

**Austen Riggs Center  
Notice of Privacy Practices  
Executive Summary**

- The attached Notice describes the privacy practices of the Austen Riggs Center and your rights with respect to the protected health information we collect about you.
- The Notice explains that we will use and disclose protected health information concerning you for the purposes of providing you with treatment, obtaining payment and conducting our health care operations.
- It explains that under a limited range of circumstances we may disclose your protected health information without your consent.
- The Notice describes your rights to review, amend and receive a copy of protected health information about you, and how to request an accounting of disclosures we have made of your protected health information.
- It explains how to file a complaint if you believe your privacy rights have been violated or if you disagree with a decision we have made about your right to privacy.
- It identifies and tells you how to contact the Center's Privacy Officer.
- Please review the notice and sign the last page, acknowledging you have received it.

Revised: February 1, 2019

**Austen Riggs Center  
Notice of Privacy Practices**

Revised: February 1, 2019

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED WHILE YOU ARE A PATIENT AT THE AUSTEN RIGGS CENTER AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT ALSO DESCRIBES YOUR RIGHTS AND CERTAIN OBLIGATIONS THAT WE HAVE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN BELOW TO ACKNOWLEDGE YOU HAVE RECEIVED THIS NOTICE.*

**Permitted Uses and Disclosures of Health Information**

We understand that medical information about you is private and we are committed to protecting that information. We use and disclose health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

The following categories describe in more detail different ways that we use and disclose medical information. For each category, we will explain what we mean and give an example. Not every use or disclosure in a category will be listed. However, all of the ways we may use and disclose information will fall within these categories.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, we may disclose such information to other clinical staff at Austen Riggs who are involved in your care. In most cases, we will secure your written consent before disclosing your protected

health information to any healthcare provider outside of Austen Riggs; however, if we cannot reasonably obtain your written consent, we may disclose relevant protected health information to a healthcare provider outside of Austen Riggs for treatment purposes if such disclosure is otherwise permitted by law. For example, protected health information may be provided to another medical facility caring for you in an emergency or to a healthcare provider performing a treatment or service on you to which you've consented.

- **Payment:** We will use your protected health information to obtain payment for your health care services. For example, obtaining approval for a stay at the Center may require that certain relevant protected health information be disclosed to your health insurance company to obtain approval for the admission and continued stay. Generally, however, we will seek your agreement before we disclose information about you to your insurance carrier.
- **Health Care Operations:** We may use or disclose your protected health information without your written consent in order to support our internal operations. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record. We may also share certain of your protected health information with entities that perform various services for the Center (for example, lawyers), but in those cases we will have a written contract with those entities requiring them to protect the confidentiality of your protected health information.
- **Post-Discharge Contacts and Fundraising:** The Center has an alumni association for former patients. When you are admitted to the Center, we add your name to the Center's patient alumni and fundraising database, but we will not release your name to any other entity for their own fundraising purposes. Beginning one year after discharge from the

Center, we may send you mailings about the Center and invite you to join our alumni association. When we contact you one year after discharge, we will offer you an opportunity to opt out of the alumni association or any future fundraising mailings.

- **Others Involved in Your Health Care:** Family work or meetings with other important people in your life often makes sense in the course of treatment. If you have provided written consent, we may disclose certain protected health information about you to a family member or others who are involved in or paying for your medical care. We may also share certain limited health information with family or other important people in your life if an emergency arises in the course of your treatment to the extent such disclosure is permitted by law.
- **Special Situations:** We may disclose certain protected health information without your consent in the following limited circumstances:
  - **As Required by Law:** We may disclose protected health information about you when required by federal, state or local law.
  - **To Avert a Serious Threat to Health or Safety:** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone whom we believe may be able to help prevent the threat or be in danger.
  - **Public Health:** We may make reports to the Department of Public Health concerning communicable and other infectious diseases.
  - **Health Oversight / Joint Commission:** We may disclose certain protected health information to a health oversight agency for activities authorized by law, such as

audits, investigations and inspections, or to the Joint Commission or other accrediting bodies in connection with our accreditation compliance and renewal.

- **Abuse, Neglect, or Domestic Violence:** We may disclose your protected health information to an appropriate authority to report child, elder, or other abuse or neglect if we believe that you have been a victim or perpetrator of abuse, neglect or domestic violence.
- **Food and Drug Administration:** We may disclose your protected health information as required by the Food and Drug Administration to track products.
- **Research:** We may disclose your protected health information to researchers when duly approved by our Institutional Review Board or Privacy Board, or in certain other limited situations (such as a review of records preparatory to research) when written permission from you is not required by law.
- **Compliance:** We may disclose your protected health information to the Department of Health and Human Services to investigate our compliance with applicable federal privacy regulations.
- **Other:** We may disclose certain limited protected health information to coroners and medical examiners, or funeral directors.

### **Uses and Disclosures That Require Your Written Consent**

Uses and disclosures of your protected health information that do not fall within the categories described above will be made only with your written consent. You may revoke that consent in writing at any time. If you revoke your consent, we will no longer use or disclose the protected health information for the reasons covered by your written consent. We will not sell your protected

health information or otherwise use or disclose any of your personal information (including your protected health information) for the purpose of marketing any third party product or service.

As a teaching and research hospital, we make an effort to contribute to knowledge about psychiatric disorders and their treatment through the part of the Center called the Erikson Institute for Education and Research. From time to time, visiting professionals attend case conferences. Most are clinicians, and all have signed an agreement to maintain the confidentiality of clinical information. You will be asked to sign a consent that indicates whether or not you will permit visiting professionals to attend case conferences in which your treatment is discussed.

### **Your Rights Concerning Your Health Information**

**Right to inspect and copy.** In most cases, you have the right to inspect and get a copy of health information in your medical record that we use to make decisions about you. Given our experience that psychotherapeutic psychiatric treatment is best conducted within a human relationship, we will generally advise that the health information in your medical record be reviewed together with your therapist. You may request a hard copy of your record or, if your records are maintained electronically, an electronic copy. If you request a hard copy of your medical record, we will charge you only normal photocopy fees, and if you request an electronic copy, we may charge you our costs in preparing that electronic copy. Any request for access to your medical record must be submitted in writing to the Chair of the Medical Records Committee.

**Accounting of disclosures.** You may request a list of instances in which we have disclosed health information about you for reasons other than treatment, payment or health care operations, and other than when you explicitly authorized it. This accounting would exclude disclosures that we have made to you, to family members or friends involved in your care or for notification purposes. Your request must be made in writing and should specify the period for which the

accounting is being requested. You may request an accounting covering the six-year period prior to the current date.

**Right to request restriction.** You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or health care operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request that goes beyond what the law requires. If you pay us for a health care service in full (out of pocket), then we will agree to any request by you not to share information pertaining to that service with your health plan for purposes of carrying out payment or health care operations. If we do agree to a restriction that you request, then we must comply with your request unless disclosure is required to provide you with emergency treatment.

**Right to request confidential communications by alternative means or at an alternative location.** You may request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests to receive confidential communications by alternative means or at an alternative location. We may condition this accommodation on your providing information to us as to how payment will be handled or specifying an alternative address or other method of contact.

**Right to request an amendment.** You have the right to request an amendment of protected health information about you if you feel that the information in your medical file is incorrect or incomplete. Your request to amend your medical record must be made in writing and submitted to the privacy officer identified below. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information we maintain to make decisions about your care;
- is not part of the health information that you would be permitted to inspect or copy; or
- is accurate and complete.

If we deny your request for an amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information. If we grant your request for amendment, we will ask you to provide us with the names of the persons or organizations you want to receive the amendments and you will need to agree to our notifying them along with others who received the information before the corrections were made and who may have relied on the incorrect information to provide you with treatment.

**Right to paper copy of this Notice of Privacy Practices.** You have a right to obtain a paper copy of our current Notice of Privacy Practices upon request.

### **Retention of Patient Records**

We are required by Massachusetts law to maintain your patient record for at least 20 years after the closing of your patient record due to your discharge, death, or last date of service. We may choose, but are not required, to destroy your patient record only after the retention period has elapsed and only after prior, written notification to the Department of Public Health. In the event that we destroy your medical record, we will do so in a manner that ensures the confidentiality of the medical record (such as, for example, shredding or burning the media on which the medical



record resides). We may, but are not required to, notify you before destroying your medical record in accordance with law.

### **Complaints about Privacy Violations**

If you are concerned that we have violated your privacy rights or if you disagree with a decision we made about access to your records, you may contact the Privacy Officer listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The Privacy Officer can provide you with the appropriate address upon request. There will be no retaliation against you as a result of any complaint you make concerning the privacy of your protected health information.

### **Our Legal Duty<sup>1</sup>**

We are required by law to protect the privacy of your information and to notify you in the event that there is a breach of your unsecured protected health information. This Notice sets forth the privacy practices that we currently have in effect and have undertaken to follow.

### **Changes to the Notice of Privacy Practices**

We may change our privacy policies at any time and make new notice provisions effective for all protected health information that we maintain. When we make a significant change in our policies, we will change this Notice of Privacy Practices and post the new Notice in the Medical Office Building, the Inn, all patient residences and on our website ([www.austenriggs.org](http://www.austenriggs.org)). You may also request a copy of our current Notice of Privacy Practices at any time. For more information about our privacy practices, contact the Center's Privacy Officer, identified below.

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<sup>1</sup> Although we are not an entity covered by the federal privacy regulations promulgated under the Health Insurance Portability and Accountability Act ("HIPAA"), Austen Riggs has nevertheless voluntarily adopted this form of notice of privacy practices to assure our patients that we fully respect the privacy of their medical information.



*If you have any questions or complaints, please contact:*

*Privacy Officers: Lisa Bozzuto 413-931-5841 & Cheryl Puntil 413-931-5277*

*Address: Austen Riggs Center, 25 Main Street, Stockbridge, MA 01262-0962*

## **Acknowledgement of Receipt of Austen Riggs Center**

### **Notice of Privacy Practices**

Please sign your name and print your name and today's date on this acknowledgement form, then return your signed acknowledgement to the receptionist, to the Admissions Coordinator or to the address above.

Patient signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_