



Jewish Family Service of Metrowest

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NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to Jewish Family Service of Metrowest. We have always the highest standards of confidentiality and do not disclose private information to others unless we have permission for the agency to do so, or unless the law authorizes or requires us to do so. This has been the longstanding policy of the agency, and we take that responsibility very seriously.

A new federal law (commonly known as "HIPAA") requires that we take additional steps to keep you informed about how we might use health care related information that we gather in the course of providing services to you. As part of this process, we are required to provide the attached written Notice of Privacy Practices. Please take the time to read it carefully. The Notice describes how JFS may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information the agency maintains about you and a brief description of how you may exercise these rights.

A written Acknowledgement that you received a copy of this Notice is attached, and we ask that you kindly complete it and return the signed Acknowledgment to us in the envelope provided.

If you have any questions about this Notice please contact the Privacy Officer at 508-875-3100

Jewish Family Service of Metrowest

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.

Jewish Family Service of Metrowest (“the Agency”), is required by applicable federal and state law to maintain the privacy of your health information. Health information is defined as the information that is created or received by the agency and either 1) relates to the past, present or future physical or mental health or condition of an individual, 2) relates to the provision of health care, or 3) relates to the payment for the provision of health care. If that information identifies the individual, then it is considered to be Private Health Information (“PHI”) and can only be disclosed outside of the agency or used inside the agency under certain circumstances, which are outlined in this notice.

The agency is required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your PHI. We must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about our privacy practices, or for additional copies of this Notice, please contact the agency using the information listed in Section II G of this notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures without Your Written Authorization

The agency may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. **Treatment:** The agency may use and disclose PHI in order to provide treatment to you. Treatment includes not only the provision of health care and related services, but also the coordination and management of those services, consultation with third parties and referrals from one provider to another. For example, we may use PHI to diagnose and provide counseling service to you. In addition, we may disclose PHI to other health care providers involved in your treatment.
2. **Payment:** The agency may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. For example, we may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
3. **Health Care Operations:** The agency may use and disclose PHI in connection with our health care operations, which may include: business planning and management, customer service and data analysis, quality improvement activities, staff training and evaluation, accreditation, certification, licensing or credentialing activities, outcomes evaluations, development of clinical guidelines, case management and care coordination, contacting health providers and patients about treatment alternatives. For example, we might

disclose PHI to an outside oversight authority as part of the accreditation process the agency periodically goes through.

4. **Required or Permitted by Law:** The agency may use or disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition we may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.
5. **Incidental Use.** The agency may use or disclose PHI incidental to a use or disclosure that is otherwise permitted or required by federal or state law.
6. **Fundraising.** The agency may contact you for the purpose of raising funds for the benefit of the agency. In this case you will be given the option of requesting removal of your identifying information from any fundraising mailing list maintained by the agency.

B. Uses and Disclosures Requiring Your Written Authorization

1. **Psychotherapy Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.
2. **Marketing Communications:** The agency will not use or disclose protected health information for marketing communications without your written authorization, except when the communication is in the form of a face to face communication by the agency to an individual.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I.A. above will only be made with your written authorization. For example, you will need to sign an authorization form before we can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

C. Uses and disclosures to which you may verbally agree or object

There are certain situations when we may ask for your verbal authorization to disclose or use protected health information. In these situations we will inform you in advance of the use or disclosure and give you an opportunity to agree or restrict such use or disclosure. Examples include:

1. **Communications** with relatives, close personal friends or someone else identified by you relating to that person's involvement in your care or payment for your care.
2. **Notification** of family members, or other persons responsible for your care, relating to your general condition.
3. **Professional judgment in absence of consent.** In an emergency circumstance, if you are not present or able to agree or object to a certain use or disclosure, then we will exercise our professional judgment to decide whether the use or disclosure is in your best interest.

II. YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy. You may request access to your medical record and billing records maintained by the agency in order to inspect and request copies of the records. All requests for access must be made in writing. In certain circumstances, the agency may deny access to your records. For example, the agency is not required to provide access to psychotherapy notes. We may charge a fee for the costs of copying and sending you any records requested. *[Note: State law may regulate such charges.]* If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.

B. Right to Alternative Communications. You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

C. Right to Request Restrictions. You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. The agency is not required to agree to any such restriction you may request.

D. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment: You have the right to request that the agency amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request in certain circumstances.

F. Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer at any time.

G. Questions and Complaints. If you desire further information about your privacy rights, or are concerned that the agency has violated your privacy rights, you may contact the **Privacy Officer** at 508-875-3100. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. The agency will not retaliate against you if you file a complaint with the Director or the agency.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date. This Notice is effective on June 15, 2003.

B. Changes to this Notice. The agency may change the terms of this Notice at any time. If the agency changes this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If the agency changes this Notice, we will post the revised notice in the waiting area of the office. You may also obtain any revised notice by contacting the Privacy Officer.

Jewish Family Service of Metrowest

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Jewish Family Service of Metrowest.

Signature of client (or personal representative)

Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

For Office Use Only

JFS attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

This form will be retained in your file record.