psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits your access to such information. Under some circumstances, you may have a right to have this decision to deny access reviewed. Please contact our Privacy Officer with questions about access to your medical record.

**Right to restrict information to a third-party payer:** If you pay in full for services out of your pocket, you can request that the information regarding the services not be disclosed to your third-party payer since no claim is being made against the third-party payor.

**Right to request confidential communications:** You have the right to request that we communicate with you about medical matters in a certain way or at an alternate location (i.e, you may ask that we only contact you at the office or only by mail). If your request is reasonable, we will make every effort to accommodate it. To request confidential communications from us by an alternate means or at an alternative location, you must complete an Alternative Communication Request form from Reliant Medical Group. Your request must specify how and/or where you wish to be contacted. We will not ask you the reason for the request.

**Right to amend:** If you believe that your PHI is incorrect or incomplete, you may ask us to amend the information. Your request must be in writing. To request an amendment; you must complete the Amendment Request form from our Medical Records Department, 630 Plantation Street, Worcester, MA 01605. The completed form must be submitted to the Medical Records Department. In certain circumstances, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with Reliant Medical Group.

**Right to an accounting of disclosures:** Subject to certain limitations, you have the right to request an accounting of disclosures of your PHI to third parties made by Reliant Medical Group during the six (6) years prior to the date of your request, but in no event prior to April 14, 2003. However, you are not entitled to any disclosures made:

- Related to treatment, payment or health care operations of Reliant Medical Group;
- To you;
- For Reliant Medical Group's directory or to persons involved in your care or as otherwise permitted under Section 1.B. above;
  - Pursuant to an authorization;
  - For national security or intelligence purposes;
  - To correctional institutions or law enforcement officials; and/or
  - As part of a limited data set.

To request an accounting of disclosures, you must submit your request in writing to our Medical Records Department. Your request must state a time period not longer than six years, and the time period cannot extend to dates before April 14, 2003. The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you a reasonable fee for providing the list.

**Right to a paper copy of this notice:** You have the right to receive a paper copy of this notice. To obtain a paper copy of this notice, please contact our Compliance Department at (508) 368-5519 or at 630 Plantation Street, WOT, 14th Floor, Worcester, MA 01605.

An electronic copy of this notice is also available at our Web site, [www.reliantmedicalgroup.org](http://www.reliantmedicalgroup.org).

**Right to receive notice of a security breach:** We are required under the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH”) to notify you if your unsecured PHI has been breached. This notification will occur by first class mail within 60-days of the event. A breach is defined as the acquisition, access, use, or disclosure of PHI in a manner not permitted under the Privacy Rule which compromises the security or privacy of the PHI. For purpose of this definition, “compromises the security or privacy of the PHI” means poses a significant risk of financial, reputational, or other harm to the individual. “Unsecured PHI” means PHI that is not secured with a technology or methodology that renders PHI unusable, unreadable or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Pub. L.111-5 on the HHS website. Only unsecured PHI triggers the notice requirement.

### **3. Complaints**

If you believe that Reliant Medical Group has violated your privacy rights, you may file a complaint with Reliant Medical Group, or the Department of Health and Human Services.

To file a complaint with Reliant Medical Group, please contact our Privacy Officer, Deborah Gavron-Ravenelle at (508) 368-5492, or at 630 Plantation Street, WOT, 14th Floor, Worcester, MA 01605. In addition, you may also contact our Compliance Hot Line at 1-888-203-9061.

To file a complaint with the Department of Health and Human Services, contact the Office of Civil Rights at [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). There will be no retaliation against you for filing a complaint.

