



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.

Our Commitment

Access Care Partners (herein ACP) respects your right to privacy, and we are required by law to protect the privacy of your health information. We will not use or disclose your health information without your written permission, except as described in this Notice or as required by law.

Understanding Your Health and Service Record/Information

Protected health information (PHI) is information about you that may include name, address, date of birth, etc., and medical information such as diagnoses, medications, and names of providers involved in your care. This information is used to identify you and relates to your past, present or future physical and/or mental health condition and related health care services. Each time a member of the ACP staff visits or contacts you, a record of the visit or contact is made. This information is referred to as your service record and serves as a:

- Basis for planning your care and service plan; and
- Means of communication among the many health and service providers who contribute to your care and service delivery.

Your Rights

When it comes to your health information, you have certain rights. Your rights and some of our responsibilities are below:

- Get a copy of your service record - You can request an electronic or paper copy of your service record. Ask us how to do this. We will provide you with this information within 30 days of your request and may charge a reasonable, cost-based fee.
- Ask us to correct your service record - You can ask us to correct information if you feel it is incomplete or incorrect. Your request must be made in writing and must state the reason for the requested amendment. We may say “no” to you, but we will provide you with a written explanation within sixty (60) days.
- Ask us to limit what we use or share - You can ask us **not** to share or use certain information for treatment, payment or health care operations. We are not required to agree to your request and 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.
- Request confidential communication - You can ask us to contact you in a specific way (for example: mobile phone, email or mail to a different address). We will accommodate all reasonable requests.

- Appoint 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 verify that the person appointed has the legal authority to do so, before taking any action.
- Get a list of whom your information was shared with - You can ask for a list also known as an “accounting” of the times we’ve shared your health information, for six years prior to the date you ask, who we share it with and why. We will include all the disclosures except for those about treatment, payment, 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 if you ask for another one within twelve (12) months.
- Get a paper copy of this notice- You can request a paper copy of this Notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.
- File a complaint – You can file a complaint if you believe your privacy rights have been violated. You can contact our Privacy Officer at Access Care Partners, Inc., 4 Valley Mill Rd. Holyoke, MA 01040, or 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.

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:

- share your information with family, close friends or others involved in your care
- share information in a disaster relief situation
- include your information in a hospital directory (we do not have access to hospital directories)

If you are unable 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 needed to lessen a serious and imminent threat to health or safety.

In the case of fundraising: we may contact you for fundraising efforts, but you can tell us not to contact you again.

In these cases, we NEVER share your information unless you give us written permission:

- marketing purposes
- sale of your information
- most sharing of psychotherapy or substance abuse treatment notes

Our Responsibilities

We are required to:

- Maintain the privacy and security of your protected health information.
- Follow the duties and privacy practices described in this privacy notice and give you a copy of it.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your

protected health information.

Access Care Partners will not use or share your information other than outlined in this document, 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.hhas.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Our Use and Disclosure of Your Protected Health Information

We typically share or use your health information in the following ways:

- For Service – We can use your health information and share it with other professionals who are treating you. (For example – a doctor treating you for an injury asks another doctor about your overall health condition.)
- For Billing for your services and payment – We can use and share your health information to bill and get payment from health plans or other entities. (For example – we give information about you to MassHealth or your insurance plan so they will pay for your services)
- To run our organization – We can use and share your health information to run our organization, improve your care, and contact you when necessary. (For example - We use health information about you to manage your treatment and services.)

Other ways we can share or use 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.

- 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 are complying with federal privacy law.
- Respond to organ and tissue donation requests - We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Public Health and Safety Issues - We can share health information about your for certain situations such as: 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.
- 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.

- Business associates - Some ACP services are provided through agreement with business associates. We share your relevant health information with our business associates to perform these services. Examples include communications with hospitals, homemaker or laundry services, adult day health and certified health providers. We require our business associates to appropriately safeguard your information.
- 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.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

For More Information or to Report a Problem

If you have any questions or would like additional information about Access Care Partner's privacy practices, you may contact the Privacy Officer at 413-538-9020 x 349.

Changes to the Terms of this Notice

This notice is effective January 01, 2025. 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.