



## **Notice of Privacy Practices**

Effective beginning on April 14, 2003  
Minor revision October 1, 2006

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

### **Understanding your Health Record/Information**

Each time a person visits a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, exam and test results, diagnosis, treatment and a plan for future care or treatment. This information, referred to by Opportunity Works as a "Confidential record", serves as a:

- ✓ Basis for planning care, services and supports.
- ✓ Means of communication among the many health professionals who contribute to your care, services and supports.
- ✓ Legal document describing the services and supports provided.
- ✓ Means by which you or a third party payer can verify that services billed were actually provided.
- ✓ A source of data for planning and marketing to improve Opportunity Works operations.
- ✓ A tool which we can assess and continually work to improve the services and supports we provide and the outcomes we achieve with the person supported.

### **Health Information Rights:**

Although the confidential record is the physical property of Opportunity Works, the information belongs to the individual receiving services and support at Opportunity Works. You have the right to:

- Request a restriction on certain uses and disclosures of your health information as provided by **45 CFR 164.522 of the HIPAA regulations**.
- Obtain a paper copy of the Opportunity Works Notice of Privacy Practices upon request and a copy of your Confidential Clinical Record upon request in writing. Opportunity Works may charge a fee not to exceed the cost to make the copy.
- Inspect your Confidential Record as provided for in **45 CFR 164.524 of the HIPAA regulations**.
- Amend the health information in your Confidential Record as provided in **45 CFR 164.528 of the HIPAA regulations**.
- Obtain an accounting of disclosures of your health information as provided in **45 CFR 164.528 of the HIPAA regulations**.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities:**

Opportunity Works is required to:

1. Maintain the privacy of your health information.
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about person's receiving supports and services from Opportunity Works.
3. Abide by the terms of this notice.
4. Notify you and/or your legal guardian if we are unable to agree to a requested restriction.
5. Accommodate reasonable requests you or your legal guardian may have to communicate health information by alternative means or at alternative locations.
6. Receive your written authorization prior to disclosing protected health information.

Opportunity Works reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change we will mail a revised notice to the address you have provided to us.

Opportunity Works will not use or disclose your health information without your authorization, except as described in this notice.

### **Examples of Disclosures of Health Information:**

**TREATMENT:** Opportunity Works will use health information to provide you with services and supports  
Example: Information obtained by a health care professional will be recorded and placed in the confidential record and may be used to determine which types of services and /or supports that should work best for the individual receiving services. PHI may be disclosed as part of normal operations to assist one in obtaining employment. Disclosure will be the “minimum necessary” amount.

**PAYMENT:** Opportunity Works will use your health information for payment. Example: A bill may be sent to a third party, such as an outside billing agency. The information on or accompanying the bill may include information that identifies the person as well as diagnosis, procedures and supplies used.

**OPERATIONS:** Opportunity Works will use health information for regular service and support operations.  
Example: Staff members and or members of the Management team, the Quality Assurance Manager, may use information in your health record to assess the services and outcomes in an individual case or others like it, this information will then be used in an effort to continually improve the quality and effectiveness of the services and supports Opportunity Works provides.

### **Other Uses or Disclosures:**

**Business Associates:** There are some services and supports provided within Opportunity Works through contacts with business associates. Examples include: The Massachusetts Department of Developmental Disabilities, Billing Agency, Clinical Consultants, and Interpreters for those with hearing and/or communication impairments. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do.

**Directory and Database:** Unless you notify us that you object, we may use protected health information in a directory and/or data base used for purposes of tracking important information that relates to the services and supports of the person. This directory and/or data base is kept in a secured and private location

**Notification:** Opportunity Works may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, including your physician, of your location and general condition.

**Communication with family:** Opportunity Works, using their best judgment may disclose to a family member, other relative or any other individual identified, health information relevant to that person's involvement in care of the person receiving services or payment related to the person's care.

**Marketing:** Opportunity Works may use health information of the people receiving services and supports for marketing purposes to make our mission and services known to the community.

**Fund Raising:** Opportunity Works may use health information of the people receiving services and supports to raise additional funds to continue to provide quality services and supports.

**Research:** Opportunity Works may release health information of people receiving services and supports to researchers once the research has been approved by a review board and protocols have been established to ensure the privacy of your health information.

**Law Enforcement:** Opportunity Works may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, Opportunity Works may disclose a person's health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Federal law makes provision for an individual's health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more person supported, workers or the public.

**For More Information or to report a problem:**

If you have questions and would like additional information, you may contact the Opportunity Works Privacy Officer or Director of Program Services at 978-462-6144.

If you believe that your privacy rights have been violated, you may file a complaint with the Opportunity Works Privacy Officer or The Secretary of Health and Human Services at the Office of Civil Rights: Medical Privacy, Complaint Division

U.S. Department of Health and Human Services  
200 Independence Avenue,  
SW, HHH Building, Room 509H  
Washington D.C., 20201  
Phone 866-627-7748

There will be no retaliation for filing a complaint.

