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## **NOTICE OF PRIVACY PRACTICES**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**CCRM BOSTON<sup>i</sup> –  
“CCRM” or “practice”  
PLEASE REVIEW THIS NOTICE CAREFULLY.**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

### **A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must abide by the terms of this notice. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer at the phone number listed below.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your medical information
- Your privacy rights in your medical information
- Our obligations concerning the use and disclosure of your medical information

The terms of this notice apply to all records containing your medical information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**  
Privacy Officer at (617) 449-9750.

**C. WE MAY USE AND DISCLOSE YOUR INDIVIDUAL MEDICAL INFORMATION IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your medical information.

1. **Treatment.** Our practice may use your medical information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to

help us reach a diagnosis. We might use your medical information in order to write a prescription for you, or we might disclose your medical information to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your medical information to other health care providers for purposes related to your treatment.

2. **Payment.** Our practice may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items. We may disclose your medical information to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your medical information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your medical information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your medical information to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders. (PATIENT OPTION)** Our practice may use and disclose your medical information to contact you and remind you of an appointment.
5. **Treatment Options. (PATIENT OPTION)** Our practice may use and disclose your medical information to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services. (PATIENT OPTION)** Our practice may use and disclose your medical information to inform you of health related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends. (PATIENT OPTION)** Our practice may release your medical information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
8. **Disclosures Required By Law.** Our practice will use and disclose your medical information when we are required to do so by federal, state or local law.

#### **D. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your medical information to public health authorities that are authorized by law to collect information for the purpose of:
  - maintaining vital records, such as births and deaths
  - reporting child abuse or neglect

- preventing or controlling disease, injury or disability
  - notifying a person regarding potential exposure to a communicable disease
  - notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - reporting reactions to drugs or problems with products or devices
  - notifying individuals if a product or device they may be using has been recalled
  - notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- 2. Business Associates.** We may disclose your medical information to our business associates. We have contracted with entities (defined as "business associates" under HIPAA) to help us provide your medical care and billing. We will enter into contracts with these entities requiring them to only use and disclose your health information as we are permitted to do so under HIPAA.
  - 3. Health Oversight Activities.** Our practice may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
  - 4. Lawsuits and Similar Proceedings.** Our practice may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
  - 5. Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
    - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
    - Concerning a death we believe has resulted from criminal conduct
    - Regarding criminal conduct at our offices
    - In response to a warrant, summons, court order, subpoena or similar legal process
    - To identify/locate a suspect, material witness, fugitive or missing person
    - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
  - 6. Deceased Patients. (PATIENT OPTION)** Our practice may release medical information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
  - 7. Organ and Tissue Donation. (PATIENT OPTION)** Our practice may release your medical information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
  - 8. Research. (PATIENT OPTION)** Our practice may use and disclose your medical information for research purposes in certain limited circumstances. We will obtain your written authorization

to use your medical information for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

9. **Serious Threats to Health or Safety.** Our practice may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
10. **Military.** Our practice may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
11. **National Security.** Our practice may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, the officials or foreign heads of state, or to conduct investigations.
12. **Inmates.** Our practice may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
13. **Workers' Compensation.** Our practice may release your medical information for workers' compensation and similar programs.

#### E. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding the medical information that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your medical information to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure

of your medical information, you must make your request in writing to our Privacy Officer. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both;  
and
- (c) to whom you want the limits to apply.

- 3. Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your care, but not including psychotherapy notes. You must submit your request in writing to our Privacy Officer, in order to inspect and/or obtain a copy of your medical information.

If you request a copy your medical information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. Our laboratory may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will conduct reviews. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may not be accessible to you under State law.

- 4. Right to Amend.** If you feel that medical information we have about you 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 CCRM. Your request must be in writing and must provide a reason that supports your request.

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 if you ask us to amend any of the following information:

- Information that is not part of the medical information kept by or for the practice.
- Information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Information that is not part of the information which you would be permitted to inspect and copy.
- Information that is accurate and complete.

- 5. Your Right to an Accounting of Disclosures.** Upon your written request, we will provide you with a list of disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request. However, the list will exclude disclosures:

- For treatment, payment, or health care operations.
- To you about your own health information.
- Incidental to other permitted disclosures.
- Where authorization was provided.
- To family or friends involved in your care (where disclosure is permitted without authorization).
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances.
- As part of a limited data set where the information disclosed excludes identifying information.

If you request an accounting more than once during a 12-month period, we will charge you a reasonable, cost-based fee for each accounting report after the first one.

6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our privacy officer.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Please note, we are required to retain records of your care.
9. **Record Retention.** Your individual records relating to CCRM provided care and services will be retained at a minimum for seven years from the date you are discharged from patient care. After that time, your records may be destroyed.
10. **Right to be Notified of a Breach.** We are required to and will promptly notify you if a breach occurs that may have compromised the privacy or security of your information.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our privacy officer at (617) 449-9750.

I confirm that I have read and fully understand the information contained in the Notice of Privacy Practices and have been given an unrestricted opportunity to ask questions and receive answers to my satisfaction and understanding. I further understand that if I have any remaining or additional questions or concerns, I should contact a member of the CCRM Boston team.

I, \_\_\_\_\_, have received a copy of CCRM Boston's Notice of Privacy Practices.

Patient Signature	DOB	Date

<sup>i</sup> Boston Reproductive Medicine Physician Group PLLC