

## Notice of Privacy Practices

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Thank you for choosing to receive care at MIT Health. MIT Health is committed to protecting your privacy. Please review the following guidelines to understand how your information will be protected, disclosed, and used at MIT Health.

The federal Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of the health information that we collect about you. Health information is information that could be used to identify you and that relates to your health condition, your healthcare, or payment for your health care.

### Your rights

This section explains your rights regarding your health information.

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#### Get a copy of your medical record

- You may request to inspect and obtain a copy of your health information (fees may apply)
  - Your request must be in writing; download and complete the form at [health.mit.edu](https://health.mit.edu).
  - Under certain circumstances, we have the right to deny your request, consistent with HIPAA regulations.
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#### Ask for corrections to your medical record

- You may request amendments to your health information if you feel you need to make additions or corrections.
  - Your request must be in writing; download and complete the form at [health.mit.edu](https://health.mit.edu) and include supporting information.
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#### Request restrictions on how we use or disclose your health information

- You may request restrictions on how we use or disclose your health information in certain circumstances, including for treatment, payment, or healthcare operations.
  - We do not have to agree to your request unless you request restriction on disclosures to a health plan for purposes of payment or healthcare operations, and the health information relates to an item or service for which you, or another person on your behalf, have assumed full financial responsibility.
  - If we do agree to your restrictions, we will be bound by our agreement except in limited circumstances, such as if there is an emergency.
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#### Request confidential communications

- You may request to receive confidential communications at an alternate phone number or address. Your request must be in writing. We will try to accommodate all reasonable requests.
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#### Get a list of those with whom we've shared information

- You may request an accounting of disclosures of your health information made during the six years prior to your request, except for disclosures we made to you, pursuant to your written authorization.
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#### Get a copy of this notice

- You may request a paper copy of this notice, even if you received it electronically.
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## Routine uses and disclosures

We are permitted to use health information for a variety of routine tasks, such as to provide health care services to you, obtain payments for those services, and conduct normal health care business operations. Here are examples of how we use your health information.

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### For treatment

- We keep a record of each visit and/or admission. These records may indicate your test results, diagnoses, medications, and response to medications or other therapies.
- A clinician at MIT Health may share your health information with another clinician inside MIT Health or with a clinician at another clinic or hospital, in order to determine how to diagnose or treat you.
- Your clinician may also share your health information with another clinician to whom you have been referred for further health care. This allows physicians, nurses, and other clinical staff members to provide the best possible care to meet your needs.

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### For payment purposes

- We keep a record of the services and supplies you receive at each visit and/or admission, so that we can be paid by you, an insurance company, or a third party.
- We may tell your health plan about an upcoming treatment or service in order to obtain their prior approval and authorization.

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### For health care operations

- We use your health information to ensure the quality of the services we provide, for population health and other clinical data analysis activities, to train staff, for business and financial analysis or management, and for customer service purposes.
  - For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you, or to ensure that you have received appropriate disease management and/or screening.
- We may share your health information with your health plan only if you are a plan member and only to the extent necessary to obtain payment for your health care.
- Your health information may also be shared with our business associates to facilitate treatment, payment for services, or health care operations.
- In any of these cases, the persons with whom we share your health information must follow HIPAA privacy requirements.
- We may record phone or video calls made to or from MIT Health for training or quality assurance purposes and retain the recordings for up to forty-five days unless otherwise required by MIT policy or law. This does not include video (telemedicine) or telephone visits with an MIT Health clinician.

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### Additional Privacy Protections

- Massachusetts law provides additional privacy protection for certain types of information.
- As a result, some parts of this general Notice of Privacy Practices may not apply to, among others, HIV test information, alcohol and substance abuse treatment information, genetic information, and mental health information.
  - For example, state law requires our mental health providers to obtain your consent, under certain circumstances, before using or disclosing your mental health information for many of the purposes described above.
- For more information, please contact the MIT Health Privacy Officer at 617-253-9635 or email [privacy@med.mit.edu](mailto:privacy@med.mit.edu).

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## Non-routine uses and disclosures

There are other times when we are allowed or required to use or disclose health information without your permission. Here are circumstances where we may use or disclose your health information.

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### For public safety

- We can use or share health information about you:
  - To protect victims of abuse, neglect, or domestic violence; and
  - To avert serious threats to the health or safety of you, another person, or the public; but we will only share your health information with someone able to help prevent the threat.

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### For public health

- We can use or share health information for public health activities such as immunization information, tracking diseases, or monitoring the effectiveness of drugs or the safety of medical devices.

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### For law enforcement, workers' compensation, and other government requests

- We can use or share health information about you:
  - For law enforcement purposes, such as complying with court orders or responding to law enforcement requests;
  - For judicial or administrative proceedings, such as responding to subpoenas issued by parties to a lawsuit; or when you have been a victim of a crime;
  - For specialized government functions, such as military, veterans, national security, and intelligence activities;
  - To a correctional institution or law enforcement officer if you are an inmate or otherwise detained;
  - To Workers' Compensation if you are injured at work;
  - To public or private entities for disaster relief, unless you object and your objection does not interfere with the entities' relief efforts; and
  - For health oversight activities, such as government audits of MIT Health.

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### When required by law

- We can use or share health information about you if state or federal laws require it.

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### For public health

- We can use or share health information for public health activities such as immunization information, tracking diseases, or monitoring the effectiveness of drugs or the safety of medical devices.

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### For research

- We can use or share health information about you for research purposes, so long as we have obtained, through a special process, assurance that research without your written authorization poses minimal risk to your privacy, or if the researcher has made certain specific promises to us about how your information will be used.

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### In the event of your death

- In the unfortunate event of your death, we can use or share health information about you with coroners, medical examiners, funeral directors, and organizations that procure or store organs and must determine if donation is possible.

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### If you are incapacitated

- We can use or share health information about you with friends or family members involved in your care or payment of your care, if you are incapacitated or otherwise unable to give consent and we determine that it is in your best interest to disclose, but we will always seek your consent if you are able.

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## Non-routine uses and disclosures

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### To your legal representatives

- We can use or share health information about you with persons who are legally authorized to act as your personal representative unless circumstances are such that doing so is not in your best interest. A parent or guardian will generally be considered the personal representative of a minor child unless the child is permitted by law to act on their behalf.

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### For a facility directory

- We can maintain a facility directory, so long as in non-emergency situations you have been given the opportunity to restrict or prohibit this disclosure.

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### For reminders and information about services

- We may also use or share your health information to contact you about treatment alternatives and other health benefits and services that may be of interest to you or to send you appointment reminder notices. We do not sell your information to any third parties.
- In addition, we may remind you to refill your current prescription, or provide you with information regarding self-administration of certain medications, even if a third party pays the reasonable costs incurred by us to make this communication to you.

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### As a result of unavoidable, incidental disclosures

- Health information about you may be shared as part of potential unavoidable disclosures that are incidental to otherwise permissible uses or disclosures, such as when other patients in a treatment area overhear some element of your health information in the course of a treatment session, given reasonable safeguards and other minimum necessary policies.

All other uses and disclosures not described above may only be made with your written authorization. For example, most uses and disclosures of psychotherapy notes, most uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of health information would all require your authorization.

In addition, we would need your authorization to make disclosures to others at MIT who are not affiliated with MIT Health (e.g., a Dean, a professor, the Provost, MIT Human Resources). MIT Health also will not disclose health information to prospective employers without your written authorization. You may revoke any authorization you provide to us in writing at any time.

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## Our responsibilities

MIT Health is committed to protecting your privacy. Your health information is available to our employees in accordance with this Notice of Privacy Practices and applicable HIPAA regulations. Our employees must adhere to confidentiality policies designed to prevent any misuse of your health information.

- We are required to maintain the privacy and security of your health information
- We are required by law to retain medical records for at least twenty (20) years after the patient's discharge or final treatment.

For more information, you can request a copy of our medical record retention policy.

- We are required to notify you following a breach of unsecured protected health information that affects you.
- We are required to provide this written Notice of Privacy Practices and abide by the terms of the Notice currently in effect,

We reserve the right to change our Notice of Privacy Practices and make the new provisions effective for all health information we maintain. Revised Notice of Privacy Practices will be available at [health.mit.edu](http://health.mit.edu) and will be posted at our facilities.

## Submit a complaint

If you believe your privacy rights have been violated, you may file a complaint with MIT Health and we will act promptly to investigate and resolve it. To file a complaint with MIT Health, write to the Privacy Officer (E23-433, 77 Massachusetts Ave., Cambridge, MA 02139). You may also file a complaint with the Secretary of the Department of Health and Human Services. For more information on how to file a complaint with the Secretary, visit [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). You will not be subject to any retaliation or other harm as the result of any complaint. Complaints must be filed in writing.

## Copies of notice and additional information, complaints

To request a copy of this Notice or additional information, visit [health.mit.edu](http://health.mit.edu), call MIT Health's Privacy Officer at 617-253-9635, or email [privacy@med.mit.edu](mailto:privacy@med.mit.edu)

Patient or personal representative's signature \_\_\_\_\_

Relationship of personal representative to patient \_\_\_\_\_

Date \_\_\_\_\_