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Effective Date: August 2009

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.

If you have any questions about this notice, please contact our office at 617-923-4410.

This notice describes the practices of all staff at our office.

This notice describes the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Ensure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record typically contains your symptoms, medical history, examination, test results, diagnosis, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many healthcare professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosures to others

How We May Use and Disclose Medical Information About You

The following describes different ways that we are permitted to use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use of disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may disclose medical information including physical examination and history about you to medical providers involved in your care. We may also disclose medical information about you, with your permission, to people who may be involved in maintaining your health or well being such as family members, friends, home health services, support agencies, clergy, or others who provide services that are necessary for your well being.

For Payment: We may use and disclose your medical information so that the treatment and services you receive at our office may be billed and payment may be collected from you, an insurance company, or a third party. We may tell your health plan about a treatment or test you are going to receive in order to obtain prior approval or to

determine whether your plan will cover the treatment. We may also give information to someone who helps pay for your care.

For Health Care Operations: We may use and disclose your medical information for office operations. We may also disclose information to therapists, doctors, and students for review and learning purposes. When we do this, information that identifies you may be removed from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. Health Care Operations would also include quality assessment, auditing, cost management analysis and customer service.

Other Examples of Health Care Operations

Appointment and Tests Results: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or to discuss medical care and test results.

<p>To respect your privacy, please tell us which of the following numbers we should call to communicate with you regarding Appointment Reminders, etc. Only list the phone number, or numbers, you want us to call.</p> <p>Home _____</p> <p>Work _____</p> <p>Cell Phone _____</p> <p>Other _____</p>
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Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or health-related benefits that may be of interest to you.

As Required by Law: We will disclose your medical information when required to do so by federal, state or local law or regulation.

To avert a Serious Threat to Health or Safety: We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threatened harm.

Special Situations: We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Military and Veterans: If you are a member of the armed forces, we may release your medical information as required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law.

Workers' Compensation and Automobile Accident: We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose, when requested, your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report abuse and/or neglect of a child, elder, or disabled person
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Health Oversight Activities: We may, when requested, disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, certifications, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court order. Under certain circumstances, we may also disclose your medical information in response to a subpoena or other lawful process, but we will do so only if efforts have been made to tell you about the request or to obtain an order protecting the information requested or if you or a court have provided written authorization.

Law Enforcement: We may release your medical information if asked to do so by a law enforcement official, if permitted by law.

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at the office, and
- In emergency circumstances: to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities: If permitted by law, we may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities, authorized by law.

Protective Services for the President and Others: We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, if permitted by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official, under certain circumstances if permitted by law. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Obtain a Copy: You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your care. This request usually includes medical and billing records but may not include psychotherapy notes.

To inspect and obtain a copy of your medical information that may be used to make decisions about you, you must submit your request in writing for records to our office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend: If you think that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for this office. Your request for an amendment will become a legal part of your medical record, to be sent out along with the rest of the record whenever a request for copies is received. No part of the original documentation in the medical record can be destroyed.

To request an amendment of your office record, your request must be made in writing and submitted to Occupational Therapy Associates, Watertown, P.C.. In addition, you must provide a reason that supports your request.

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 information that:

- Was not created by us, or the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by our office
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete

Right to Request an Accounting of Disclosures: You have the right to request and “accounting of disclosures”. This is a list of the disclosures we made of your medical information for which an authorization was not obtained, or which were made for purposes of treatment, payment, or healthcare operations.

To request this list or accounting of disclosures, you must submit your request in writing to Occupational Therapy Associates at 124 Watertown Street, Watertown, MA 02472. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have a right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions on your office records, you must make your request in writing to OTA, Watertown, P.C.. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail.

To request confidential communications, you must make your request in writing to OTA. We will not ask you the reason for your request. At our discretion, we will accommodate all reasonable requests. Your requests must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us at any time to give you a copy of this notice. To obtain a paper copy of this notice, please contact:

Occupational Therapy Associates, Watertown, P.C.
124 Watertown St.
Watertown, MA 02472

Changes to this Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at this office, a copy of the notice currently in effect will be available at your request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with this office. All complaints must be submitted in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint.

Other Uses of Medical Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.