

## Notice of Privacy Practices

MCPHS University (“MCPHS”), d/b/a 10 Optical; Forsyth Dental Hygiene Clinic; MCPHS University Balance, Movement, and Wellness Center; NESA Acupuncture Treatment Center; and The Eye and Vision Center, is required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices. This Notice describes how MCPHS may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. **PLEASE REVIEW IT CAREFULLY.**

MCPHS is required to abide by the terms of this Notice and may change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with the revised Notice. You may request a revised version by contacting our Privacy Officer and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by our practitioners, office staff, student interns, and others who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to support our healthcare-related operations and to bill and get payment from health plans or other entities.

The following are examples of the types of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by MCPHS.

- **Treatment:** We will use and disclose your protected health information, as needed, to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to an ophthalmologist to whom you have been referred to ensure that they have the necessary information to diagnose or treat you.
- **Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure.
- **Health Care Operations:** We may use or disclose your protected health information, as needed, in order to support our healthcare-related business activities. These activities may include, but are not limited to, quality assessment activities, training of medical students, and licensing activities. We may also share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health

information.

- **Appointment Reminders, Information about Healthcare Related Benefits and Treatment Alternatives:** From time to time, we may use your information to contact you with appointment reminders and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.
- **Fundraising Activities:** We may use or disclose your demographic information and the dates that you received treatment from your optometrist, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.
- **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object:** We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object:
  - **Required by Law:** We may use or disclose your protected health information to the extent that such use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
  - **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.
  - **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
  - **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
  - **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
  - **Food and Drug Administration:** We may disclose your protected health information to a person or company as required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities, including to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

- **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement 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 on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
- **Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected 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 protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.
- **Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

## **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Certain actions, such as most uses and disclosures of psychotherapy notes, the use and disclosure of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information, will be made only with your written authorization.

Other uses or disclosures of protected health information that are not covered by this Notice or applicable laws also will be made only with your written authorization.

In addition, Massachusetts provides special privacy protections for particularly sensitive conditions or illnesses such as HIV/AIDS, mental health, and substance abuse. We will disclose such information only in a manner that is consistent with these laws.

You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

## **Others Involved in Your Health Care or Payment for your Care**

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

## **YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy the protected health information we maintain about you for as long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that we use for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your

medical record.

- **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your optometrist. You may request a restriction by making a request in writing to the Privacy Officer.

- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.
- **You have the right to have your physician amend your protected health information.** This means you may request an amendment of your protected health information for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice. This report excludes disclosures we may have made to you if you authorized us to make the disclosure, disclosures to family members or friends involved in your care, and certain disclosures required by law. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- **You have the right to obtain a paper copy of this Notice from us.** You may request a paper copy of this Notice, even if you have agreed to accept this notice electronically.
- **You have the right to be notified in the event of a breach.** Consistent with federal and state laws, we will notify you in the event unsecured protected health information is used or disclosed by an unauthorized individual.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint by writing to our Privacy Officer at:

**MCPHS University**  
**179 Longwood Avenue**  
**Boston, MA 02115**  
**Attention: HIPAA Privacy Officer**  
**privacyofficer@mcphs.edu**

You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. or through the regional office at J.F.K. Federal Building – Room 1874, Boston, MA 02203. The complaint must be filed within 180 days of the alleged violation.

There will be no retaliation for filing a complaint.

## **EFFECTIVE DATE**

This notice was published and became effective on **May 20, 2013**. It was revised on **November 17, 2023**.