

# Notice of Privacy Practices



**South Shore  
Hospital**

**This notice describes how your medical information can be used and disclosed and how you can gain access to this information. Please read it carefully.**

If you have any questions about this notice, please contact South Shore Hospital's Privacy Officer at:

South Shore Hospital  
Privacy Officer  
55 Fogg Road, Mailbox #82  
South Weymouth, MA 02190-2455  
Phone: (781) 340-8828  
Fax: (781) 682-5140  
Email: [compliance@sshosp.org](mailto:compliance@sshosp.org)

**Contents**

Our Pledge Regarding Your Medical Information ..... 1  
Our Legal Requirements..... 1  
Who Will Follow This Notice ..... 1  
How We May Use & Disclose Your Health Information..... 2  
When You May Disagree or Object to a Use or Disclosure..... 3  
Special Situations ..... 3  
Uses & Disclosures That Require Your Written Permission..... 6  
Your Rights Regarding Your Health Information..... 6  
Changes To This Notice..... 8  
Complaints ..... 8  
Contacts ..... 8

## **Our Pledge Regarding Your Health Information**

At South Shore Hospital, it is understood that medical information about you and your health is personal. South Shore Hospital is committed to protecting certain medical information about you (called “protected health information” or PHI) and complying with the privacy regulations established as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). “Protected Health Information” is information about you that may identify you and which is related to past, present or future physical or mental health conditions and related health care services.

The health care team creates a record of the care and services you receive at South Shore Hospital. This record is necessary to provide you with quality care and to comply with certain legal requirements. This notice applies to the records that your care has generated whether made by hospital personnel or your personal physician providing care to you at the hospital, or records received from other health care professionals in the context of providing your medical care. Your personal physician may have different policies regarding his/her use and disclosure of your medical information created and maintained in his/her office.

---

## **Our Legal Requirements**

Legally, South Shore Hospital is required to:

- Take reasonable steps to ensure that your protected health information is kept private and secure;
- Give you a copy of this notice;
- Follow the terms of this notice that is currently in effect.

---

## **Who Will Follow This Notice?**

This notice describes South Shore Hospital’s privacy practices. South Shore Hospital has entered into an organized health care arrangement with the physicians on the medical staff. As a result, the medical staff will also follow the terms of this Notice with respect to protected health information that they create or receive while providing services at the hospital. South Shore Hospital and the medical staff may share protected health information with one another as necessary to carry out treatment, payment or operations relating to this arrangement.

This notice also describes the privacy practices of:

- Any health care professional authorized to enter information into your hospital medical record.
- All departments and units of the hospital.
- Any members of the volunteer services that South Shore Hospital allows to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- All employees of the affiliates of South Shore Hospital.

---

## How We May Use & Disclose Your Health Information

South Shore Hospital may use and disclose protected health information about you without your authorization for the following reasons:

- **Treatment:** South Shore Hospital may use protected health information about you to provide you with medical treatment or services. The hospital may disclose protected health information about you to doctors, nurses, technicians, students or other hospital personnel who are involved in your care. Your authorization is not needed for this.

*Example:* A physician treating you for a broken leg may need to know if you have diabetes. The pharmacy, laboratory and radiology departments may also need to know your diagnosis in order to coordinate all your tests and medications. South Shore Hospital may also provide information to people outside the hospital that will help coordinate your post-hospital care, such as a Visiting Nurse Association.

- **Payment:** South Shore Hospital may use and disclose protected health information about you to an insurance carrier or third party payer to verify coverage and to make sure that claims are billed and paid correctly. Your authorization is not required for this.

*Example:* South Shore Hospital may need to discuss a treatment you are scheduled to undergo to receive prior approval or authorization so that the insurance plan will reimburse South Shore Hospital for the procedure.

- **Hospital Operations:** South Shore Hospital may use your protected health information for administration, planning and quality assessment purposes, which are necessary to run the hospital and to make sure that all of our patients receive quality care. Your authorization is not required for this.

*Example:* Protected health information may be used to review treatment and services and to evaluate the performance of the staff caring for you.

- **Appointment Reminders:** South Shore Hospital may use or disclose limited protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

- **Treatment Alternatives or New Services:** South Shore Hospital may use and disclose protected health information to tell you about health-related options, services or alternatives available at South Shore Hospital that may be of interest to you.

*Example:* If you have been diagnosed with a particular disease and South Shore Hospital is offering a new treatment, support group or service, you may be notified of the new options available to you.

- **Fundraising:** South Shore Hospital may use limited information such as your name, address, phone number and dates of service in order to contact you in an effort to raise money for the hospital and its operations. The hospital also may disclose information to its affiliated fundraising foundation to allow the Foundation to reach you directly.

---

## When You May Disagree or Object to a Use or Disclosure:

South Shore Hospital may use and disclose protected health information about you unless you disagree or object under the following circumstances:

- **Hospital Directory:** Unless you disagree or object, South Shore Hospital will include your name, location in the hospital, general health condition (e.g. good, fair) and religious affiliation in its inpatient directory. This information may be disclosed to anyone who asks for you by name or to clergy members. Your religious affiliation will only be made available to clergy members.
- **Individuals Involved In Your Care:** South Shore Hospital may release protected health information to a family member or to another person identified by you when you are present for, or available prior to, the disclosure. If your agreement is obtained and you do not (or it can be reasonably inferred that you do not) object to the disclosure, the hospital may release information as described. If your consent can not be obtained because you are incapacitated or are in an emergency situation, professional judgment will be used to determine whether disclosure of protected health information is in your best interest.

*Example: Unless South Shore Hospital has a reason to believe you would not want them notified, South Shore Hospital may contact your family or a close friend in the event of an emergency to disclose your condition and location in the hospital. Alternatively, in cases of suspected abuse, neglect or endangerment, South Shore Hospital may elect not to disclose information to your family or a personal representative if there is reason to believe that providing the information may put you at risk.*

- **Disaster Plan or Terrorist Attack Notification:** Unless you disagree or object, South Shore Hospital may disclose protected health information to those assisting in disaster relief so that your family can be notified about your location and condition.

---

## Special Situations:

There are other special situations that allow South Shore Hospital to use or disclose protected health information about you without your authorization. These are:

- **Research:** Under certain conditions, South Shore Hospital may use and disclose protected health information about you for research without your prior authorization. All research projects, however, are subject to a special review process. Before any information is released, a review board must approve the project, although South Shore Hospital may disclose medical information about you to people preparing to conduct a research project, such as to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. You will almost always be asked for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or if that researcher will be involved in your care at the hospital.

*Example: A research project may compare the health and recovery of patients who receive one medication as opposed to those who receive a different medication for the same condition.*

- **Organ and Tissue Donation:** If you are a registered organ or tissue donor or if your family authorizes organ or tissue donation on your behalf, or if you are a proposed organ or tissue recipient, South Shore Hospital may release protected health information to organizations that handle organ and tissue procurement in order to help facilitate a donation/transplant.
- **As Required By Law:** South Shore Hospital will disclose protected health information about you when required by local, state or federal law.

*Example: South Shore Hospital is required to report births and deaths to the state and must report certain infectious diseases to the Department of Public Health.*

- **To Avert A Serious Threat To Health or Safety:** South Shore Hospital may use or disclose protected health information about you when necessary to prevent a serious threat to your health and safety, the health and safety of another, or the public. Such disclosure would be only to a person or agency involved in the effort to prevent the perceived threat or to the identified individual or individuals believed to be at risk.
- **Military and Veterans:** If you are a member of the military, South Shore Hospital may release protected health information about you as required by the military command authorities. South Shore Hospital may release protected health information about foreign military personnel to the appropriate foreign military authorities.
- **Workers' Compensation:** South Shore Hospital may release information about you for Workers' Compensation or similar programs.
- **Public Health Risks:** South Shore Hospital has legal obligations to disclose protected health information about you for certain public health reasons. The hospital has no choice in this matter.

*Example: Examples include, but are not limited to, the reporting of births/deaths, elder/child abuse or neglect, reactions to medications, recalls of products, information to assist in preventing and controlling disease or injuries, to notify a person who has been exposed to a disease or who may be at risk for contracting or spreading a disease.*

- **Health Oversight Activities:** South Shore Hospital may disclose protected health information to a health oversight agency in connection with an audit, inspection, investigation, or license proceeding to ensure compliance with government rules, including those that apply to Medicare and Medicaid.
- **Lawsuits and Disputes:** If you are involved in a lawsuit/dispute, South Shore Hospital may disclose information about you in response to a court order or other valid legal process (e.g. subpoena, summons). The hospital may also disclose protected health information about you to someone else involved in the lawsuit/dispute according to the legal process.
- **Law Enforcement:** South Shore Hospital may be required or permitted to release protected health information if asked to do so by a law enforcement agent or organization with the appropriate court order, subpoena, warrant or summons.

*Example: South Shore Hospital may release protected health information to (i) identify a suspect, fugitive or material witness; (ii) report a death that South Shore Hospital believes to be the result of criminal conduct; (iii) disclose criminal conduct which occurred in the hospital or on hospital property; or (iv) in an emergency to report a crime, the location of the crime or victims, and the identity and description of a person believed to have committed the crime.*

- **In The Event Of Your Death:** South Shore Hospital may release information to a coroner/medical examiner in order to assist in identifying you or determining the cause of your death. The hospital may disclose protected health information to a funeral director to assist him/her in performing his/her duties.
- **National Security and Intelligence Activities:** With proper court order, South Shore Hospital may disclose protected health information about you to authorized federal officials, counterintelligence and other national security activities authorized by law.
- **Protective Services For The President and Others:** With the proper court order, South Shore Hospital may disclose protected health information about you to authorized federal officials so that they may provide protection to the President, and other authorized persons or foreign heads of state.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, South Shore Hospital may release protected health information about you to the correctional institution or law enforcement officials to enable them to provide you with adequate care, to protect your health and safety and the safety of others, and to provide for the safety and security of the correctional institution.
- **When The Patient Is A Minor:** Special laws apply to the use and disclosure of protected health information about minors. If the patient is a minor (under 18 years of age), patient information cannot be released without the consent of a parent or legal guardian, unless the minor is deemed to be emancipated. Once a minor reaches the age of 18, however, protected health information can no longer be released to a parent without the patient's written consent.

A minor is deemed "emancipated" and has control over his/her own medical records if the minor:

- Is married, widowed or divorced;
- Has a child;
- Is a member of the armed forces;
- Is pregnant or believes herself to be pregnant (this only applies to the records related to the pregnancy, pregnancy testing, or pregnancy termination);
- Is living away from his/her parents and managing his/her own finances; or
- Believes he/she has come in contact with a dangerous disease as defined by the Department of Public Health (this applies only to those records related to the suspected dangerous disease).

---

## Uses & Disclosures That Require Your Written Permission:

If South Shore Hospital wishes to use or disclose protected health information about you for any reason other than those reasons listed above, the hospital must first obtain your written permission. In many instances, South Shore Hospital must obtain a prior written authorization before using or disclosing your protected health information.

*Example: If South Shore Hospital wishes to engage in marketing or submit health information to your life insurer or employer, the hospital must obtain a written authorization from you. You have the right to revoke any written authorization obtained in connection with the use or disclosure of your protected health information at any time by sending a written revocation statement to the Director of Health Information Management.*

If you revoke your permission, the hospital will no longer use or disclose your protected health information about you for the reasons covered by your written authorization. The hospital is unable to take back any disclosures already made with your authorization and is required to retain a record of all care provided to you.

---

## Your Rights Regarding Your Health Information:

- **Right To Inspect and Copy:** You have the right to inspect and have copied protected health information that may be used to make decisions about your medical care. This includes medical and billing records but does not include psychotherapy notes. To inspect and have copied this information, you must submit your request in writing to the Director of Health Information Management. You must present valid picture identification upon presenting yourself to the HIM Department. If you request a copy of this information, South Shore Hospital may charge a reasonable fee for copying, mailing, or other supplies associated with your request.

South Shore Hospital may deny your request under certain circumstances. If you are denied access to your records, you may send a written request to the Director of Health Information Management to review the denial. Another licensed health care professional or health care team chosen by the hospital will review your request and the reasons for the denial. The person who denied your request will not be involved in the review process. The hospital will comply with the outcome of the review.

- **Right To Request An Amendment To Your Records:** if you feel the protected health information South Shore Hospital has about you is incorrect or incomplete, you have the right to request an amendment at any time. Your request for an amendment must be made in writing to the Director of Health Information Management and must state the reason for the requested amendment. The hospital may deny your request if (i) you ask to amend information that was not created by South Shore Hospital, (ii) it is not part of the protected health information kept for or by South Shore Hospital, (iii) it is not part of the information which you are permitted to inspect or copy, or (iv) South Shore Hospital believes the information is accurate and complete. If your request is denied, you have the right to send a letter of objection to the Director of Health Information Management that will then be attached to your permanent medical record along with any written rebuttal that the hospital feels is necessary.

- **Right To Request An Accounting Of Disclosures:** You have a right to request a list of various disclosures that South Shore Hospital has made of your protected health information. South Shore Hospital is not required to keep a list of any uses or disclosures for treatment, payment or operations purposes or for any uses or disclosures that are made after obtaining your written authorization.

To request an accounting of disclosures, you must submit a written request to the Director of Health Information Management. Your request must state a time period that does not go back more than six (6) years and that does not include dates prior to April 14, 2003. Your request should indicate in what form you want the list (e.g. on paper or electronically). The first list you request within any twelve (12) month period will be provided free of charge. The hospital may charge you a reasonable fee for the costs incurred in producing any additional lists. South Shore Hospital will notify you of the charges and you may choose to modify or withdraw your request before any costs are incurred.

- **Right To Request Restrictions On The Use & Disclosure Of Your Information:** You have the right to request a limit on the protected health information South Shore Hospital uses or discloses for treatment, payment or operations purposes or to request a limit on the information provided to someone you have identified as a person to be informed about your medical condition or the payment for your care (e.g. family member, friend or attorney). South Shore Hospital is not required to agree to your request. If the request is agreed to, the hospital will comply with your request, unless the information is required to provide you with emergency care. To request a restriction, you must send a written request to the Director of Health Information Management that states (i) the information you want limited, (ii) whether you want to limit South Shore Hospital's use, disclosure or both, and (iii) to whom you want the limits to apply (e.g. child or spouse).

*Example:* If South Shore Hospital wishes to engage in marketing or submit health information to your life insurer or employer, the hospital must obtain a written authorization from you. You have the right to revoke any written authorization obtained in connection with the use or disclosure of your protected health information at any time by sending a written revocation statement to the Director of Health Information Management.

- **Right To Request Confidential Communications:** You have the right to request that South Shore Hospital communicate with you about medical matters in a certain way or at a certain location in order to better maintain your privacy. To request that the ways in which you are contacted are limited, you must send a written request to the Director of Health Information Management. You will not be asked the reason for your request and the hospital will honor all reasonable requests (as defined by South Shore Hospital). The request must specify how or where you wish to be contacted.

*Example:* You may ask South Shore Hospital to contact you only at work or at a particular telephone number, or by mail in plain white envelopes.

- **Right To A Copy Of This Notice:** You have a right to receive a paper copy of this notice. You may ask for additional copies of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, please ask the patient registration staff assisting you or call the Privacy Officer at (781) 340-8828. A copy of this notice is also provided on South Shore Hospital's web-site at [www.southshorehospital.org](http://www.southshorehospital.org).

---

**Changes To  
This Notice:**

South Shore Hospital reserves the right to change this notice without notification. The hospital reserves the right to make the revised notice effective for protected health information already collected about you, as well as any information received in the future. The hospital will post a copy of the current notice in all hospital admitting areas.

---

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with either the hospital or with the Office of Civil Rights. The contact information is:

*To file a complaint with South Shore Hospital, contact the Privacy Officer at:*

South Shore Hospital  
Privacy Officer  
55 Fogg Road, Mailbox #82  
South Weymouth, MA 02190-2455  
Phone: (781) 340-8828  
Fax: (781) 682-5140

*To file a complaint with the Office of Civil Rights, the contact info is:*

Office of Civil Rights  
Regional Manager  
Government Center  
JFK Federal Building, Room 1875  
Boston, MA 02203-0002  
Phone: (617) 565-1340  
Fax: (617) 565-3809  
TDD: (617) 565-1343

***All complaints must be submitted in writing.***

***You will not be penalized in any way for filing a complaint, nor will your hospital care be compromised in any way.***

---

**Contacts:**

Throughout this notice, there are references to the Privacy Officer and the Director of Health Information Management. The contact information is:

South Shore Hospital  
Privacy Officer  
55 Fogg Road, Mailbox #82  
S. Weymouth, MA 02190-2455  
Phone: (781) 340-8828  
Fax: (781) 682-5140

South Shore Hospital  
Director of Health Information Management  
55 Fogg Road, Mailbox #55  
S. Weymouth, MA 02190-2455  
Phone: (781) 340-8233  
Fax: (781) 331-3916