

NOTICE TO MEMBERS REGARDING YOUR PRIVACY RIGHTS

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.

It is our Policy to conform with the new Federal Privacy Law, known as the Health Insurance Portability and Accountability Act. This law affords our member's rights. The information listed below is to advise our member's and their guardians of those rights and to encourage dialogue if you have any questions after reviewing this information.

The laws require that Habilitation Assistance Corporation maintains the privacy and confidentiality of your health information. The law also requires that we provide you with this information outlining our privacy practices and legal duties. The law requires that we abide by the terms listed below.

1. We may, from time to time, contact you, via the telephone to remind you of appointments or to inform you of services that might be of interest to you. If you are not at home, it is likely that the office staff will leave a message, if you have an answering machine or voice mail.
2. The new Federal Privacy Law permits our office to forward medical record information on your treatment and other entities, without your express permission for routine matters such as further treatment outside this office, to secure payment for services provided to you, and for other health care operations. The law requires us to provide some examples of what could be disclosed without your express authorization.
 - a. If this office received a request from a medical provider treating you, this agency would likely remit particular information to assist with your on-going treatment.
 - b. In order to secure payment, this agency might remit copies of notes generated during your treatment, this information could include diagnostic and treatment information that will be "codified" and forwarded to an insurance company for payment.
 - c. Sometimes, an insurance company denies payment for treatment and requests that the provider give the insurer a detailed summary as to why the treatment was necessary. In order to secure payment, this agency could complete such a report and disclose information about your treatment.
 - d. As part of our quality assessment and compliance programs or accreditation requirements, this agency periodically reviews its treatment and billing to ensure that it is complying with other laws that govern health care. At times, this agency might engage an attorney or accrediting agency, or other external consultant to compare records and bills to ensure

that our practices are accurate.

- e. The Department of Health and Human Services, Department of Public Health, or other health oversight agency with the express authority under law could investigate and complete a compliance review of the agency and requests to review patient's records.
3. Except for the above types of routine disclosures, other uses of disclosure of our protected health information will be made only with your written authorization. If you ever completed such an authorization, this notice advises you that you may decide to revoke the authorization at any time, so long as action has not already been taken in reliance upon the authorization, or if authorization was obtained as a condition of obtaining insurance coverage.
 4. You have the right to request that restrictions be placed on the information forwarded to other entities. To do so, you would need to forward a letter to this office, expressly stating what information you did not want released, and any type of information you wanted not to be disclosed and to whom you do not want information disclosed to. Please understand that the law states that the agency does not need to agree to such a restriction. Please understand that in the event of a medical emergency, even if this office has a restriction prohibiting further release of medical information, the agency reserves its right to forward necessary medical information to the treating facility. In the event that this release occurs, we will make a good faith effort to convey to the facility not to further disclose this information. In fairness, we reserve the right to discuss payment with you at the time that you make such a request if you decide to restrict information flow to your insurance company. If you request that information not be sent to your insurer, the agency reserves the right to obtain payment directly through you.
 5. You have the right to request that we forward information to you at a different place, or at a different telephone, or by another means of communication. If you submit a request in writing to this office, asking that we contact you at a location different than your residence, or if you ask that we forward copies of your medical records to a different location, our agency will make a good faith effort to accommodate your request.
 6. Pursuant to Massachusetts's law and the Federal Privacy law, you have the right to request a copy of your medical record. Upon receipt of a signed request from you, (or your legal guardian) we will consider the request and if proper, permit the access to the information that our agency has determined to be the content of your "designated records set" (a term that includes many of the forms, notes and reports in your medical record folder.)
 7. The Federal Privacy law grants you the right to find out if your health information has been released to anyone outside of those depicted in this Notice, or to someone else, without your authorization. In order to obtain such a report, you are asked to submit a request in writing to the agency. The request should ask for

no more than six years of information. The agency is not mandated to release any information before April 14, 2003, the date the law went into effect.

Furthermore, the provider reserves the right to charge a cost-based fee for the second request for such information within any 12 month period.

8. We intend to provide each current member and all new members with a copy of this notice. If at any time, you desire an additional copy of this Notice, please let us know.
9. If you believe that your privacy rights have been violated you have the right to file a complaint with this office. To do so, you need to forward a written letter to Privacy Office, Habilitation Assistance Corporation, 430 Court Street, Plymouth, MA 02360. Additionally, you may file a complaint with the Secretary of the Department of Health and Human Services. If you file a complaint, either with this office or the DHHS, you will not be retaliated against by the agency, its employees, owners or agents.

We reserve the right to change this Notice or Privacy Policy and to make any new Notice effective for all health information retained by this office. If the Notice is revised, the revised Notice will be sent to you.

The effective date of this Notice is April 14, 2003.

Thank you for your time and attention.