

# Stavros Center for Independent Living

## Notice of Privacy Practices

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS VERY IMPORTANT TO US.**

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Stavros Center for Independent Living, Inc. (Stavros) is required by federal and state law to maintain the privacy of your health information. We are also required to give you this Notice of Privacy Practices which describes how we may use and disclose your health information that we keep here at Stavros about you. The Notice also describes your rights to access and control of your health information. Since our mission is to support the decisions you make to live independently, please understand that we maintain our commitment to use your health information to support you and your choices.

When we talk about "health information" we mean information about you that we have collected from you over the telephone or at home visits, or that we have received from your health care providers (doctors, physical and occupational therapists, and others), that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

This notice takes effect on April 14, 2003, and we must follow the privacy practices that are described in this Notice until such time as we make changes. We may change the terms of our notice at any time. Should we make changes, the Notice would be effective for all health information that we maintain at that time. We will notify you if we make such changes, and we will provide you with a copy of the revised Notice at your request.

If you have any questions about this notice, please contact our Privacy Officer, Julia Myers, at 800-804-1899, or via fax at 413-256-0190.

## USES AND DISCLOSURES OF HEALTH INFORMATION

Your health information may be used and disclosed by authorized staff members at Stavros for the purposes of providing health care services to you. The following categories describe different ways that we use and disclose health information. These examples don't include *every* way that we might disclose your health information, but should give you an idea of how we work with your health information to ensure adequate care for you.

### **Treatment:**

We will use and disclose your health information to a physician or other health care provider concerning your services. This includes addressing your health services with a third party that has already obtained your permission to have access to your health information. For example, we would disclose your health information, as necessary, to your primary care physician or your home health care provider. We will also disclose your health information to other health care providers who are serving you when we have the necessary permission from you.

### **Payment:**

We may use and disclose your health information so that services provided to you by Stavros may be billed to the Division of Medical Assistance.

### **Healthcare Operations:**

We may use and disclose your health information, as needed, in connection with our health care operations. These activities include, but are not limited to, quality assessment and improvement activities that help us provide better services, reviewing the competence or qualifications of Stavros employees, evaluating our performance, and regular reviews by the Division of Medical Assistance.

### **Communications:**

We may use your name and address to send you announcements or newsletters about Stavros services and issues that we believe you would like to know about. You may contact our Privacy Officer to request that these materials not be sent to you.

### **Persons Involved in Your Care:**

Unless you object, we may disclose health information about you to a friend or a family member or other person who is involved in your medical care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in any such disclosure or in allowing a person to pick up any information pertaining to you. For example, we might discuss your use of hours in the Personal Care Attendant (PCA) program with the person who has signed an agreement to act as your surrogate, if we believed that failing to disclose this information might lead to significantly fewer hours that you could use for your PCA program. We will not disclose health information about you, without your express.

consent, to persons who work for you as personal care attendants, nor will we disclose information about you that would, in our professional judgment, compromise your right to make your own decisions.

#### **Emergencies:**

In the event of your incapacity or emergency circumstances, we may disclose health information to persons involved in your care. For example, if a personal care attendant finds you very ill and calls us, we may participate in arranging emergency care that may involve the disclosure of health information. We will use our professional judgment to determine whether the disclosure is in your best interests and, if so, we will disclose health information that is relevant to the person's involvement in your health care. In addition, we may disclose health information about you so that your family can be notified about your condition, status, and location.

#### **Marketing:**

We will not use any information about you for educational or fund-raising purposes without your written authorization. For example, we would not use your photograph in a brochure without your express written consent.

#### **Required or Permitted by Law:**

We may use or disclose your health information when we are required or permitted to do so by federal, state, or local law. For example, we may use and disclose health information about you to health oversight agencies, medical examiners, for worker's compensation purposes, and to public health authorities charged with preventing or controlling disease, injury or disability.

#### **Public Health:**

We may disclose your health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

#### **Communicable Diseases:**

We may disclose your health information, if authorized by law, and strictly in accordance with the terms and conditions of the law, to a person who may have been exposed to a communicable disease or may be otherwise at risk of contracting or spreading the disease or condition.

#### **Abuse or Neglect, Serious Threats to Health or Safety:**

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. However, if you are over the age of 18 we will only notify an authority if we obtain your

agreement or if we are required by law to report such abuse, neglect, or domestic violence. We may disclose your health information to the extent necessary to help avert a serious threat to your health or safety or the health or safety of others. Under these circumstances, we will only disclose health information to a representative of an organization, such as the Disabled Persons Protection Commission or the local police department, who may be able to help prevent or lessen the threat.

#### **Lawsuits and Legal Proceedings:**

If you are involved in a lawsuit or a legal proceeding, we may use and disclose health information about you in response to a *court order*, signed by a judge. We may use and disclose health information about you in legal proceedings without your permission or a court order when you bring suit against any employee at Stavros or initiate a complaint with one of our funding sources concerning services you received at Stavros.

#### **Law Enforcement:**

We may also disclose health information, so long as applicable legal requirements are met, for law enforcement purposes. These purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs at a Stavros office or involves a Stavros staff member or volunteer, (6) in the event of a medical emergency where we have reason to believe that a crime has occurred, and (7) in the course of an investigation into alleged fraud involving the use of the Personal Care Attendant program.

#### **Criminal Activity:**

Consistent with applicable federal and state laws, we may disclose your health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

#### **Workers' Compensation:**

Your health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

#### **National Security:**

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

**Inmates:**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose, under certain circumstances, health information about you to the correctional institution or to the law enforcement officer if such officer represents that the health information is necessary to provide you with health care.

**Processing of Payrolls for the Personal Care Attendant Program:**

If you are enrolled in the Stavros Personal Care Attendant program and have chosen Stavros to act as your fiscal intermediary (referred to as Option 1 by the Division of Medical Assistance), we will disclose identifying information only (name, address, and social security number) as required by law, to such entities as the Massachusetts Division of Employment and Training, the Massachusetts Department of Revenue, the United States Internal Revenue Service, and any payroll processing service that Stavros may use.

**Your Authorization:**

We have described in the preceding paragraphs those uses and disclosures of your health information that we may make either as permitted or required by law or otherwise without your consent or written authorization. For other uses of your health information, we must obtain your written authorization. A written authorization request will, among other things, specify the purpose for the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you give us an authorization, you generally have the right to revoke it. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect.

**Electronic Mail Communications:**

We may copy and file in your medical record any electronic mail communications we receive from you or send to you while you receive services through Stavros. If a staff member at Stavros agrees that you may initiate electronic mail communications with her or with him, please be aware that, while we have in place appropriate safeguards to protect the privacy of your health information, the security of electronic mail cannot be guaranteed.

## **YOUR RIGHTS AS A STAVROS CONSUMER**

### **Access:**

You have the right to look at or get copies of your health information that is maintained by us, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by contacting Member Service at Stavros (1-800-804-1899). It is possible that we may deny some part of your request (for example, the number of pages that we would need to copy would take up too much staff time). If you are denied this access, you may request that the denial be reviewed. Such request must be made to the Privacy Officer at Stavros.

### **Disclosure and Accounting:**

You have the right to request that we provide you with a list of instances in which we have disclosed your health information for purposes other than treatment, payment, healthcare operations, disclosures made to you or authorized by you, disclosures made to persons involved in your care or payment for your care, and for certain other purposes, for the last six years, but not before April 14, 2003. You must submit your request for an accounting of disclosures in writing. You may obtain a form to request an accounting by contacting Member Services at Stavros (1-800-804-1899). If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

### **Restriction:**

You have the right to request that we place restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency or if required by law). To request restrictions, you must make your request in writing. You may obtain a form to request restrictions by contacting Member Services at Stavros (1-800-804-1899). Even if we agree to your request, the restriction does not apply to prior uses or disclosures of such information by Stavros and is not effective to prevent uses or disclosures where the use or disclosure is permitted without first obtaining your consent or authorization or without first providing you an opportunity to object, or where the information is used or disclosed pursuant to your consent or authorization.

### **Alternative Communication:**

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. You may obtain a form to request alternative means of communication by contacting Member Services at Stavros (1-800-804-1899). Your request must specify how or where you wish to be contacted (such as an alternative address or telephone number). We will not ask you the reason for your request, and we will accommodate all requests if we are able to do so without undue hardship.

**Amendment:**

You have the right to request that we amend your health information if you feel that the health information obtained by Stavros staff members is incorrect or incomplete. Your request must be in writing, and you may obtain a form to request amendment by contacting Member Services at Stavros (1-800-804-1899). Your request must explain why you believe the information is incorrect or incomplete. We may deny your request under certain circumstances. If we deny your request for an amendment, you have the right to file a statement stating your disagreement with us, and we may provide a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Electronic Notice:**

If you receive this Notice on our Web site or electronic mail (e-mail), you are entitled to receive a paper copy. To obtain a paper copy, please contact Member Services at Stavros (1-800-804-1899).

**QUESTIONS AND COMPLAINTS**

We support your right to the privacy of your health information. If you want more information about our privacy practices or have questions or concerns, please feel free to contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or a response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us by using the contact information listed at the end of this Notice. You may also submit a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building, Room 1875, Boston, Massachusetts, 02203. Voice: (617) 565-1340; TTY: (617) 565-1343; Fax: (617) 565-3809. You will not be penalized for making such a complaint; this is your right under federal law.

Stavros Center for Independent Living is committed to maintaining the privacy of your health information and to providing you with quality care.

Contact: Julia Myers, Stavros Privacy Officer  
Telephone: (800) 804-1899  
Fax: (413) 256-0190  
E-mail: [jmyers@stavros.org](mailto:jmyers@stavros.org)  
Address: 691 South East Street  
Amherst, MA 01002

Stavros Center for Independent Living, Inc. website: [www.stavros.org](http://www.stavros.org)