

**Patients First in Everything We Do!**

Please ask a staff member for this information in Spanish, Portuguese, or Khmer.

*Por favor, pregunte a un miembro del personal por esta información en español.*

*Por favor, pergunte a um funcionário para esta informação em Português*

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Contact Information

To File a Complaint, you may call 1-888-836-6544 or send an email to [ComplianceHelp@circlehealth.org](mailto:ComplianceHelp@circlehealth.org)



295 Varnum Avenue  
Lowell, MA 01854-2193

# NOTICE OF PRIVACY PRACTICES

*Our Pledge To You Regarding Your  
Medical Information*



Developed in compliance with the federal Privacy Rule (HIPAA)

Version: July 1, 2019

## OUR PLEDGE TO YOU

At Circle Health, we understand that your medical information is personal. We are committed to protecting your privacy. Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by Circle Health providers. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of our medical information created in the doctor's office or clinic.

### **Our Responsibilities:**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## YOUR HEALTH INFORMATION RIGHTS

provider for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **Health Information Exchanges**

With your written authorization, we may disclose your health information on secure health information exchanges which enable the electronic movement of health related information among diverse organizations such as physicians' offices, hospitals, laboratories, pharmacies, skilled nursing facilities and insurance companies. Connecting to these health information exchanges will enable us to have a more comprehensive understanding of our patients' full medical histories in order to deliver the most comprehensive healthcare to you.

**YOUR HEALTH  
INFORMATION RIGHTS**

breach. Notice most likely would be sent to you by First Class Mail. The notice will be sent to the parent or personal representative in some cases as appropriate.

A Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

This notice will be posted in our facilities, on our Website, and will be made available in hard-copy by your health care provider or upon registration.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, you may call 1-888-836-6544 or send an email to [compliancehelp@circle-health.org](mailto:compliancehelp@circle-health.org).

*You will not be penalized for filing a complaint.*

**Changes to this Notice**

We reserve the right to change this notice. The revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in our facilities and include the effective date. In addition, each time you register at/or are admitted to a Circle Health

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

This notice describes the privacy practices of Circle Health and applies to the following entities including their employees, medical staff, students and volunteers:

- The Lowell General Hospital
- Circle Health Physicians, Inc. (including LGH Medical Group, LGH Merrimack Valley Cardiology Associates, LGH WomanHealth, LGH Cancer Care Associates, Circle Health Urgent Care, Circle Health Pharmacy, LLC)
- Circle Health Alliance, LLC
- Circle Home, Inc. (including Commonwealth Nursing Services)
- Circle Care

Collectively these entities and individuals are referred to as “Circle Health” in this notice. This Notice of Privacy Practices does not cover the policies of those entities not listed above. If your health care provider is not an employee of Circle Health or an affiliated entity, they may have different policies regarding their use and disclosure of your protected health information.

Circle Health and the Lowell General Hospital medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment, and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect

## HOW CIRCLE HEALTH MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

*For Treatment* - Circle Health may use your health information to provide you with medical treatment or services. For example, your healthcare provider, such as a physician, nurse, or other person providing health services to you, obtains your health history and records the information related to your treatment in your medical record. This information is necessary for health care providers to determine the services and treatments you need. We may also disclose medical information about you to those who are involved in caring for you at other healthcare facilities.

*For Payment* - Circle Health may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or third party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

*For Health Care Operations* - Circle Health may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk, compliance, quality improvement personnel, accrediting agencies, lawyers and law firms, accounting firms, and others for the following operational purposes:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services;

## YOUR HEALTH INFORMATION RIGHTS

### Request Restriction of Information to Health Plan

You have the right to request restrictions on the disclosure of your information to your insurance health plan provided that you are agreeing to pay for those services out-of-pocket in full at the time of service. You must notify a staff member during the registration process.

### Destruction of Your Medical Information

The Department of Public Health of Massachusetts requires us to maintain your medical record information for a period of twenty years. During this time we may convert your medical record to another format such as a scanned image or a microfilm image. We are not required to keep the original paper copy and once imaged electronically the paper copy is destroyed.

We do comply with state law and maintain your record on microfilm or in an electronic format for the required twenty year period. Twenty years after your discharge or completion of care we are permitted to destroy your record. We will not notify you that we are going to destroy your record. In compliance with state law we are only required to notify the Department of Public Health thirty days in advance of any destruction.

### Notification of a Breach of Your Information

You have the right to be notified of a breach of your information. You should receive timely notification not to exceed 60 days of the day of discovery of the

## YOUR HEALTH INFORMATION RIGHTS

Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or health care operations unless disclosure is required by law. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing and it must include: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) what information is affected by the limits you select (for example, disclosures to your spouse).

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. To request an alternate address or phone number, simply ask the registration clerk. Any other requests should be submitted in writing.

## HOW CIRCLE HEALTH MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

- Provide accreditation for Lowell General Hospital and/or specific services
- Monitor use and access to your Protected Health Information;
- Perform annual audits as required by Circle Health or by federal or state regulation, requirements or statutes

*Business Associates* - There are some services provided in our organization through contracts with business associates. An example would be a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information. We also require any subcontractors that work for this business associate to also take steps to safeguard your information.

*Directory* - We may include certain limited information about you in the hospital directory while you are a patient at the hospital. The information may include your name, location in the hospital, your general condition (*e.g.*, fair, stable, etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. You can choose not to be listed in this directory by notifying a Lowell General Hospital representative, doctor, or nurse verbally or in writing. In the event of an emergency or your incapacity, we will honor your previous preferences and what we determine to be in your best interest. You can change our decision

## HOW CIRCLE HEALTH MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

once the emergency is over or you are no longer incapacitated.

### *Individuals Involved in Your Care or Payment for Your Care*

- We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

### *Appointments, Treatment Alternatives, Benefits and Services*

- Circle Health may use your information to provide appointment reminders, other kinds of treatment or other health-related benefits and services that may be of interest to you.

*Fundraising* - We may contact you or your caregiver in an effort to raise money for Circle Health and its operations. We only use limited information such as your name and address. The money raised is used to support the healthcare services and educational programs we provide to the community. If you do not want the Lowell General hospital to contact you for fundraising efforts, you must notify the Philanthropy Office in writing at 295 Varnum Avenue, Lowell, MA 01854. If you do not want Circle Home to contact you for fundraising efforts, you must notify the Community Development Office at 978-805-2641. If you choose not to be contacted, this will not change your ability to get medical care at Circle Health.

## YOUR HEALTH INFORMATION RIGHTS

- Is accurate and complete.
- Is not part of the medical information kept in our records;
- Was not created by us, unless the person or organization that created the information is no longer available to make the amendment; or
- Is not part of the information you would be permitted to inspect and copy

Choose Someone to Act for You: 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 ensure the person has the authority and can act for you before we take any action.

An Accounting of Disclosures: You have the right to request a list of the disclosures we made of your medical information. To request this list or "accounting of disclosures," you must submit your request in writing and it must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate the form in which you want the list (for example, on paper, electronically). The first accounting provided in any 12-month period is free. For additional lists, we may charge you the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.



## YOUR HEALTH INFORMATION RIGHTS

Most of your hospital medical record is now maintained in our electronic medical record system. You have the right to ask us to provide to you a copy of your electronic medical record in an electronic format on a disk at no additional charge.

You can also ask for a copy of your discharge instructions from your inpatient admission to be provided to you in electronic format on disk at no charge to you at the time you are discharged from the hospital.

Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept in our records.

To request an amendment, your request must be made in writing and must include a reason that supports your request.

To help you with your request the Health Information Management Department has a form that you can complete. They will provide a copy of this form for you. You can also choose to write out your request and submit it to us.

We may deny your request for an amendment if it is not in writing and does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

## HOW CIRCLE HEALTH MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

*Required by Law* – Circle Health may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For legal proceedings - as determined by legal authority.
- To report information related to victims of abuse, neglect, or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

*Public Health* – Your health information may be used or disclosed for public health activities or other legal authorities to prevent or control disease, injury, or disability, or for other health review activities.

*Deaths* – Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

*Organ/Tissue Donation* – If you are an organ donor, we may release medical information as is necessary to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, to facilitate organ or tissue donation and transplantation.

*Research* - Circle Health may use your health information for research purposes if the research program has been reviewed and approved to ensure your privacy.

## HOW CIRCLE HEALTH MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

*Organized Health Care Arrangement* - Circle Health and the Lowell General Hospital medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

*Health and Safety* – Your health information may be disclosed to avoid a serious threat to the health or safety of you or any other person as determined by law.

*Government Functions* – Specialized government functions may need use of your health information, for protection of public officials or reporting to various branches of the armed services

*Workers Compensation* – Your health information may be used to comply with laws and regulations related to Workers Compensation.

*Other Uses and Disclosures*— We will not use or disclose your health information for the following purposes without your specific, written Authorization: (1) for our marketing purposes. This does not include face-to-face communication about products or services that may be of benefit to you and about prescriptions you have already been prescribed. (2) For the purpose of selling your health information - Circle Health is not allowed to receive any money for the use of your medical information or sell your information to another entity (3) Any

## HOW CIRCLE HEALTH MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

disclosure of your psychotherapy notes – These are the notes that your behavioral health provider maintains that record your appointments with your provider and are not stored with your medical record.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **right to:**

Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. When it is in your best interest or required by law, we may deny your request to inspect and copy in very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Circle Health will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request, in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other expenses associated with your request.