



NOTICE OF PRIVACY PRACTICES

Adopted: August 2021

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.

If you have any questions about this Notice, please contact our [Patient's Rights Officer at (508) 324-3500 and/or the HIPAA Security Officer at (508) 324-3517].

INTRODUCTION

This Notice of Privacy Practices ("Notice") describes how Stanley Street Treatment and Resources ("SSTAR", "We", or "we") may use and disclose your protected health information ("PHI") to provide payment for health services, perform plan administrative functions and for other purposes that are permitted or required by law. This Notice also describes your rights regarding the PHI we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your privacy and your rights regarding your PHI.

PROTECTED HEALTH INFORMATION

"Protected Health Information" (PHI) means any information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services. PHI may include, but is not limited to, your health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for future care or treatment.

SSTAR'S RESPONSIBILITIES

We are committed to respecting your privacy and confidentiality. We are required by law to maintain the privacy of your PHI and to provide you with this Notice. We are also required to comply with the terms of our current Notice. You may obtain a copy of the current Notice **on SSTAR's website or upon request.**

HOW WE MAY USE AND DISCLOSURE YOUR PHI

Federal law and regulations, including 42 CFR Part 2 protects your health information in connection with alcohol and drug treatment services. If you are

applying or receiving services, including diagnosis, treatment, or referral for treatment for substance use SSTAR may not acknowledge to anyone outside of SSTAR that you are a client of SSTAR except under certain circumstances that are listed in this notice.

Your PHI is also protected by the Health Insurance Portability and Accountability Act (HIPAA) and state laws. If you are not applying for or receiving services for substance use disorder, the HIPAA regulations will govern how SSTAR protects your PHI. These differences between how 42 CFR Part 2 and HIPAA protect your PHI will be discussed in this notice. Whether 42 CFR Part 2 or HIPAA governs, SSTAR is required to disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

DISCLOSURES THAT MAY BE MADE WITHOUT YOUR WRITTEN CONSENT UNDER 42 CFR PART 2

Within SSTAR Programs: SSTAR may disclose your health information to SSTAR staff who are involved with managing and providing your care, including nurses, physicians, counselors, and other health care personnel. In addition, we may share your information with the entity that has direct administrative control over our substance use disorder program.

Emergency Treatment. In the event of a bona fide medical emergency in which your prior authorization cannot be obtained, we may disclose your identifying information to medical personnel. We will obtain your authorization prior to disclosing your information for non-emergent treatment.

Business Associates or Qualified Service Organizations. We may disclose your information to

third party “business associates” and “qualified service organizations” that perform various services on our behalf, such as transcription, billing, and collection services, and who agree to protect the privacy of your health information.

Audits. We may disclose your health information to entities who are legally permitted to perform audits of our facilities. Those entities are required to maintain the privacy of your information.

Legal Proceedings. We may disclose your health information pursuant to court orders that meet the requirements of applicable law.

Reporting Crimes on Our Premises or Against Our Personnel. We may disclose a patient’s commission (or threatened commission) of a crime on our premises or against our personnel to a law enforcement agency or official. We are permitted to disclose information regarding the circumstances of such incident, including the suspect’s name, address, last known whereabouts, and status as a patient in our program.

Reporting Child Abuse or Neglect. We may report incidents of suspected child abuse and neglect to the appropriate state or local authorities.

Deceased Persons. We may disclose information relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Research. Under certain circumstances, we may disclose your health information to researchers who are conducting a specific research project. Your identifying information will never be published without your written authorization.

FDA Reporting. We may disclose patient identifying information to medical personnel of the Food and Drug Administration (“FDA”) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

OTHER THAN STATED ABOVE, SSTAR WILL NOT USE OR DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN AUTHORIZATION.

Consent to disclosure of your PHI including the disclosure of PHI for treatment, payment, and healthcare operations must be in writing on a form that specifically meets the requirements of the laws and regulations that apply under 42 CFR Part 2.

A violation of the federal law and regulations by SSTAR would be a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations.

DISCLOSURES THAT MAY BE MADE WITHOUT YOUR WRITTEN CONSENT UNDER HIPAA

If you are a client/patient of SSTAR for services other than substance use disorders, the Health Insurance Portability and Accountability Act, HIPAA will govern how SSTAR may use and disclose your PHI. HIPAA is less restrictive than 42 CFR and permits disclosure of PHI under the following circumstances:

Treatment

We may use or disclose your PHI to manage, coordinate and provide your health care treatment and any related services.

Payment

We may use or disclose your PHI for billing and payment purposes. For example, we may give information about you to your health insurance company so that it will pay for your services or to determine if the insurer will approve future treatment.

Health Care Operations

We may use and disclose your PHI for our health care operations. These uses and disclosures are necessary to make sure that you receive quality care. These activities may include quality assessment and improvement, quality management, reviewing the performance or qualifications of our staff, licensing, and accreditation, business planning and development, fundraising and general administrative activities.

Business Associates

Some services, including but not limited to, electronic data and medical records storage, diagnostic tests, paper shredding, and audits, may be performed on the behalf of SSTAR by third-party contractors called business associates. We may use or disclose your PHI to business associates so that they can perform these functions. Business associates are required to safeguard your PHI in the same way that we are required to do so.

Fundraising

SSTAR may contact you as part of fundraising efforts. You have the right to opt out of receiving such communications.

Unable To Make Health Care Decisions

In non-emergency situations where you are unable to make your own health care decisions, we will, under certain circumstances and as authorized by law, disclose your PHI to an authorized health care proxy, guardian or applicable state agency responsible for consenting to your care.

As Required By Law

We will disclose PHI about you when required to do so by federal, state or local law.

To Prevent a Serious Threat to Health or Safety

We may use and disclose your PHI when necessary to prevent a serious and imminent threat to the health or safety of you, the public or another person. Under these circumstances, we will only disclose PHI to someone who is able to help prevent or decrease the threat.

Public Health and Safety; Health Oversight

We may disclose your PHI: to a public health authority for public health activities, such as responding to public health investigations; when authorized by law, to appropriate authorities, if we reasonably believe you are a victim of abuse, neglect or domestic violence; when we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to your or others' health or safety; or to health oversight agencies for certain activities such as: audits; disciplinary actions; and licensure activity.

Legal Process; Law Enforcement; Specialized Government Activities:

We may disclose your PHI: in the course of legal proceedings; in certain cases, in response to a subpoena, discovery request or other lawful process; to law enforcement officials for such purposes as responding to a warrant or subpoena; or for specialized governmental activities such as national security.

Medical Examiners or Funeral Directors

We may provide PHI about you to a medical examiner and/or funeral directors according to law.

Workers' Compensation

We may disclose PHI about you to comply with the Massachusetts Workers' Compensation Law.

USES OR DISCLOSURES OF PHI THAT REQUIRE YOUR WRITTEN PERMISSION UNDER HIPAA

Uses and disclosures of your PHI not otherwise described in this Notice will require your written permission, called an "authorization." You have the right to revoke your authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your PHI, unless we have already taken action relying upon the uses or disclosures you have previously authorized.

Generally, we will ask for your consent before we share certain sensitive information such as:

- ♦ Records of treatment received at federally funded substance use disorder programs
- ♦ Certain psychotherapy documentation
- ♦ HIV testing or test results
- ♦ Genetic information
- ♦ Confidential communications with a Licensed Social Worker
- ♦ Records from a Domestic Violence Victims Counselor or Sexual Assault Counselor

Other examples of uses and disclosures that require your authorization include, but are not limited to:

Marketing Purposes

Any use or disclosure of your PHI for marketing purposes requires your written authorization, except communications in the form of: (1) face-to-face communication made by us to an individual; or (2) a promotional gift of nominal value provided by us.

Sale of PHI

SSTAR is prohibited from selling your PHI without your express written authorization.

YOUR RIGHTS REGARDING YOUR PHI

Right to Inspect and Copy

You have the right to request an opportunity to inspect or copy your PHI used to make decisions about your care. You must sign an authorization form and submit your request in writing to the Plan. If you request a copy of the information, we may charge a nominal fee for the cost of copying, mailing and supplies associated with your request, as allowed by law.

We may deny your request to inspect or provide you with a copy of your PHI in certain limited circumstances. If your request is denied, you may, in some circumstances, request that the information be sent directly to another health care provider or your attorney.

Right to Amend

For as long as we keep records about you, you have the right to request us to amend any PHI used to make decisions about your care. You must submit a request in writing to SSTAR and state why you believe the information is incorrect or inaccurate. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend PHI that:

- ♦ was not created by us;
- ♦ is not part of the PHI we maintain to make decisions about your care;
- ♦ is not part of the PHI that you would be permitted to inspect or copy; or
- ♦ is accurate and complete.

If we deny your request to amend, we will send you a written notice stating the basis for the denial, and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the PHI that is the subject of your request. If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal. In this case, we will attach the written request and the rebuttal, as well as the original request and denial, to all future disclosures of the PHI that is the subject of your request.

Right to an Accounting of Disclosures

You have the right to request that we provide you with an accounting (list) of disclosures we have made of your PHI, other than those we have made for purposes of treatment, payment, and health care operations except as specified herein. To request an accounting of disclosures, you must submit your request in writing. The request should state the time period for which you wish to receive an accounting. You may request an accounting as far back as six years, except requests for electronic disclosures relating to treatment, payment or health care operations are limited to three years. The accounting will not include (i) non-electronic disclosures relating to treatment, payment or health care operations; (ii) disclosures if you gave your written authorization to share the information; (iii) disclosures shared with individuals involved in your care; (iv) disclosures to you about your health condition; (v) disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement officials who have custody of you.

We will respond to your request within 60 days of receiving it. The first accounting you request within a twelve-month period will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge, and you may choose to withdraw or modify your request.

Right to Request Restrictions

You have the right to request a restriction on the PHI we use or disclose about you to others who are involved in your care or payment, like a family member or friend. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted PHI is needed to provide you with emergency treatment.

Right to Restrict Disclosures

You have the right to restrict certain disclosures of PHI to a health plan if you pay out-of-pocket in full for the health care item or service.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by cellphone. To request such a confidential communication, you must make your request in writing and specify how or where you wish to be contacted. We will accommodate all reasonable requests. You do not need to give us a reason for the request, but your request must specify how or where you wish to be contacted.

Breaches

Individuals whose PHI has been breached will be notified in writing, as required by law.

Changes to This Notice

SSTAR reserves the right to change the terms of this Notice. We also reserve the right to make the revised or changed Notice effective for PHI that we already have about you as well as any PHI we receive in the future.

Right to a Paper Copy of this Notice

You have a right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to this Notice of Privacy Practice electronically, you may still obtain a paper copy. To obtain a paper copy, contact the receptionist.

Right to File a Complaint

You have the right to file a complaint if you believe your privacy rights were violated by the Plan. SSTAR

[Type here]

will not retaliate against you if you file a complaint.
You may file a complaint by contacting the Patient's
Rights Officer listed below.

Patricia Emsellem
pat@sstar.org
508-324-3500

You may also file a complaint with the Secretary of the
U.S. Department of Health and Human Services, Office
of Civil Rights, by sending a letter to J.F. Kennedy
Federal Building – Room 1875, Boston, MA 02203;
calling (800) 368-1019, (800) 537-7697 (TDD); or
visiting www.hhs.gov/hipaa/filing-a-complaint/