

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. PLEASE REVIEW IT CAREFULLY.

Patient Privacy

At Marlboro Internal Medicine, your privacy is a priority. We follow strict federal and state guidelines to maintain the confidentiality of your medical (protected health) information.

Protected Health Information

Protected health information (PHI) is any information about your past, present or future health care, or payment for that care that could be used to identify you.

Members of our workforce and our business associates may only access the minimum amount of PHI that they need to complete their assigned tasks.

Uses and disclosures of PHI

When you visit Marlboro Internal Medicine, we use and disclose your PHI to treat you, to obtain payment for services and to conduct normal business known as health care operations. We may also share information with a contracted business associate who must meet our privacy requirements. Examples of how we use and disclose your information include:

- **Treatment** – We document each visit. This documentation may include your test results, diagnoses, medications and your response to medications. This allows your provider, medical assistants and other clinical staff to provide the best care to meet your needs.
- **Payment** – We document services and supplies you receive at each visit so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require prior approval.
- **Health care operations** – Medical information may be used in an effort to continually improve the quality and effectiveness of the health care and service that we provide.

We may also use information to:

- Recommend treatment alternatives
- Tell you about health benefits and services
- Communicate with family or friends involved in your care, with your permission
- Contact you about health education events

There are several circumstances when we are permitted or required to disclose medical information without your signed permission. These situations may include:

- For public health activities, such as tracking diseases or medical devices
- To protect victims of abuse or neglect
- For federal and state health oversight activities such as fraud investigations
- For judicial or administrative proceedings
- If required by law or for law enforcement
- To coroners, medical examiners and funeral directors
- To avert serious threat to public health or safety
- For specialized government functions, such as national security and intelligence
- To workers' compensation if you are injured at work
- To a correctional institution if you are an inmate
- For research following strict review to ensure protection of information

Other uses and disclosures not previously described may only be done with your signed authorization. You may revoke your authorization, in writing, at any time.

Our Responsibilities

Marlboro Internal Medicine is required by law to maintain the privacy of your medical information, provide this notice of our duties and privacy practices, and abide by the terms of the notice currently in effect.

We reserve the right to change privacy practices and make the new practices effective for all information we maintain. Revised notices will be posted in our facility, our website and will be available from your health care provider.

Your Rights

You have the right to:

- Request that we restrict how we use or disclose your medical information (we are not required to abide by your request)
- Request that we use a specific telephone number or address to communicate with you
- Inspect and copy your medical information (fees will apply)*
- Request amendment to your medical information (reason required)*
- Choose not to bill your health insurance for any test or office visit
- Receive an accounting of how your medical information was disclosed (excludes disclosure for treatment, payment, health care operations and some required disclosures; fees may apply)*
- Obtain a paper copy of this notice even you receive it electronic
- Register a complain – see below

*Request must be in writing

To Contact Us

If you have questions about this notice or if you would like to exercise your rights or if you feel your privacy right has been violated, contact Andreia Medeiros at 508-303-8553. All complaints will be investigated and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC.

Affiliate institutions include:

- Marlborough Hospital
- UMass Memorial Medical Center
- Quest Lab
- eClinical Works

Each affiliate institution is individually responsible for abiding by the privacy practices and for resolving its own privacy complaints and violations.

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