



## The Bridge Center Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed by Easter Seals Massachusetts, Inc. (d/b/a "Easterseals Massachusetts," or "ESMA") ("we," "our," or "us") and how you can obtain access to this information. **Please review it carefully.**

### Your Rights

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

- **Receive an electronic or paper copy of your medical record.**
  - You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. Please request, in writing, if you would like to receive an electronic copy of your records by writing to the Compliance Officer, Easterseals Massachusetts, 18 Chestnut Street, Suite 200, Worcester, MA 01608.
  - 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 physical copies.
- **Ask us to correct your medical record.**
  - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us for help if you feel this is necessary.
  - We may not be able to honor your request but will explain our decision in writing within 60 days.
- **Request confidential communications.**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will honor all reasonable requests.
  - All requests will need to be submitted in written format to the Compliance Officer, Easterseals Massachusetts, 18 Chestnut Street, Suite 200, Worcester, MA 01608.
- **Ask us to limit what we use or share.**
  - You can ask us **not** to 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.
- **Receive a list of those with whom we have shared information.**
  - You can ask for a list (accounting) of the times we have shared your health information for the 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 will provide one

accounting a year for free but will charge a reasonable, cost-based fee for any subsequent requests within a 12-month period.

- **Receive a copy of this privacy notice.**
  - 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.**
  - 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.**
  - You can file a complaint if you feel we have violated your rights by contacting us at Compliance Officer, Easterseals Massachusetts, 18 Chestnut Street, Suite 200, Worcester, MA 01608.
  - Complaints of confidentiality will be investigated with appropriate parties and, if necessary, utilize the risk-of-harm assessment tool for prompt mitigation. ESMA ensures the rights of individuals to voice grievances regarding confidentiality violations without coercion, discrimination, reprisal, or unreasonable interruption of services if applicable. All individuals are treated without prejudice in the due process of this policy.

## 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, communicate with 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:**
  - Share information with your family, close friends, or others involved in your care.
  - Share information in a disaster relief situation.

*If you are not able to tell us your preferences, or if we do not have your written request on file, 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 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:**
  - 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.

## Our 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:

- **Working with you.**
  - We can use your health information and share it with other professionals and support staff who are working with you.
- **Run our organization.**
  - We can use and share your health information to run our organization, improve your care, and contact you when necessary.

- **Invoice for services.**
  - We can use and share your information to invoice and receive payment from you or other entities.

**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 and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

- **Help with public health and safety issues.**
  - We can share health information about you for certain situations such as (but not limited to):
    - 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.
- **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.
- **Address workers’ compensation, law enforcement, and other government requests.**
  - We can use or share health information about you:
    - 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 legal actions.**
  - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

**We are required by law to maintain the privacy and security of your protected health information.**

- 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 provide a printed copy of this if requested.
- We will not use or share your information other than as described here unless you provide permission in writing. If you provide this permission, you may change your mind at any time. You must let us know, in writing, if you change your mind by writing to the Compliance Officer, Easterseals Massachusetts, 18 Chestnut Street, Suite 200, Worcester, MA 01608.

For more information, see <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

## 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 website.

**This Notice of Privacy Practices applies to the following organization:**

Easterseals Massachusetts, 18 Chestnut Street, Suite 200, Worcester, MA 01608

For Easterseals’ full Privacy Policy regarding your personal information and how we will process it, please visit our website: <https://www.easterseals.com/ma/privacy-policy.html>.