

Megan Hudson, DC
52 Maple Street
Florence, MA 01062
(413)695-2738
Contact Person: Megan Hudson

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reasons why we use or disclose your health information are for treatment, payment or health care operations. "Health care operations" are those administrative and managerial functions that we have to do in order to run our office.

Examples for treatment purposes are: setting up an appointment for you, referring you to another doctor, or getting copies of your health information from another professional that you may have seen before us.

Examples for payment purposes are: asking you about you health care plans or other sources of payment, preparing and sending bills or claims, and collecting unpaid amounts *either ourselves or through an attorney).

Examples for health care operations are: financial or billing audits, internal quality assurance, personnel decisions, participation in managed care plans, defense of legal matters, business planning, and outside storage of our records.

We routinely use your health information inside our offices for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

Your health information may be shared among providers at 52 Maple Street to facilitate treatment. Business associates who access medical information must follow our requirements to protect the privacy of the information we provide to them.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- As required by law
- For public health activities
- To protect victims of abuse, neglect or domestic violence
- For health oversight activities such as inspections
- For judicial or administrative proceedings
- For law enforcement purposes
- To coroners, medical examiners, and funeral directors

- For organ donation
- To avert a serious threat to health or safety
- For specialized government functions such as national security and intelligence
- To a correctional institution if you are an inmate
- For worker's compensation if you are injured at work

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your care.

APPOINTMENT REMINDERS AND OTHER COMMUNICATION

We may call to remind you of scheduled appointments. Unless you tell us otherwise, we will leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. If you sign an "authorization form", you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing and sent to the office contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Request restrictions on how we use or disclose your medical information (we do not have to agree to the request).
- Receive confidential communication to an alternate phone (such as work) or address.
- Request amendment to your medical information if you think it is incorrect or incomplete.
- Receive an accounting of disclosures of your medical information not authorized by you and not for purposes of treatment, payment or health care operations
- Inspect and copy protected health information *you may have to pay for photocopies)

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. All complaints will be thoroughly investigated and you will not suffer retaliation for filing a complaint. If you want to complain to us, send a written complaint to the office contact person shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.