



NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.*

I. Introduction

This Notice of Privacy Practices describes how Open Sky Community Services may use and share/disclose your Protected Health Information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you, and a brief description of how you may exercise these rights. This Notice also includes our responsibilities around protecting your health information.

“Protected Health Information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer, or a health care clearinghouse. It may include 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.

We are required by law to maintain the privacy of your health information and to provide you with this notice. We are also required to comply with the terms of this current Notice of Privacy Practices.

II. Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none"> • You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Usually, this would include clinical and billing records, but not psychotherapy notes. • You or your legal guardian must submit your request to our Privacy Officer at Open Sky Community Services, 4 Mann Street, Worcester MA 01602 • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for the cost of copying, mailing and supplies associated with your request. • We may say “no” to your request to inspect or copy your health information in certain limited circumstances. You will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.
Ask us to correct your medical	• You can ask us to correct or make an amendment to health information

<p>record</p>	<p>about you that you think is incorrect or incomplete.</p> <ul style="list-style-type: none"> • To request a correction or amendment, you must submit a written document to our Privacy Officer at Open Sky Community Services, 4 Mann Street, Worcester MA 01602 and tell us why you believe the information is incorrect or inaccurate. • We may say “no” to your request for an amendment, but we’ll tell you why, in writing, within 60 days. • Some reasons that we may say “no” to a change or amendment include: <ul style="list-style-type: none"> <input type="checkbox"/> if it is not in writing or does not include a reason to support the request; <input type="checkbox"/> the information was not created by us, unless the person or entity that created the health information is no longer available to make the amendment; <input type="checkbox"/> the information is not part of the health information we maintain to make decisions about your care; <input type="checkbox"/> the information is not part of the health information that you would be permitted to inspect or copy; or <input type="checkbox"/> the information is accurate and complete. • You may write a written statement of disagreement with our decision. If you <i>do not</i> 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 health information 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 to your statement of disagreement. 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 health information that is the subject of your request.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> • You can ask us to contact you in a specific way (for example, home, cell, or work phone) or to send mail to a different address. • We will say “yes” to all reasonable requests. • To request such a confidential communication, you must make your request in writing to the Privacy Officer at Open Sky Community Services, 4 Mann Street, Worcester MA 01602-(508) 755-0333. • 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.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> • You can ask us to “restrict” information and not use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say “no” if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. • We will say “yes” unless a law requires us to share that information. <p><i>(continued)</i></p> <ul style="list-style-type: none"> • To request a restriction, you must either include it (with our approval) in

	the Consent for Use or Disclosure Form or request the restriction in writing addressed to the Privacy Officer at Open Sky Community Services, 4 Mann Street, Worcester MA 01602 (508) 755-0333.
Get a list of those with whom we've shared information	<ul style="list-style-type: none"> • You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. • To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at Open Sky Community Services, 4 Mann Street, Worcester MA 01602. The request should state the time period for which you wish to receive an accounting.
Get a copy of this privacy notice	<ul style="list-style-type: none"> • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> • You can complain if you feel we have violated your rights by contacting us using the information on page 1. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

III. Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory • Contact you for fundraising efforts <p><i>(continued)</i></p> <ul style="list-style-type: none"> • If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when
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	needed to lessen a serious and imminent threat to health or safety.
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

IV. Our Responsibilities (Uses and Disclosures)

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	We can use your health information and share it with other professionals who are treating you.	<i>Example:</i> A clinician working with you asks a nurse about your overall health condition.
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	<i>Example:</i> We use health information about you to manage your treatment and services.
Bill for your services	We can use and share your health information to bill and get payment from health plans or other entities.	<i>Example:</i> We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health, safety, and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Work with a medical examiner or funeral director and/or respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when a person receiving services dies. • We can share health information about you with organ procurement organizations.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share health information about you: <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and	• We can share health information about you in response to a court or

legal actions	administrative order, or in response to a subpoena.
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Confidentiality of Substance Abuse Records For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations.

<p>We may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser.</p>	<ul style="list-style-type: none"> • We will only share (disclose) this information if: <ul style="list-style-type: none"> • You authorize the disclosure in writing; or • the disclosure is permitted by a court order; or • the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or • you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.
<p>A violation of the federal law and regulations governing drug or alcohol abuse and treatment information is a crime.</p>	<ul style="list-style-type: none"> • Suspected violations may be reported to the United States Attorney in the district where the violation occurs. • Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. • Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

Open Sky’s Further Responsibilities

<p>We are required by law to maintain the privacy and security of your protected health information</p>	<ul style="list-style-type: none"> • We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. • We must follow the duties and privacy practices described in this notice and give you a copy of it if you request. • We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. • For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.
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Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: 9-26-2019