



NOTICE OF PATIENT RIGHTS NOTICE OF PRIVACY RIGHTS AND PRACTICES

The Center for LifeSpan Development adheres to the Patients' Rights Bill:

KNOW YOUR RIGHTS...PURSUANT TO CHAPTER 111 SECTION 70E OF THE GENERAL LAWS OF THE COMMONWEALTH OF MASSACHUSETTS AN ACT PROVIDING CERTAIN RIGHTS TO PATIENTS AND RESIDENTS IN CLINICS AND HEALTH CENTERS. (Approved May 23, 1979; Amended 1989)

EVERY PATIENT OF THIS PSYCHOLOGICAL SERVICES CENTER SHALL HAVE THE RIGHT:

- Upon request, to obtain from the facility in charge of his/her care the name and specialty, if any of the clinician or physician or other person responsible for his/her care or the coordination of his/her care;
- To confidentiality of all records and communications to the extent provided by law;
- To have all reasonable requests responded to promptly and adequately;
- Upon request, to obtain an explanation as to the relationship, if any, of the agency to any other agency or educational institution insofar as said relationship relates to his/her care or treatment;
- To obtain from the person designated by the agency a copy of any rules or regulations of the agency which apply to his/her conduct as a patient;
- Upon request, to receive from a person designated by the agency any information which the agency has available relative to financial assistance;
- Upon request, to inspect his/her medical records and to receive a copy thereof accordance with Section 70, and the fee for said copy shall be determined by the rate of copying expenses;
- To refuse to be examined, observed, or treated by students or any other clinic staff without jeopardizing access to psychiatric, psychological, or other clinical care and attention;
- To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;
- To prompt life saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment unless such delay can be imposed without material risk to his/her health, and this right shall also extend to those persons not already patients or residents of a facility if said facility has a certified emergency care unit;
- To informed consent to the extent provided by law;
- Upon request, to receive a copy of an itemized bill;

If refused treatment because of economic status or the lack of a source for payment, to prompt and safe transfer to a facility which agrees to receive and treat such patient. Said facility refusing to treat such patient shall be responsible for: ascertaining that the patient may be safely transferred; contacting a facility willing to treat such patient; arranging the transportation; accompanying the patient with necessary and appropriate staff to assist in the safety and comfort of the transfer, assure that the receiving facility assumes the necessary care promptly, and provide permanent medical information about the patient's condition; and maintaining records of the foregoing.

Upon request, to obtain an explanation as to the relationship, if any, of the clinician to any other agency or educational institutions insofar as said relationship relates to his/her care or treatment, and such explanation shall include said clinician's ownership or financial interest, if any, in the agency or other agency insofar as said ownership relates to the care or treatment of said patient.

To privacy during the clinic treatment or other rendering of care;

As of April 14, 2003, a new law, the Health Insurance Portability and Accountability Act (HIPAA), took effect. Under this new Federal law, and currently under Massachusetts law, we are required to maintain the privacy of your health information, and to provide you with this Notice of Privacy Rights and Practices



NOTICE OF PATIENT RIGHTS NOTICE OF PRIVACY RIGHTS AND PRACTICES

This document explains in detail how we use your Protected Health Information (PHI), which is any information about you that could identify you, your past, or future health condition. Your acknowledgement of receipt of this record will be required for you to receive services from The Center for LifeSpan Development, Inc.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE READ THIS CAREFULLY.

This notice applies to The Center for LifeSpan Development, Inc. located at 91 Wyman Street, Suite One, Waban, MA 02468.

WE WILL NOT USE OR DISCLOSE YOUR INFORMATION WITHOUT YOUR PERMISSION EXCEPT IN THE FOLLOWING SITUATIONS. IN EACH CASE, ONLY THE MINIMUM INFORMATION NECESSARY WILL BE USED.

The exceptions are:

For Treatment: Your information may be used or disclosed amongst our clinical staff for supervision, consultation, coverage, and coordination of care, so that we can continue to provide you with high quality treatment. For adults, your information will not be disclosed to clinicians treating other members of your family except in emergencies.

For Payment: We may use and disclose information related to services provided to you so that we can send bills to you or to your insurance company. We may tell your health plan or other payors about upcoming treatment or services which require their prior approval or authorization.

For Health Care Operations: We may use or disclose your information to improve the services we provide, to train staff and students, for business management, and for customer service purposes. If we use your information for training purposes, it will be anonymized (your name and other identifying information will be changed or redacted out).

ADDITIONAL USES AND DISCLOSURES WHICH DO NOT REQUIRE YOUR AUTHORIZATION

This law also requires or permits us to use or disclose your information without your permission for the following purposes. They are:

- In an emergency
- To report abuse or neglect of minors, elders, or people with disabilities
- To prevent serious injury to a person or to the public
- If required by law or judicial procedure
- To remind you of an appointment by phone or email

Any use or disclosure other than those described above will be made only with your written consent.

WHEN YOUR AUTHORIZATION IS REQUIRED

For any reason other than those permitted by the law, which are all noted above, we must have your written permission before we use or disclose any of your Protected Health Information.

In any case where you have given us permission to disclose information, you may later revoke that authorization at any time by submitting a written notice. The revocation will be effective upon receipt, but will not affect disclosures already made under your prior consent.



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OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your Protected Health Information, to provide you with this written Notice of Privacy Rights and Practices, and to abide by the terms of the Notice. We reserve the right to change this Notice and our privacy practices and to make the new provisions effective for all the information we maintain. Revised notices will be posted in our office and will be available on request.

YOUR RIGHTS

You have the right to the following. Parents of Minor Children and Legal Guardians have the same rights on behalf of their children or those in their care, until those children reach their 18th birthday.

All requests must be made in writing.

Right to request additional restrictions on the use and disclosure of your information. We will consider all requests carefully, but we are not required to agree to the restrictions.

Right to inspect and obtain a copy of your information, subject to federal and state laws. Exceptions to this provision include information obtained from other health care agencies or organizations, or in the case that there is compelling evidence that access would be reasonably likely to endanger your safety or the safety of another person.

We will respond to your request for a copy within 30 days, and may charge a reasonable fee for copies.

Right to request an amendment of your medical record if you or your health care provider feel it is incorrect or incomplete. We are not required to agree to this request.

Right to request an accounting of disclosures of your information for purposes other than treatment, payment, or health care operations, or those made with your authorization. This does not apply to any disclosures made prior to the implementation of HIPAA, April 14, 2003.

Right to receive confidential communications at an alternative phone or address other than your home.

Right to a copy of this notice.

FOR MORE INFORMATION:

If you would like more information about your privacy rights, or are concerned that we have violated your rights, please contact our Privacy Officer at the address and phone number below. Complaints must be made in writing. You may also file written complaints to the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you in any way if you file a complaint. The Center for LifeSpan Development, Inc. and its staff are committed to protecting your privacy.

Privacy Officer
The Center for LifeSpan Development, Inc.
91 Wyman Street, Suite One
Waban, MA 02468

ANY PERSON WHOSE RIGHTS UNDER THIS SECTION ARE VIOLATED MAY BRING, IN ADDITION TO ANY OTHER ACTION ALLOWED BY LAW OR REGULATION, A CIVIL ACTION UNDER SECTIONS SIXTY B TO SIXTY E, INCLUSIVE, OF CHAPTER TWO HUNDRED AND THIRTY-ONE