JRI Leader in Social Justice

JUSTICE RESOURCE INSTITUTE (JRI) NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

→ ***See page 2*** *for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

→ ***See pages 3 and 4*** *for more information on these rights and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Treat you and run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law, lawsuits and legal actions
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests

→ ***See pages 3 and 4*** *for more information*

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

The word "we" in the Notice of Privacy Practice refers to JRI, and the following individuals:

- Any health care professional authorized to enter information into your chart.
- Any health care provider who is a member of JRI Staff.
- All JRI workforce members, including employees, staff, volunteers and other health center personnel.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • 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.
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 how to do this by contacting us using the information on the last page. • We may say "no" to your request, but we'll tell you why 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 say "yes" to all reasonable requests.
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.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for 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'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get 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 complain if you feel we have violated your rights by contacting your Program Director or JRI General Counsel (Privacy Officer) at privacyofficer@jri.org • 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 information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory ***If you are not able 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 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.

Treat you	• We can use your health information and share it with other professionals who are treating you.	***Example: A doctor treating you for an injury asks another doctor about your overall health condition.***
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example: We use health information about you to manage your treatment and services.***
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example: We give information about you to your health insurance plan so it will pay for your services.***
Contact you	• We may use your health information to contact you with information about treatment and follow-up care instructions or with information about services we provide.	***Example: We may contact you about scheduled or canceled appointments, registration or insurance updates, billing or payment matters, pre-procedure assessment, satisfaction surveys or test results.***

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

Help with public health and safety issues	We can share health information about you 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
Do 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, including with the Department of Health and Human Services if it wants to see that we're 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.
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 (unless stricter state standards apply preventing such disclosures).

We will generally ask you for your written consent or a judge's order before we share certain sensitive information about you such as:

- Alcohol and Substance Use Records - Please note that Federal law and regulations protect the confidentiality of substance use disorder patients records. A summary of the federal law and regulations is provided in page 6 of this notice. We encourage you to review it carefully.
- AIDS, ARC or HIV related information, including but not limited to status or testing results, regardless of whether the test results are positive or negative.
- Sexually Transmitted Diseases
- Victim's Counseling for Domestic Violence or Sexual Assault
- Certain psychotherapy documentation
- Communications with Mental Health Providers and Social Workers

JRI Leader in Social Justice

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 give you a copy of it.
- We will not use or share your information other than as described here 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.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

How long do we keep your information?

We record health information in paper, electronic, or photographic form and keep them for 20 years following discharge or final treatment. Other records are maintained in accordance with state and federal laws or regulations. A copy of our retention guideline for medical records is available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact your Program Director or JRI General Counsel and Privacy Officer (privacyofficer@jri.org). All complaints must be submitted in writing. We will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint.

Contact Us

If you have any questions about this Notice of Privacy Practices, please contact JRI's Compliance Officer/Privacy officer at privacyofficer@jri.org.

For medical records requests, please contact your Program Director.

The effective date of this Notice is May 2023

CONFIDENTIALITY OF SUBSTANCE USE TREATMENT RECORDS

Your Rights and Choices: The confidentiality of substance use treatment patient records maintained by us is protected by federal law and regulations. 42 U.S.C. § 290dd-2, 42 U.S.C. 290ee-3, and 42 C.F.R. Part 2 (Part 2). Part 2 provides more stringent federal protections than other health privacy laws and, with limited exceptions, requires patient consent to disclose protected health information even for the purposes of treatment, payment, or health care operations. Each disclosure of information made with your written consent will include notice to the recipient that any further disclosure of information is prohibited unless expressly permitted by your written consent or as otherwise permitted by Part 2. If you wish to allow us to share your sensitive information with other providers at JRI or with outside entities for the benefit of care coordination, you can sign a consent form specifying whom we can disclose it to.

Permitted Uses and Disclosures: Please note that federal law permits us to disclose your substance use treatment records without your written permission in the following situations:

- Pursuant to an agreement with a qualified service organization/business associate.
- To qualified personnel for research.
- For audit or program evaluations purposes.
- To report a crime either on the premises of JRI's Part 2 program or against any JRI staff who works for JRI's Part 2 program drug abuse or alcohol programs.
- To medical personnel in a medical emergency.
- To appropriate state or local authorities to report suspected child abuse or neglect.
- As allowed by a court order.

When a crisis situation presents, confidentiality may be broken in order to ensure your safety. In each instance, information may only be disclosed to the extent necessary.

It is important to note that from time to time you may see JRI's staff (Part 2 Program Staff) in public. Our Part 2 Program Staff will not approach you while in the public arena. However, if you see a Part 2 Program Staff member in a public setting and want to talk to them, you may approach them at the risk of breaking anonymity to the program.

Reporting of Violation: Please know that violation of the federal law and Part 2 regulations is a crime and suspected violations may be reported as follows:

- Any violation of Part 2 may be reported:
- To the anonymous Compliance Hotline at JRI at: 781-559-4740
- Privacy Officer at JRI: privacyofficer@jri.org
- To the United States Attorney, United States Attorney's Office John Joseph Moakley U.S. Courthouse
- One Courthouse Way, Suite 9200, Boston, MA 02210, ATTN: Duty Paralegal.
- To the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight at: SAMHSA Opioid Treatment Program Compliance Officer contact the SAMHSA Center for Substance Abuse Treatment (CSAT) at 866-BUP-CSAT (866-287-2728) or infobuprenorphine@samhsa.hhs.gov.

JUSTICE RESOURCE INSTITUTE ("JRI")
ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

By signing below, I, _____ [name of person served], acknowledge that I have received a copy of JRI's Notice of Privacy Practices currently in effect. I have read and understand the terms of this Notice and I have had an opportunity to ask questions about the use or disclosure of my health information.

_____

Signature of Person Served/Personal Representative (if applicable) Date

_____

Print Name of Personal Representative

_____

Relationship to Person Served

JRI USE ONLY

Notice of Privacy Practices given to the individual on _____ [date] **by:**

- ☐ In-person meeting
- ☐ Mailing
- ☐ Email
- ☐ Other: _____

Unable to obtain written consent and acknowledgment because:

- ☐ Person Served/Legal Representative refused to sign
- ☐ Email receipt verification
- ☐ Other: _____

Staff Name and Title: _____

Staff Signature: _____

Date: _____

***File form in record**