

NOTICE OF PRIVACY PRACTICES
DEPARTMENT OF DEVELOPMENTAL SERVICES

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

Purpose

This notice is to inform you about the Department of Developmental Services' (formerly, the Department of Mental Retardation) privacy practices and legal duties related to the protection of the privacy of your medical or health records that we create or receive. As explained below, we are required by law to ensure that medical or health information that identifies you is kept private.

If you have any questions about the content of this Notice of Privacy Practices, if you need to contact someone at the Department about any of the information contained in this Notice of Privacy Practices, or if you have a complaint about the Department's Privacy Practices, contact the Department Privacy Officer at:

Privacy Officer
Department of Developmental Services
500 Harrison Avenue
Boston, MA 02118
(888) 367-4435, ext. 7717

I. What is Protected Health Information?

Protected Health Information (**PHI**) is information which the Department gathers about your past, future or present health or condition, about the provision of health care to you, or about payment for health care. Whether based upon our confidentiality policies, or applicable law, the Department has a long-standing commitment to protect your privacy and any personal health information that we hold about you. Under federal law, we are required to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI.

You may request a copy of the notice from any Department of Developmental Services Office. It is also posted on our website at www.dds.state.ma.us.

II. How May the Department Use and Disclose Your PHI?

In order to provide services to you, DDS must use and disclose Protected Health Information in a variety of different ways. The following are examples of the types of uses and disclosures of PHI that are permitted *without your authorization*.

Generally, the Department may use or disclose your PHI as follows:

- **FOR TREATMENT:** We may use PHI about you to provide you with treatment or services. For example, your treatment team members will internally discuss your PHI in order to develop and carry out a plan for your services. We also may disclose PHI about you to people or service providers outside the Department who may be involved in your medical care, but only the minimum necessary amount of information will be used or disclosed to carry this out.

- **TO OBTAIN PAYMENT:** We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, Social Security Office, staff at the Department, or to a private insurer.
- **FOR HEALTH CARE OPERATIONS:** We may use or disclose your PHI in the course of operating the Department's facilities, offices, developmental centers and all other Department programs. These uses and disclosures are necessary to run our programs including ensuring that all of our consumers receive quality care. For example, we may use your PHI for quality improvement to review our treatment and services and to evaluate the performance of Department and/or provider staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students and other personnel as listed above for review and learning purposes. It may also be necessary to obtain or exchange your information with other Massachusetts state agencies.

The law provides that we may use or disclose your PHI *without consent or authorization* in the following circumstances:

- **WHEN REQUIRED BY LAW AND FOR SPECIFIC GOVERNMENT FUNCTIONS:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We may also disclose PHI to authorities that monitor compliance with these privacy requirements. We may disclose PHI to government benefit programs relating to eligibility and enrollment, such as Medicaid, and for national security reasons, such as protection of the President
- **FOR PUBLIC HEALTH ACTIVITIES:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
- **FOR HEALTH OVERSIGHT ACTIVITIES:** We may disclose PHI within the Department or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.
- **RELATING TO DECEDENTS:** We may disclose PHI related to a death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants. Information may also be disclosed to internal or external investigations.
- **FOR RESEARCH, AUDIT OR EVALUATION PURPOSES:** In certain circumstances, and under the oversight of a research review committee, we may disclose PHI to approved researchers and their designees in order to assist research.
- **TO AVERT THREAT TO HEALTH OR SAFETY:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

III. Uses and Disclosures of PHI Requiring your Authorization.

For uses and disclosures other than treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described above. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

IV. Limited Uses and Disclosures to Families, Friends and Others Provided You Do Not Object

We may disclose a limited amount of your PHI to families, friends or others involved in your care if we inform you about the disclosure in advance and you do not object, as long as the law does not otherwise prohibit the disclosure.

V. Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information.

TO REQUEST RESTRICTIONS ON USES/DISCLOSURES: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction

TO CHOOSE HOW WE CONTACT YOU: You have the right to ask that we send you information at an alternative address or by an alternative means.

TO INSPECT AND REQUEST A COPY OF YOUR PHI: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. A request should be made through the Privacy Officer. We will respond to your request within 30 days. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances.

TO REQUEST AMENDMENT OF YOUR PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. Any denial will state the reason for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI.

TO FIND OUT WHAT DISCLOSURES HAVE BEEN MADE: In certain circumstances, you have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released.

How to Obtain Information About this Notice or Complain about our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer at the Department. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the JFK Federal Building, Room 1875, Boston, MA 02203 or call (617) 565-1340. We will take no retaliatory action against you if you make such complaints.

Effective Date and Future Changes: This notice is effective on April 14, 2003 (as revised September 1, 2009). The Department reserves the right to make changes to its privacy practices and the terms of this Notice at any time (not to include necessary revisions of this Notice), and will provide you with a Notice if and when it does so.