



Notice of Privacy Practices

Your Information.

Your Rights.

Our Responsibilities.



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

YOUR RIGHTS: When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical Record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable cost – based fee.

Ask us to correct your medical record

You can ask us to correct or amend health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request but we’ll tell you why in writing within 60 days.

Request to OPT OUT

You may request that your name not to be listed in the Hospital Directory

Request confidential communications

You can ask us to contact you in a specific way. For example home or office phone, or to send mail to a different address. We will say “yes” to any reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable cost based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. Notice is available on our website: www.northeastrehab.com

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act on your behalf before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on the back page. You can file a complaint with the U.S Department of Health and Human services for Civil Rights by sending a letter to 200 Independence Ave, S.W Washington D.C. or visiting www.hhs.gov/ocr/privacy/hipaa/complainsts. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example you are unconscious; we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety

In these cases we never share your information unless you give us written permission

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Fundraising: We may contact you for fundraising efforts but you can tell us not to contact you again.

Our Uses and Disclosures

We typically use or share you health information in the following ways:

Treat you We can use your health information and share it with other professionals who are treating you

Example: A doctor treating your for an injury ask another doctor about your overall health condition.

Run our organization We can use and share your health information to run our practice, improve your care and contact you when necessary

Example: We use health information about you to manage your treatment and services

Bill for your services We can use and share your health information to bill and get payment from health plans or other entities

Example: We give information about you to your health insurance plan to pay for services

How else can we use or share your health information

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as: Preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, preventing or reducing a serious threat to anyone’s health or safety.

Research

We can use or share your information for health research

Comply with the law

We will share information about you if state or federal laws require it including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Organ and tissue donation requests

We can share information about you with organ procurement organizations

Medical Examiner or funeral director

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Worker’s Compensation, law enforcement, and other government requests

We can use or share health information about you for worker compensation claims, law enforcement purposes or official, health oversight agencies for activities authorized by law, for special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your health information, that includes your name and room number if an inpatient, will be used in our facility directory. You may restrict or opt out whether your information is included in the directory or to whom we

may release such information. If you are an Outpatient treating with NRHN your name or treating location is not included in the hospital directory.

Other applicable laws

State Laws and Patient Privacy Protection

In addition to compliance with Federal HIPAA and other statutes noted above, NRHN will comply with Commonwealth of Massachusetts laws and New Hampshire State Laws respecting patient privacy and confidentiality, including information related to mental health counseling

Massachusetts: (M.G.L. Ch, 112, S. 172A), disclosure of HIV test information (M.G.L. Ch.111, S. 70F), and general privacy rules contained in M.G.L. Chapter 111, S. 70E regarding "Patients' and Residents' Rights".

New Hampshire: Chapter Section 332-I: 1 - 332. Section 332-I:6 Medical Records, Patient Information and Health Information , general privacy rules, disclosure and complaints . 560:22 Medical Records of a deceased spouse.

We will never share your information without your written permission records relating to alcohol or substance abuse; records relating to HIV testing or HIV status; and records relating to mental health counseling. We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

HOW TO COMPLAIN IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

If you think that we may have violated your privacy rights or you disagree with any action we have taken with regard to your health information, we want you, your family, or your guardian to speak with us. If you present a complaint, your care will not be affected in any way.

Person to contact for information or with a complaint: If you have any questions about this Notice or any complaints, please contact:

NRHN: Privacy Officer at 603-681-3045 or Corporate Compliance Officer at 603-681-3237

You may also send a written complaint to:

[New Hampshire Department of Health and Human Services](#)

HIPAA Privacy Officer, NHDHHS, 129 Pleasant Street, Concord, NH 03301

[Massachusetts Department of Health and Human Services](#)

J.F.K. Federal Building - Room 1875, Boston, MA 02203, Voice phone 617-565-1340,

[Secretary of the Department of Health and Human Services](#)

200 Independence Ave., SW, Washington

Email to: OCRComplaint@hhs.gov.

We will take no retaliatory action against you if you file a complaint about our privacy practices.

Effective date: December 1, 2016

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

NRHN provides inpatient services located in Salem, Nashua, Portsmouth, and Manchester, NH

NRHN also provides therapy services on an Outpatient basis at multiple locations in New Hampshire and Massachusetts. A list of all locations is available upon request

NRHN operates physician practices for Inpatient locations and limited OPD Services (list available upon request).