

**NOTICE OF PRIVACY RIGHTS & PRACTICES**

**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.**

Compass Medical, P.C. (referred to collectively as “we” or “us” in this notice) creates records of the health care and services you receive from us. We are required by law to protect the privacy of any medical information that identifies you; to provide you with this notice describing our legal duties and privacy practices with respect to your medical information; and to follow the terms of the most current Compass privacy notice.

1. **Who Will Follow This Notice**

This notice describes the privacy practices of Compass Medical, PC (“Compass”) and applies to all providers, employees, students and volunteers.

1. **How We Use and Disclose Your Medical Information Without Your Written Permission**

While in certain situations (described in Section 3 of this document) we are required to obtain your written permission to use or disclose your medical information, by law we are permitted to use and disclose your medical information without your written permission for certain purposes related to your care. The following are situations in which we may use or disclose your medical information without your written permission:

* **Treatment:** We use and disclose your medical information to provide, coordinate or manage your medical treatment and related services. For example, a physician will use your test results to diagnose and treat your injury or illness. We may share medical information with providers outside Compass that are involved in your care, such as a referring physician or specialist who is treating you.
* **Payment:** We use and disclose your medical information so that we can obtain payment for the health care services that we provide to you. For example, we may provide information about your treatment to your insurer or other company or program that arranges or pays for your health care, including when we need to obtain prior approval and authorization for your treatment, or to our payer network.
* **Health Care Operations:** We use and disclose your medical information to support our efforts to improve the quality and/or cost of care and for our own management and planning. For example, we may use your medical information to measure the performance of our staff in how they care for you. We may also share your medical information with our business associates with whom we have contracted to provide services, such as a billing company or medical transcription service.
* **Other Health Care Providers:** We may also share medical information with your doctor and other health care providers who are not part of Compass when they need it to provide treatment to you, to obtain payment for the care they give to you, to perform certain health care operations such as reviewing the quality and skill of health care professionals, or to review their actions in following healthcare laws and regulations.
* **Disclosure to Family, Friends and Other Caregivers:** We may share your medical information with a family member, a close personal friend, or another person who you identify if we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your medical information with these individuals. The medical information we share will be limited to the information necessary for that person’s involvement with your care or payment for your health care. We may also use or share your medical information with an organization, such as the American Red Cross, assisting in a disaster relief effort, to notify (or assist in notifying) your family about your location and general condition. In the event you are deceased, and unless we know that you would object, we may share your medical information with a family member or a close personal friend that was involved with your care or payment for your health care. The medical information we share will be limited to the information necessary for that person’s involvement with your care or payment for your health care.
* **Public Health Activities:** We are required or are permitted by law to report medical information to certain government agencies and others. For example, we may disclose your medical information:
  + To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
  + To report abuse and neglect to government authorities or social agencies that are legally permitted to receive the reports;
  + To report information about products and services to the U.S. Food and Drug Administration;
  + To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
  + To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and
  + To prevent or lessen a serious and imminent threat to a person for the public's health or safety, or to certain government agencies with special functions such as the State Department.
* **Health Oversight Activities:** We may disclose your medical information to local, state or federal authorities that are responsible for the oversight of health care related matters, such as agencies administering Medicare and Medicaid.
* **Judicial and Administrative Proceedings:** We may disclose your medical information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process, to the extent the disclosure is authorized by a court, tribunal, or, in certain circumstances, to a subpoena, discovery request or other lawful process.
* **Law Enforcement Purposes:** We may disclose your medical information to the police or other law enforcement officials as required or permitted by law as part of law enforcement activities and investigations.
* **Decedents:** We may disclose your medical information to a coroner or medical examiner as authorized by law, and we may disclose medical information to funeral directors so they may carry out their obligations.
* **Organ and Tissue Procurement:**We may disclose your medical information with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
* **Military and Veterans:**If you are in the U.S. or foreign armed services, or a veteran, we may disclose your medical information as required by the proper military authority so that they may carry out their lawful duties.
* **National Security:** We may disclose your medical information to the appropriate federal officials for the protection of the President, to other authorized persons, to conduct special investigations or for intelligence, counter-intelligence and other national security purposes.
* **Inmates:** If you are an inmate in a correctional facility or in the custody of a law enforcement official, we may disclose your medical information to the correctional facility or law enforcement officer so that they may carry out their lawful duties.
* **Research:**We may use or share your medical information if the group that oversees our research, the Institutional Review Board/ Privacy Board, approves a waiver of permission (authorization) for disclosure or for a researcher to begin the research process.
* **Workers' Compensation:**We may disclose your medical information as permitted by or required by state law relating to workers' compensation or other similar programs.
* **As Required by Law:** We may use and disclose your medical information when required to do so by federal, state or local law.

1. **Uses and Disclosures Requiring Your Written Permission (Authorization)**

We are required to obtain your written permission to use or disclose your medical information for the following reasons. You may revoke an authorization at any time, in writing, except to the extent that we have already acted in reliance on it.

* **Use or Disclosure with Your Permission (Authorization):** For any purpose other than the ones described in Section 2, we may only use or share your medical information when you grant us your written permission (Authorization).
* **Marketing and Sale of Your Medical Information:**We must also obtain your Authorization prior to using or disclosing your medical information to send you any marketing materials. In addition, we are prohibited from selling your medical information without your written authorization to do so. We may, however, communicate with you about products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, health care providers, or care settings without your permission.
* **Uses and Disclosures of Your Highly Confidential Information:** Federal and state law may require special privacy protections for any portion of your medical information that is considered “highly confidential information”, including, to the extent applicable, records regarding: (1) psychotherapy notes; (2) mental health and developmental disabilities services; (3) alcohol and drug treatment; (4) HIV/AIDS testing; (5) sexually transmitted disease(s); (6) genetic testing; (7) child abuse and neglect; (8) abuse of an adult with a disability; (9) sexual assault; or (10) invitro fertilization (IVF). Before sharing your highly confidential information (as defined above) for a purpose other than as permitted by law, we must obtain your written permission.

1. **How Long We Keep Your Medical Information**

Compass maintains medical records for the period of time required by law. Copies of applicable record retention policies are available upon request.

1. **Your Rights Regarding Your Medical Information**

With respect to the medical information maintained by Compass, you have the right:

* To see and to obtain a copy of your medical information that is used to make decisions about your care and treatment, including your medical and billing records. Under certain circumstances, we may deny your request. If we do so, we will send you a written notice describing the basis of our denial. Requests must be made in writing. We may charge a reasonable fee for copying, mailing or other expenses associated with processing a request. If your medical information is maintained electronically, you may request a copy of the information in an electronic format.
* To request a change or amendment to your medical information.  Requests for an amendment must be made in writing and provide the reason for which an amendment is being requested.  We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial.
* To receive an accounting of our disclosures of your medical information. Requests for an accounting must be made in writing. An accounting will only include disclosures made during the time period indicated on the request, but may not exceed a period of six years.
* To request that we restrict or limit our use or disclosure of your medical information. Whether we are required to agree to your request or not depends on the nature of the request and applicable law. We must, however, agree to your request to restrict the disclosure of your medical information to a health plan if the medical information pertains solely to a health care item or service for which you or a person other than a health plan has paid for in full at time of service. Please note that in certain cases, we may not be legally permitted to agree to a requested restriction.
* To receive confidential communications at a phone number or address other than your home. We will accommodate your request if your request is reasonable and you specify an alternative means or location.
* To receive notice if we discover a breach of your unsecured medical information and notification is required by law.
* To receive a paper copy of this notice, upon request, even if you have agreed to receive it electronically.
* To revoke an authorization at any time, in writing, except to the extent that we have acted in reliance on the authorization.

1. **Effective Date and Changes to this Notice**

This notice takes effect April 1, 2022. We reserve the right to change this notice and our privacy practices, policies and procedures and to make the new notice, practices, policies and procedures effective for all medical information we already have as well as any we create or receive in the future. If we make any changes to the notice, we will publish the revised notice on the Compass website at [www.compassmedical.net](http://www.compassmedical.net) and post it in common areas in our physician practices and other patient care areas.

1. **Questions and Complaints**

Please contact the Compass Medical Compliance Office to request a copy of this notice, to obtain help understanding this notice or to obtain more information. You may also contact Compass Medical’s Privacy Officer if you are concerned that your privacy rights have been violated or if you disagree with a decision that was made about access to your medical information. A Privacy Officer can be reached by phone at (508) 350-5651, or in writing at: Privacy Officer, Compass Medical P.C., 362 North Bedford Street, East Bridgewater, MA 02333.

Written complaints may also be filed with the Office for Civil Rights, U.S. Department of Health and Human Services. Filing a complaint will not affect the treatment or services you receive from us.