

## HIPAA 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.**

If you have any questions regarding this notice, please contact our Privacy Officer at 781-239-0100 extension 106.

### OUR OBLIGATIONS

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#### We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

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Described as follows are the ways we may use and disclose health information that identifies you ("Health Information"). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice's privacy officer.

**TREATMENT** – We may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**PAYMENT** – We may disclose Health Information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received.

**HEALTH CARE OPERATIONS** – We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all our patients receive quality care and to operate and manage our office.

**APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES AND HEALTH RELATED BENEFITS AND SERVICES** – We may disclose health information to contact you and to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE** – When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster or relief effort.

### SPECIAL SITUATIONS

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**As Required by Law** – We will disclose Health Information when required to do so by international, federal, state or local law. We will disclose Health Information in response to a court order, subpoena, warrant, summons or similar.

## SPECIAL SITUATIONS (cont)

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**Business Associates** – We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Health Oversight Activities** – We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Workers' Compensation** – We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

## YOUR RIGHTS

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You have the following rights regarding Health Information we have about you:

- The right to inspect and copy
- The right to amend
- The right to an accounting of disclosures
- The right to request restrictions or limitations on the Health Information we use or disclose for treatment, payment or health care operations.
- The right to request confidential communication (you can request we contact you in a certain way or location)

### Complaints

If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns.

Privacy Officer Contact information: Janet Crew Wade  
The Boston Ability Center  
49 Walnut Park  
Building # 3  
Wellesley Hills, MA 02481  
(781) 239 – 0100 extension 106

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Signature of Legal Guardian

Date

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Print Patient's Name

Print Name of Legal Guardian