

## NOTICE OF PRIVACY PRACTICES SUMMARY

EFFECTIVE DATE: April 14, 2003

REVISED DATE: January 1, 2008

This brief summary of South Shore Hospital's ("the Hospital") Notice of Privacy Practices lists the various ways the Hospital may use or disclose medical information about you in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It also provides a brief summary of your rights and the Hospital's obligations to you regarding the use and disclosure of your medical information. The complete Privacy Notice contains more information on each of the subject mentioned below and is available on our website ([www.southshorehospital.org](http://www.southshorehospital.org)) or by contacting our Privacy Officer (see below).

### How We May Use & Disclose Your Health Information

The Hospital is permitted to use and disclose information about you without your authorization for the following reasons:

- **Treatment:** To provide medical treatment, services or to discuss treatment alternatives, benefits and available services.
- **Payment:** To provide and receive information from a payer (e.g. insurance co.) for billing & payment of services.
- **Operations:** To run the hospital (e.g. quality assurance, appointment reminders, internal audits).
- **As Otherwise Required By Law**

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

Unless you disagree or object, limited personal health information about you may be used or disclosed for the following reasons:

- Maintaining the hospital directory so that family, friends and/or clergy can locate you.
- Disclosure of information to family or friends that you designate to be involved in your care and treatment. In the event of an emergency, the Hospital may determine that it is in your best interest to disclose limited information.
- Disclosure of your presence at the Hospital in the event of a disaster or terrorist attack.

### Special Situations:

- To avert a serious threat to public health or safety.
- Organ and tissue donation.
- Members of the military and veterans.
- Workers' Compensation.
- Reporting and handling of public health risks.
- Health oversight activities.
- In response to a court order or appropriate subpoena in a lawsuit or legal proceeding.
- Law enforcement.
- Coroners, medical examiners and funeral directors.
- National security and intelligence activities.
- Protective services for the President and designated others.
- Inmates of a correctional facility or those under the custody of law enforcement.

### Uses & Disclosures That Require Your Written Permission

Unless the use or disclosure of your information is permitted for one of the reasons listed above, your written authorization is required before the Hospital can use or disclose your protected health information. Your authorization is required before using or disclosing your personal information for:

- Marketing.
- Research (with some limited exceptions).
- Reports to life insurance companies or employers.

### Your Rights Regarding Your Health Information

Under HIPAA, you have the right to:

- Inspect and have copied medical information about you.
- Request an amendment of medical information you feel is incorrect or incomplete.
- Request an accounting of any disclosures made by the Hospital that were not for treatment, payment or operations.
- Request restrictions on disclosures made by the Hospital.
- Request an alternative method of communication (e.g. calling only a cell phone or work number).
- Receive a copy of the Hospital's complete Notice of Privacy Practices.

### Changes To This Notice

The Hospital reserves the right to change this summary and the entire Notice of Privacy Practices without notification. The effective date of this summary is located in the heading at the top of this summary.

### 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 info is:

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)

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 in writing.**

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