

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.

#### **Patient privacy**

Oral Health Across the Commonwealth is committed to providing high-quality health care in a safe and private environment. We are giving you this Notice so you will know about your rights and how we protect your health information.

#### **Our record of your health information**

Each time you receive services at Oral Health Across the Commonwealth, a record of your visit is made. This record may describe your condition, diagnosis, treatments, and a plan for future care. Medical information such as test results, medications, and information obtained by your provider will be recorded.

#### **To exercise your rights or file a complaint**

If you have questions about this Notice, would like to exercise your rights, or wish to file a formal complaint regarding privacy of your health information, you may contact the administrator of Oral Health Across the Commonwealth at:

**Phone:** (617) 636-3683

**Fax:** (617) 636-2965

**Address:** 1 Kneeland Street

Public Health Suite

15th floor

Boston, MA 02111

All complaints will be investigated and you will not be penalized or subject to retaliation for filing a complaint.

In addition to contacting the Administrator listed above, you may also file a complaint with the federal government. Contact:

**Secretary of Health and Human Services**

200 Independence Ave. SW

Washington, DC 20201

# NOTICE OF PRIVACY PRACTICES

## **Oral Health Across the Commonwealth**

**Effective September 24, 2007**

**Oral Health Across the Commonwealth  
is a collaboration of:**

*Commonwealth Mobile Oral Health Services, LLC  
Tufts University School of Dental Medicine*

**we need your written permission to use and disclose health information**

**ust obtain your written authorization for uses and purposes of your health information, except as described in this Notice.**

**ay use your health information within Oral Health is the Commonwealth without your written authoriza-**

**ay use your health information without your written rization for the limited purposes of treatment, payment, health care operations. Examples of such use are as s:**

**REATMENT:** To provide, manage, and coordinate care to meet your needs. Your treatment could also involve disclosing information to other providers such as a referring physician or dentist.

**AYMENT:** To obtain payment and determine health insurance eligibility. We may tell your health plan about treatment or services that may require their prior approval.

**HEALTH CARE OPERATIONS:** To assess the quality of care we provide, to improve our services, to train our staff and students, and to manage our business and services.

**unless you object in writing, we may use your health information without your written authorization to:**

**end appointment reminders.**

**ontact you about patient care issues and treatment choices.**

**ell you about services that may interest you or be of benefit to you.**

**or fundraising.**

**ay be permitted or required to disclose your health information outside Oral Health Across the Commonwealth without your written authorization**

**re permitted or required to disclose your health information outside Oral Health Across the Commonwealth without your written authorization for the following purposes:**

**o avert serious threat to health or safety to you or others.**

**o business associates, who assist us with treatment, payment, or health care operations and who must follow our strict privacy rules.**

**we are required by law to disclose your health information, such as when we have reason to suspect abuse or neglect of children, elders, or disabled persons.**

**For public health activities to prevent or control disease such as reporting infectious diseases to boards of health, births or deaths, or reactions to vaccines or medical devices to the FDA.**

**For federal and state health oversight activities such as fraud investigations.**

**As authorized by and necessary to comply with workers' compensation law if you are injured at work.**

**For judicial or administrative proceedings in response to a valid court order, summons, or subpoena to a hearing, or warrant.**

**To coroners, medical examiners, and funeral directors.**

**To law enforcement officials for certain potentially criminal activities such as reporting gunshot or stab wounds or to respond to a warrant.**

**For specialized government functions such as national security or intelligence inquiries.**

**To a correctional institution if you are an inmate.**

**For research preparation and research under strict privacy procedures to protect your information.**

**Unless you tell us otherwise, to family and friends involved in your care if, in our professional judgment, the disclosure is in your interests.**

**Unless you tell us otherwise, to persons who inquire about you specifically by name, limited information about your condition and that you are being seen at Oral Health Across the Commonwealth.**

**We are also subject to state and federal laws that give special protection to certain types of health information, and we will be careful to comply with these laws if applicable. These laws relate to:**

**HIV testing or test results.**

**Genetic testing and test results.**

**Substance abuse and rehabilitation treatment information.**

**Sensitive information such as sexual assault counseling records or communication between you and a social worker, psychologist, psychotherapist, or licensed medical health nurse clinical specialist.**

**Psychotherapy notes (notes maintained outside the medical record for the therapist's own use). However, specific permission is not required for use or sharing of these notes if used by your therapist to treat you, for training programs, for legal defense in an action you bring, or for professional oversight of the therapist.**

**Your rights regarding your health information**

**You have the following rights with respect to your health information.**

**You have the right to:**

**Request, in writing, that we limit how we use or disclose your health information, but we may not be able to comply with all requests.**

**Revoke, in writing, any authorization you have given to disclose your information; but we won't be able to take back information we have already disclosed.**

**Inspect and receive copies of your medical information for a fee. This may not include psychotherapy notes, clinical laboratory data, or information compiled in anticipation of or in use in a civil, criminal, or administrative action or proceeding. This right may also be suspended temporarily for information created during research until the research is finished.**

**Request how we communicate with you, and we will try to accommodate reasonable requests.**

**Request, in writing, additions or corrections to your health information. We may not agree to your request if we did not create the information, if the information is not kept by us to make decisions about you, if the information is not part of what you are allowed to inspect or copy, or if the information is complete and correct.**

**Request, in writing, and receive an accounting of the disclosures we have made of your health information, except for disclosures for treatment, payment, health care operations, disclosures you authorize, and some required disclosures.**

**Obtain a paper copy of this Notice even if you receive it electronically.**

**Our responsibilities**

**We are required by law to:**

**Maintain privacy of your information.**

**Provide this Notice of our duties, your rights, and our privacy practices.**

**Abide by the terms of our Notice as currently in effect.**

**Notify you if we are unable to continue to comply with our restriction request.**

**We reserve the right to change our privacy practices, and this Notice, and to make the new practices effective for all your information including information we already have about you. Revised Notices will be posted at our treatment site.**