



EMERALD PHYSICIANS

Member Cape Cod Healthcare

Notice of Privacy Practices



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THIS NOTICE DESCRIBES
HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED
AND SHARED WITH OTHERS
AND HOW YOU CAN GET
ACCESS TO IT.

PLEASE REVIEW THIS
IMPORTANT INFORMATION
CAREFULLY.

I. WHO WE ARE

This Notice describes the privacy practices of Emerald Physicians an affiliate of Cape Cod Healthcare, Inc., including all of their physicians, nurses, licensed clinicians, employees, medical and affiliated staff members and other personnel (collectively, “we” or “us” or EP or Emerald Physicians). The Notice applies to any services you receive from any of us at any of our facilities, beginning on April 14, 2003.

II. OUR PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of your individually identifiable health information (“Protected Health Information” or “PHI”) and to provide you with this Notice, which describes our legal duties and privacy practices with respect to your Protected Health Information. Protected Health Information is created or received by health care providers such as those within EP and most often relates to your past, present or future physical and/or mental health condition, the provision of health care services to you, or with respect to which there is a reasonable basis to believe the information can be used to identify you. When we use or share your PHI with others, we must do so consistent with this Notice. We also are required by law to notify you after a breach of your unsecured health information.

III. ALLOWABLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

In certain situations, that we will describe for you in Section IV below, we must obtain your written authorization in order to use and/or share your PHI with others. However, we do not need any other type of authorization from you to use your PHI for the following purposes:

- A. Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and share your PHI in order to treat you, obtain payment for services provided to you and conduct our “health care operations” as detailed below:

Treatment. We may use and share your PHI to provide treatment and other services to you. For example, we may use your PHI to diagnose your injuries or illness and then treat you when you come to any of our facilities. In addition, we may contact you to provide appointment reminders or information about treatment options or other health-related benefits and services that may be of interest to you. We also may share your PHI with other health care providers (whether on Cape Cod or not) involved in your treatment.

Payment. We may use and disclose your PHI to obtain payment for services that we provide to or for you – for example, disclosures to claim and obtain payment from your health insurer or an HMO.

Health Care Operations. We may use and share your PHI for our health care operations, which include internal administration, planning and various activities that improve the quality and cost effectiveness of the care that we deliver. For example, we may use your PHI to evaluate the quality of EP physicians, nurses and other health care workers involved with your care. We may share PHI with our Practice Managers in order to resolve any complaints you may have and to ensure that you have a comfortable visit with us.

We also may share PHI internally and with your other health care providers when such PHI is required for them to treat you, receive payment for services they render or rendered to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and skills of health care professionals, or for health care fraud and abuse detection and compliance program activities.

- B. **Disclosure to Relatives, Close Friends and Other Caregivers.** We may use or share your PHI with a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably understand that you have no objection to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot reasonably be provided because of your incapacity or an emergency circumstance, we may exercise our judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only that amount of information we believe is directly related to that person's involvement with your health care or payment related to your health care. We also may disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

- C. **Fundraising Communications.** We may contact you to request a tax-deductible contribution to support important activities of Cape Cod Healthcare and/or any of our affiliated covered entities listed above in Section I of this Notice. In connection with any such fundraising, we may disclose to our fundraising staff and their authorized representatives, without your written authorization, demographic information about you (e.g., your name, address and phone number) and dates on which we provided health care services to you, the department that treated you, the names of your treating physicians, information regarding the outcome of your treatment and health insurance status. If you wish to make a tax-deductible contribution now and/or do not want to receive any of our fundraising requests in the future, please contact EP's Privacy Officer.
- D. **Public Health Activities.** We may disclose your PHI in connection with the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child or elder abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services that fall under the authority of the United States Food and Drug Administration; (4) to alert a person who may have been exposed to a highly contagious disease or may otherwise be at risk of contracting or spreading such a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical reporting regulations.
- E. **Victims of Abuse, Neglect or Domestic Violence.** If we believe or have reason to know or believe that you are or have been a victim of abuse, neglect or domestic violence, we may disclose your PHI to any governmental entity, including a social services or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
- F. **Health Oversight Activities.** We may share your PHI with any health oversight agency (such as the Massachusetts Department of Public Health or the Attorney General's Office) that regulates and is charged with responsibility for ensuring our compliance with the rules of government health programs such as Medicare or Medicaid.
- G. **Judicial and Administrative Proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order (such as a subpoena) or other lawful process.
- H. **Law Enforcement Officials.** We may share your PHI with the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or other type of administrative subpoena.

- I. Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law. We may disclose your PHI to a licensed funeral director in connection with your funeral wishes, services and/or other arrangements.
- J. Organ and Tissue Procurement. We may share your PHI with organizations that make possible organ, eye or tissue procurement, banking or transplantation.
- K. Clinical Research. We may use or disclose your PHI without your consent or authorization if Cape Cod Healthcare's Institutional Review Board approves a waiver of authorization for disclosure in keeping with federal regulations.
- L. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- M. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the United States Coast Guard or the United States Department of State, under certain circumstances.
- N. Workers' Compensation. We may share your PHI as authorized by and to the extent necessary to comply with state and/or other laws relating to workers compensation or other similar types of programs.
- O. Disclosures to Employers. We may disclose your PHI to your employer when we provide a health care service to you at your employer's request, either to (i) conduct an evaluation relating to medical surveillance of your workplace, or (ii) evaluate whether you have a work-related illness or injury. Under either of these circumstances, we will only disclose your health information that consists of our findings concerning your work-related illness or injury or the medical surveillance of your workplace, and your employer's needs in order to comply with its obligations under state and/or federal laws to record work-related illnesses or injuries or to conduct medical surveillance or your workplace.
- P. As required by law. We may use and disclose your PHI when required and or permitted to do so by any other law not already mentioned above.

IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

- A. Use or Disclosure with Your Authorization. For any purpose other than those described above in Section III, we may only use, disclose or share your PHI when you provide us with written authorization on our authorization form (“Your Authorization”). For instance, you will need to complete an authorization form before we can send your PHI to your life insurance company or to the attorney representing a party in legal matters in which you are involved.
- B. Marketing. We also must obtain your written authorization prior to using your PHI to send you any marketing materials (“Your Marketing Authorization”). For example we will not accept any payments from other organizations or individuals in exchange for making communications to you about treatments, therapies, health care providers, settings of care, case management, care coordination, products or services unless you have given us your prior authorization to do so or the communication is permitted by law.

We may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication. In addition, we may market to you in a face-to-face encounter and give you promotional gifts of nominal value without obtaining your written authorization.

- C. No Sales of Protected Health Information. We will not make any disclosure of Protected Health Information that is a sale of Protected Health Information without your authorization.
- D. Uses and Disclosures of Your Highly Confidential Information. Federal and state law require special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral programs; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about sexually transmitted disease(s); (6) is about genetic testing; (7) is about child or elder abuse and neglect; (7) is about domestic abuse of an adult with a disability; or (8) is about sexual assault. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted or required by law, we must usually receive a valid court order or obtain your written authorization.

V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- A. For Further Information; Complaints. If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the United States Department of Health and Human Services (the “Director”). Upon request, our Privacy Office will provide you with the current address for the Director. We will not withhold treatment or interfere in any way with your care or otherwise retaliate against you if you file a complaint with us or the Director.
- B. Right to Request Additional Restrictions. You may request reasonable restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition.

While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. Emerald Physicians is not required to agree to your request with the following exception: If you pay for a health care product or service in full (out of pocket), you may request that we not share health information pertaining only to that product or service with your health plan for purposes of carrying out payment or health care operations (and the disclosure is not for purposes of carrying out treatment). If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form back to them. We will send you a written response on a timely basis.

- C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by another means of communication or at an alternative location.
- D. Right to Revoke Your Authorization. You may revoke any other type of written authorization obtained by us in connection with your PHI and/or Highly Confidential Information, by delivering a written revocation statement to our Privacy Office. The Privacy Office can give you more details about what must be included in your written revocation statement.

- E. **Right to Inspect and Copy Your Health Information.** You may request access to those portions of your medical record and billing records maintained by us as part of your Designated Records Set, in order to inspect and request copies of the records. We may decide to provide you with a copy of your records as a means by which to inspect them. Under limited circumstances, we may deny you access to all or a portion of your records. If you desire access to your records, please obtain a record request form from a Medical Receptionist and then return the completed form back to them. If you request copies, we may charge you for each page as permitted under law. We also may charge you for our postage costs, if you request that we mail the copies to you.

Emerald Physician Practices maintain medical records for at least seven (7) years after a patient's discharge from the practice or after the patient's final treatment by the practice.

- F. **Right to Amend Your Records.** You have the right to request that we amend Protected Health Information maintained in your Designated Records Set. If you desire to amend your records, please obtain an Amendment Request Form from the Privacy Office and then return the completed form to the Privacy Officer. We will comply with your reasonable requests unless we believe that the information that would be amended is accurate and complete or that other special circumstances apply.
- G. **Right to Receive An Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request, provided such period does not exceed six (6) years and does not apply to disclosures that occurred prior to April 14, 2003.
- H. **Right to Receive Paper Copy of this Notice.** Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such Notice electronically, or have previously received another copy of it.

VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE

- A. **Effective Date.** This Notice is effective on April 14, 2003.
- B. **Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any PHI created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in selected areas around and within our practices and on our Internet site at www.emeraldphysicians.com. You also may obtain any new notice by contacting the Privacy Office.

VII. EMERALD PHYSICIANS PRIVACY OFFICE

You may contact our Privacy Office at:

Privacy Office
Emerald Physicians
433 West Main Street
Hyannis, Massachusetts 02601

Telephone Number:
508-418-5221

E-mail:
ComplianceOffice@EmeraldPhysicians.com

YOU MAY CONTACT EP'S
PRIVACY OFFICE AT:

TELEPHONE
508-418-5221

E-MAIL
COMPLIANCEOFFICE@
EMERALDPHYSICIANS.COM



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