

Notice of Privacy Practices

Effective September 23, 2013

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.

"SE" and the pronouns "we," "us" and "our" refer to Summit ElderCare, offered by Fallon Community Health Plan.

At Summit ElderCare, offered by Fallon Community Health Plan, we follow strict policies to protect your privacy. To operate our programs, SE has information such as your name, address and Social Security number as well as health information about physician visits and medical history. This notice tells how we may use and share that information.

We are required by law to follow the terms of this notice. We may change this notice, and any changes will apply to information we already have about you, as well as any new information we may receive or create in the future. If we make any important changes, we will send you a new notice.

Consent

Your enrollment in Summit ElderCare gives us your consent to use and share your personal information for the following purposes:

- **Treatment:** to provide you with treatment and services, to coordinate your care, and to disclose information to other providers involved in your care. Your health information may be used by doctors involved in your care and by nurses and home health aides, as well as by physical therapists, social workers, personal care attendants or other persons involved in your care. For example, members of the interdisciplinary team (which includes your primary care physician, a registered nurse, a social worker, physical and occupational therapists, and other caregivers) will discuss your plan of care and contact any specialists regarding care provided to you.
- **Payment:** for billing and payment purposes. We may disclose your health information to your personal representative, or an insurance or managed care company, Medicare, Medicaid or the state agency charged with administering PACE programs. For example, we may disclose health information to Medicare or the state administering agency in order to determine your continued eligibility for SE services. We will also require you to sign a release permitting the disclosure of personal information to Medicare, Medicaid and the state administering agency for these purposes as a condition of your enrollment agreement.
- **Health care operations:** for management, personnel evaluation, education and training, and to monitor quality of care. For example, we will use data about your treatment in order to conduct quality assessment activities. We may disclose your health information to another entity with which you have had a relationship if that entity requests your information for certain of its health care operations or health care fraud, and abuse detection or compliance activities.
- **Collecting information:** In order to operate our programs, we get information about you from you, your caregiver(s) and our affiliates. This may include, for example, name, address, date of birth, marital status or dependent information. We also get information about you from health care providers. This may include, for example, healthcare claims, medical history or grievance information. Information may be received in writing, by telephone or electronically.

Sharing information

Summit ElderCare may use or share your personal information:

- With federal or state oversight agencies (such as the Massachusetts Division of Medical Assistance)
- When required by court order or other legal process
- To tell you about treatment options or health-related benefits or services
- With your plan sponsors, as needed to manage your plan
- With research projects that meet privacy requirements. For example, we may share information with a researcher who is designing a research study or conducting records research when it is not practical to use de-identified information or to get your authorization.
- With your personal representative, medical power of attorney, or legal guardian
- With others who work with us to provide benefits (such as your pharmacy benefits) and also meet privacy requirements
- To protect victims of abuse or neglect, to avert a serious threat to health or safety, to track diseases, with military or veteran authorities as required, with coroners, for workers' compensation, for national security, for law enforcement purposes, for public good activities and generally as required by law

Please note that we may limit the amount of information we share about you for these purposes in accordance with state laws about HIV/AIDS and mental health records.

We will notify you if there has been a loss of your personal health information in a way that would compromise the information.

Other disclosures

Except as described above, Summit ElderCare cannot use or share your personal information without your written permission. For example we will not use or share your personal health information for marketing purposes without obtaining your authorization. If we have records for you that include psychotherapy notes, we will not disclose those notes without your permission. We never sell your personal information unless you have authorized us to do so. You may withdraw that permission in writing at any time and we will no longer use or share that personal information.

SE does not destroy personal information when you end your coverage with us, but we still safeguard it in the same way.

Your rights

The federal privacy regulations, as well as state law, give you the right to:

- Request a limit on how we use or share your personal information. We will attempt to honor your request, but are not required to do so except under the following circumstance:
 - We will honor a request not to share your personal information with a health plan for payment or other operations purposes if such information solely pertains to a health care service that you have fully paid for out of pocket and we are not legally required to disclose such information
- Request that we communicate with you at an alternative address or by alternative means
- Review and get a copy of certain personal information. We may deny your request in some instances, but you may be able to request a review of the denial. If we keep your records in an electronic format, you may request an electronic copy of your health information if it is in a form and format readily producible by us. You may also request a copy of your information be sent to another entity or person, so long as that request is clear, conspicuous and specific. (In all cases, fees will apply for copying, etc.)
- Request to make an amendment to your record if you think it is inaccurate or incomplete. You must provide the amendment, and the reason that you wish an amendment, in writing.
- A listing of disclosures made by SE for six years prior to your request, for reasons other than treatment, payment or health care operations. You must specify the time period you want.

- Request a paper copy of this notice at any time

To request any of the above information, please send a written request to the Summit ElderCare location you are affiliated with or you may call them for an official request form. The Summit ElderCare locations and telephone numbers are listed below.

To file a complaint or receive more information

If you believe we have violated the terms of this notice, you may file a complaint with us or with the secretary of the Department of Health and Human Services. You will not be punished in any way for filing a complaint.

To file a complaint with us or to receive more information, contact a Summit ElderCare staff member at your site.

Summit ElderCare® Charlton 1-508-434-3200 (TTY: 1-508-434-3216) Fax: 1-508-434-3218
88 Masonic Home Road, Charlton, MA 01507

Summit ElderCare® East Mountain St., Worcester 1-508-852-2026 (TTY: 1-800-889-4106) Fax: 1-508-856-7130; 277 East Mountain Street, Worcester, MA 01606

Summit ElderCare® Grafton St., Worcester 1-508-373-7400 (TTY: 1-508-373-7450) Fax: 1-508-373-7449
1369 Grafton Street, Worcester, MA 01604

Summit ElderCare® Leominster 1-978-401-3100 (TTY: 1-978-401-3118) Fax: 1-978-401-3116
55 Cinema Boulevard, Leominster, MA 01453

Summit ElderCare® Springfield 1-774-317-6200 (TTY: 1-774-317-6205) Fax: 1-774-317-6206
101 Wason Avenue, Springfield, MA 01107