



MASSACHUSETTS HOSPITAL SCHOOL

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how the Massachusetts Hospital School and Easter Seals of Massachusetts may use and disclose your child's protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your child's protected health information. "Protected Health Information" is information about your child, including demographics that may identify your child and that relates to your child's past, present or future physical or mental health and related health care services.

OUR PLEDGE REGARDING YOUR CHILD'S HEALTH INFORMATION:

We understand that health information about your child is personal. We are committed to protecting health information about your child. We create a record of the care and services your child receives at the hospital. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of your child's care generated by the hospital.

This notice will tell you about the ways in which we may use and disclose protected health information about your child. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that health information that identifies your child is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about your child; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOUR CHILD.

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use the health information about your child to provide him/her with medical treatment or related services. We may disclose health information about your child to doctors, nurses, technicians, healthcare professional students, or other hospital personnel who are involved in taking care of your child at the hospital. For example, the nurse will need to tell the dietitian if your child has diabetes so that we can arrange for appropriate meals. We also may disclose health information about your child to people outside the hospital who may be

involved in his/her medical such as family members or others who provide services that are part of your child's care.

- **For Payment.** We may use and disclose health information about your child so that the treatment and services he/she receives at the hospital may be billed to and payment may be collected from you or a third party.
- **For Health Care Operations.** We may use and disclose health information about your child for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for your child. We may also use the information to decide what additional services the hospital should offer or what services are not needed.

We may use your child's health information to contact you:

- at the address and telephone number you give us (including leaving messages at the telephone number with information about patient care issues and follow up care instructions)
- for fundraising to support MHS and its mission of excellence, provide however, that such information is limited to demographic information only, such as name and address

➤ **For Other Purposes.**

We may use and/or share your health information with others in the following areas without your specific permission:

- as required by state and federal laws and regulations
 - for public health activities, including required reports to the state public health and child protective authorities and to agencies such as cancer registries and the federal Food and Drug Administration
 - for health oversight activities
 - for law enforcement purposes under specific conditions such as reporting when someone is the victim of a crime.
 - to avert a threat to health or safety
 - for specialized government operations
- **Disclosures to Family, and Friends.** We may release health information about your child to a friend or family member who is involved in your child's care. We may also give information to someone who helps pay for your child's care. Before making any of the above-described disclosures we will afford you an opportunity to object.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about your child:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your child's care. Usually, this includes medical and billing records.

- To inspect or obtain copies of health information that may be used to make decisions about your child, you must submit your request in writing to the Director of Recreation. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

- **Right to Amend.** If you feel that health information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

Requests for amendment must be made in writing and submitted to the Director of Recreation. In addition, you must provide a reason that supports your request. We will respond to your request within 60 days of receipt.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request for amendment under certain specific conditions.

The denial will state the reason for the denial and explain your rights.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about your child.

Requests for this list or accounting of disclosures must be submitted in writing to the Director of Recreation. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about your child. If we do agree, we will comply with your request unless the information is needed to provide your child emergency treatment.

Requests for restrictions must be made in writing to the Director of Recreation. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

Requests for confidential communications must be made in writing to the your child's Recreation Therapist. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.state.ma.us/dph/hosp/mhs.htm

To obtain a paper copy of this notice, contact your child's Recreation Therapist.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about your child as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date.

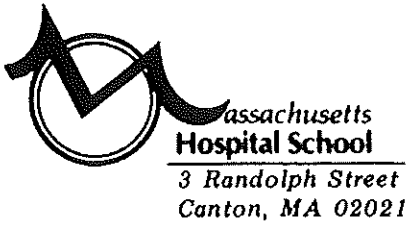
COMPLAINTS

If you believe your child's privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact your child's Recreation Therapist or the MHS Privacy Officer, 3 Randolph Street, Canton Ma 02021 (Telephone 781-830-8877). All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to your child.



Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about your child. As provided in our notice, the terms of our notice may change. If we change our notice, you will receive a revised copy from your child's Recreation therapist.

By signing this form, you acknowledge receiving the Massachusetts Hospital School's Notice of Privacy Practices.

Program participant's name

Signature of parent/guardian

Date

Print Name

Relationship to patient