



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.

Our Commitment

WestMass ElderCare respects your right to privacy and we are required by law to protect the privacy of your health information. We will not use or disclose your health information without your written permission, except as described in this Notice or as required by law.

Understanding Your Health and Service Record/Information

Each time a member of the WMEC staff visits or contacts you, a record of the visit or contact is made. Typically this record contains personal information most often supplied by you, such as name, address, date of birth, etc., and medical information such as diagnoses, medications, and names of providers involved in your care. "Protected health information" (PHI) is information about you that may identify you and relate to your past, present or future physical or mental health condition and related health care services. This information is referred to as your case record and serves as a:

- . Basis for planning your care and service plan
- . Means of communication among the many health and service providers who contribute to your care and service delivery
- . Legal document describing the care and services you receive.

Your Rights

Although your health and service record is physical property of WMEC, the information belongs to you. You have the right to:

- Request that we limit certain uses and disclosures of your information. You have the right to request a restriction on use and disclosure of your protected health information for treatment, payment or health care operations. You also have the right to restrict health care information we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend; however, under certain circumstances we may not be required to agree to your request. You have a right to pay out-of-pocket for a service and a right to require that the agency not submit PHI to your health plan when you do so.
- Request communication of your information by alternative means or at alternative locations. You have the right to request that we communicate with you concerning health information in a certain manner. We will accommodate all reasonable requests.
- Access to personal health information. You have the right to inspect and copy health information about you contained in your case file and billing records, subject to some exceptions, for as long as WMEC maintains the information. Your request must be made in writing to WestMass ElderCare, 4 Valley Mill Road, Holyoke, MA 01040, to the attention of your Care Manager or the Privacy Officer. If you request an electronic copy of your personal health information, WestMass ElderCare will provide this information to you in electronic form. If you request a copy of the information, we may charge you a cost-based fee. We may deny your request in certain limited circumstances. If you are denied the right to see or copy your health information, you may request that the denial be reviewed.
- Request amendment. If you feel that health information we have about you is incomplete or incorrect, you may request that we amend the information. You may request an amendment for as long as we maintain your health information. Your request must be made in writing and must state the reason for the requested amendment. In certain cases, we may deny your request for

amendment; if we do so, you have the right to file a statement of disagreement with the decision, and we may prepare a response to your statement which we will provide to you.

- Receive a list of the disclosures of your information. You have the right to receive an “accounting” of the disclosures we have made of your health information for most purposes other than treatment, payment, health care operations and certain other exceptions. Your request must state the time period, but may not be longer than six years, or prior to April 14, 2003, whichever is longer. The first accounting provided within a 12-month period will be free; for subsequent requests, we may charge you a cost-based fee.
- Request a paper copy of this Notice. You have the right to request a copy of this Notice at any time.
- Withdraw consent to use or disclose health information except to the extent that action has already been taken. You may withdraw or “revoke” a consent in writing at any time. Upon receipt of the writing revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the consent.
- Authorize disclosure of your protected health information for future research, provided that the authorization adequately describes the purpose of the use of disclosure of the PHI.
- Request to opt out of WestMass ElderCare fundraising communications. We may contact you as part of a fundraising effort for our agency. You may opt out of any fundraising communications by contacting WestMass ElderCare by phone at (413) 538-9020 or (800) 462-2301, or in writing to our office at 4 Valley Mill Road, Holyoke, MA, 01040.

Our Responsibilities

WMEC is required by law to maintain the privacy of your health and service information, to provide you with a notice of our privacy practices, and to abide by the terms of the notice currently in effect. WestMass ElderCare is required by law to notify you following a breach of your protected health information.

Using and Disclosing Your Protected Health Information

For Treatment - for example, information obtained by a nurse or other members of our care team will be recorded in your record and used to determine your plan of care and services that should work best for you. When health services are part of your plan, your physician will be contacted for pertinent health information and used in authorization of care and services.

For Payment - for example, a bill may be sent to you or to a third party payer. Examples of third party payers are Medicare, Medicaid, or the Executive Office of Elder Affairs. The information on or accompanying the bill may include information that identifies you, as well as the treatment or services provided to you.

To Operate our Agency - for example, members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

WestMass ElderCare does not engage in marketing to individuals in exchange for any financial remuneration. WestMass ElderCare does not sell protected health information of its consumers, related individuals, or employees. WestMass ElderCare does not use or disclose your genetic information for underwriting purposes.

We may use or disclose your health information without your written authorization in the following circumstances:

- When a disclosure is required by law - For example, we may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.
- Communication with family or friends involved in your care or payment for your care - Agency staff, using their professional judgment, may disclose to a family member, close personal friend or another person you identify, health information related to that person’s involvement in your care or payment related to your care, unless you object. WestMass ElderCare may share your protected health information after your death with family members and others who were involved

in your care, prior to death, unless doing so would be inconsistent with any prior expressed preferences known to us.

- Public health and health oversight activities - As required by law, we may disclose your health information to the public health or legal authorities charged with preventing or controlling disease, injury or disability. We may also provide information to coroners, medical examiners and funeral directors as necessary for these persons to carry out their duties. We may disclose your health information to an oversight agency for activities authorized by law, including audits and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.
- Research - We may disclose information to researchers when their research has been approved by the Executive Office of Health and Human Services when the research protocols have been reviewed to assure the privacy of your information on record.
- Business associates - There are some services provided by WMEC through contract with business associates. When these services are contracted for we may disclose your relevant health information to our business associates to perform these services. Examples include communications with agencies providing homemaker or laundry services, adult day health and certified health providers. We require our business associates to appropriately safeguard your information. WMEC staff may also contact local hospitals and nursing homes as well as physicians.
- To avert a serious threat to health or safety - When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosure to someone able to lessen or prevent the threatened harm.
- Specialized government functions - We may disclose health information for national security purposes, or as needed, to protect the President of the United States or certain other officials, or to conduct certain special investigations. If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes, including the health and safety of you and others.
- Workers Compensation - We may use or disclose your relevant health information to comply with laws relating to workers' compensation or similar programs.
- Personal communications - We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Victims of abuse, neglect or domestic violence - We may disclose health information about you to a social service or protective service agency if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose the type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else, or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Before using or disclosing your health information for any other purposes, we will obtain your written authorization. You may withdraw or revoke the authorization, in writing, at any time. After we receive your written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.

For More Information or to Report a Problem

If you have any questions or would like additional information about WestMass ElderCare's privacy practices, you may contact the Privacy Officer at 413-538-9020. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

About This Notice of Privacy Practices

This notice is effective April 14, 2003. We reserve the right to change this notice. If we change our practices and this Notice, you have the right to request a copy of the revised Notice.