



Notice of Privacy Practices

Effective Date: March 1, 2020

THIS NOTICE APPLIES TO ALL AFFILIATE MEMBER ORGANIZATIONS DESCRIBED AT THE END OF THE NOTICE.

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

Wellforce Inc., and all affiliates, including Circle Health, Melrose Wakefield Healthcare, Tufts Medical Center, and all the companies of Home Health Foundation Inc. (Collectively referred to as “Wellforce”) understand that your medical information is personal. Wellforce is committed to protecting your privacy.

Wellforce is required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of our hospital and our affiliated health care providers. This notice will tell you about the ways in which we may use and disclose health information about you, your family member or your child. We also describe your rights and our duties regarding the use and disclosure of health information.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Wellforce has the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. Not every use or disclosure in each category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your doctors, nurses, technicians, medical students, or other health care personnel who care for you at a Wellforce hospital, other Wellforce provider, or outside of a hospital/provider. We may disclose medical information about you to providers at our Affiliates who care for you at the Affiliate facility or office location. A list of our Affiliates can be found at the end of this notice. We may also disclose medical information about you to people (family members, friends, clergy, home health or other support agencies) involved in maintaining your health or well-being to ensure that everyone caring for you has the information they need.



For Payment: We may use and disclose your health information for purposes of billing for treatment and services you received and collecting payment from you, an insurance company or a third party. For example, we may tell your health insurer about a treatment you are going to receive in order to get prior approval or to verify if your plan will cover the treatment. We may also give information to someone who helps pay for your care.

For Health Care Operations: We may use and disclose your health information for health care operations. Health care operations are activities that are necessary to run the agency, hospital, physician offices, or other provider. For example, we may use and disclose your information for assessing the quality of care and outcomes in your cases and similar cases, evaluate the performance of our staff, identify risk, ensure completeness and accuracy of medical records, teach health professionals and perform continuous improvement to our agencies/facilities and services. Some of the information is shared with outside parties who perform these health care operations or other services on behalf of Wellforce. We refer to these parties as “business associates” and they must also take steps to keep your health information private. Also, if the ownership of Wellforce or any affiliates changes as a result of business mergers and acquisitions, your medical information may be disclosed to the new entity.

Wellforce may use and disclose health information to contact you:

- At the address, email and telephone numbers you provide to us about scheduled or cancelled appointments, registration or updates to your insurance, pre-procedure requirements, test results, billing and/or payment matters. We may leave messages on your phone.
- With information about patient care issues, pharmacy concerns, treatment choices, screening reminders, and follow up care instructions.
- With health-related information on new services and/or products that may be of interest to you.
- At an e-mail address or mail address to assist us in activities such as conducting patient satisfaction surveys.

Other Examples of Health Care Operations:

- **Hospital or Agency Directories.** We may include certain limited information about you in the hospital/agency directory while you are an inpatient at one of our hospitals or you are receiving care from one of our agencies. This information may include your name, location in the hospital/agency, your general condition (good, fair, stable, critical, etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. You can choose to be removed from the directory or have limited information given out by contacting a hospital/agency representative, doctor or nurse. In the event of an emergency or your incapacity, we will honor your previous preferences and what we determine to be in your best interest.



- **Public Health Activities.** Your health information may be disclosed to avoid serious threat to the health or safety of you or any other person as determined by law. When requested, we may make disclosure for public health activities:
 - To report births and deaths;
 - To report abuse and/or neglect of a child, disabled person or elderly person; or domestic violence;
 - To report to agencies such as cancer registries and/or the Food and Drug Administration;
 - To prevent or control disease, injury or disability;
 - To notify people of recalls of products they may be using;
 - To promote proper use of medication(s); or
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **Disclosure to Family, Friends, or Others.** Wellforce may share relevant information about you with a family member, partner, or other person close to you if they are involved in your care or payment for your care. Some examples are:
 - Notify a family member or other person responsible for you of your location, general medical condition, or death.
 - If you are in an emergency and not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that others really need to know.
 - In the event of a disaster or public emergency, Wellforce will use or share your health information with a public or private agency assisting in disaster relief. If we cannot obtain your permission, we may share information to coordinate efforts to notify someone on your behalf.

- **School Immunization.**

- **Research.** We may use general demographic information preparing for research and disclose health information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research. You may be contacted about research studies that might interest you.

- **Organ and Tissue Donation.** If you are a potential organ donor, we may release medical information to organ procurement organizations or the eye or tissue banks, as necessary, to facilitate organ or tissue donation and transplantation.

- **Fundraising Activities.** Wellforce may use your demographic information, such as name address, phone number, age, gender, dates of service, department of service, treating physician or outcome information to contact you in an effort to raise money. The money raised is used to support the healthcare services and educational programs we



provide to the community. If you do not want to be contacted by our fundraising activities, you may request to be removed from the contact list by contacting the appropriate hospital/ provider listed below:

- **MelroseWakefield Healthcare**
 - **Circle Health**
 - **Tufts Medical Center**
 - **Home Health Foundation**
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- **Law Enforcement.** Wellforce may use and disclose health information about you as required by law. For example, we may disclose information for the following purposes:
 - For legal proceedings, as determined by legal authority;
 - To report information related to victims of abuse, neglect, or domestic violence;
 - To assist law enforcement officials in their law enforcement duties.

 - **Worker’s Compensation.** Wellforce may use and disclose health information for worker’s compensation or similar programs. These programs provide benefits for work-related injuries or illness and have specific laws and regulations to coordinate.

 - **Medical Examiners, Coroners and Funeral Directors.** Health Information may be disclosed to a medical examiner or coroner in an effort to identify a deceased individual, or determine the cause of death. Health information may also be disclosed to funeral directors to enable them to carry out their duties.

 - **Military and Veteran.** If you are a member of the armed forces, we may release your medical information as required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law.

 - **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official, under certain circumstances if permitted by law.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN PERMISSION (AUTHORIZATION)

Using or disclosing your health information for purposes other than treatment, payment and operations requires your specific approval called “authorization.” For example, unless you give your authorization, Wellforce may not sell your health information or disclose such information in exchange for payment to a third party for purposes of marketing their products or services to you. In addition, certain information in your medical record is considered by state and/or federal law to be highly confidential. For example, HIV testing or test results, certain clinical psychotherapy documentation, and certain genetic information receives additional protection



from disclosures, and at times, requires your authorization before further disclosure to third parties for treatment, payment or health care operations.

Health Information Exchanges:

We may participate in Health Information Exchanges (HIE) which enables the electronic movement of health related information among diverse organizations such as physicians' offices, hospitals, laboratories, pharmacies, skilled nursing facilities, and insurance companies. Patient participation is intended to enhance coordination of care among multiple providers and may avoid the need for you to undergo duplicate tests. The information provided to an HIE includes both your medical and demographic information. Participation is optional and in some instances we may be required to obtain your written authorization prior to disclosing any of your health information to an HIE.

You may opt out of participation in an HIE at any time in writing, except to the extent that the providers have already acted upon your previously provided authorization.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION AND HOW TO EXERCISE THEM

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

Request Limits on the Use and Sharing of Your Health Information. You have the right to ask for certain restrictions on the use and sharing of your health information for treatment, payment or health care operations. You can also ask for certain restrictions on using this information to notify you about appointments or other services. To request restrictions, you must make your request in writing and it must include details of exactly what information you want to limit; whether you want to limit our use, disclosure or both; and what information is affected by the limits you select.

Wellforce is not required to agree to your request unless the following conditions are met: If you pay for a health care product or service in full (out-of-pocket), you may request that we not share health information pertaining only to the product or service with your health insurance plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment).

If we agree to your request, we must put the restriction in writing to you and abide by it except if you need to be treated in an emergency. You may not ask us to restrict uses and sharing of health information that we are legally required to make.

Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may



request that we contact you only at work or by mail. To request confidential communications, you must make your request in writing to the entity Privacy Officer listed at the end of this notice. We will not ask you the reason for the request and we will agree to the request to the extent that it is reasonable for us to do. Your request must tell us how and where you wish to be contracted.

Inspect and Obtain a Copy. You have the right to look at and get a paper or electronic copy of your health information and/or bills. You may also request your test results directly from the lab(s) where your tests were done. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the entity Privacy Officer (see contact information at the end of the notice.) If you request copies of your information, there may be a charge applied for the costs associated with your request. If your request is for an electronic copy of your records, we will work with you to provide you with a format of your choice, if it is readily available. We will respond to your requests within thirty (30) days from receipt of your request. If necessary, we may ask for an extension of thirty (30) days by providing a written notification to you with the reason for the delay and expected date to fulfill your request. If your request is denied, we will explain the reason for the denial in writing and explain any additional right for appeal.

Change or Amend your Health Information. You have the right to ask us to change your health information related to your treatment and bills if you think that there has been a mistake or that there is information missing. You must make your request in writing to the entity Privacy Officer listed at the end of this notice and give the reason for why you want the change. We have 60 days to respond to your request. If we deny your requests, we must give you a written statement with the reasons for the denial and explain any additional rights for appeal. If we grant your request, we will ask you to tell us the persons you want to receive the changes. You must agree to have us notify them along with any others who received the information before corrections were made, and who may have relied on the incorrect information to give you treatment.

Receive an Accounting of Disclosures (Record of when your health information was shared without your written authorization). You have the right to get a record of the times that your health information has been shared outside the sharing for the purposes of treatment, payment, and operations or disclosures you previously authorized. You must make this request in writing to the entity Privacy Officer listed at the end of the notice. You may request this listing as far back as six (6) years. We have sixty (60) days to respond to your request. Your first request for an accounting of disclosures in any 12-month period is free. For additional lists, we may charge you the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Choose Someone to Act for You. You have the right to choose a person to act on your behalf. If you have given someone medical power of attorney or if someone is your legal guardian or designated representative, that person can exercise your rights and make choices about your



health information. We will ensure the person has the authority and can act for you before we honor any requests.

Ask for a Printed Copy of the Notice. You have the right to receive a paper copy of this Notice from the contacts listed at the end of this Notice. You can ask for a paper copy even if you agreed to receive the Notice by email.

WELLFORCE DUTIES WITH RESPECT TO YOUR HEALTH INFORMATION

Wellforce is required by law to keep your health information private. Wellforce will notify you in the event of a breach or your health information. We are required to give people notice of our legal duties and privacy practices with respect to your health information. Wellforce must abide by the terms of the Notice currently in effect. Wellforce reserves the right to make the new Notice provisions effective for all protected health information that it maintains. If we do update the Notice, the new Notice will be posted on all Wellforce entity websites and in all registration areas for public viewing.

Records Management. Wellforce is required to comply with state law and maintain your medical records in accordance with applicable state and federal regulations. A copy of the Medical Record Retention Policy can be requested at the contact numbers below.

HOW TO FILE A COMPLAINT (WHEN YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED)

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

You may file a complaint by contacting a representative at any of the affiliates listed below. You may also send a written complaint to:

U.S. Department of Health and Human Services
J.F.K. Federal Building
Room 1875
Boston, MA 02203
Phone: 617-565-1340
Email: OCRComplaint@hhs.gov

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



WELLFORCE MEMBER ORGANIZATIONS

This Notice applies all Wellforce organizations including, but not limited to, the following organizations:*

Wellforce Member Organizations	Phone Number to contact when a patient wants to file a complaint
MelroseWakefield Healthcare Parent Corporation	Phone: 781-979-3477 Email: compliancehhs@melrosewakefield.org
Hallmark Health Medical Associates (HHMA) d/b/a Tufts Medical Center Community Care	Phone: 781-979-3477 Email: compliancehhs@melrosewakefield.org
MelroseWakefield Healthcare, Inc. (including Melrose Wakefield Hospital, Lawrence Memorial Hospital, MelroseWakefield Healthcare Imaging Center, MelroseWakefield Healthcare at 101 Main, Community Counseling, Malden Family Health Center, MelroseWakefield Healthcare Rehabilitation Services, MelroseWakefield Breast Health Center, MelroseWakefield Radiation Oncology & MRI,	Phone: 781-979-3477 Email: compliancehhs@melrosewakefield.org
Hallmark Health Properties, Inc.	Phone: 781-979-3477 Email: compliancehhs@melrosewakefield.org
Hallmark Health PHO, Inc.	Phone: 781-979-3477 Email: compliancehhs@melrosewakefield.org
Lawrence Melrose Medical Electronic Record, Inc.	Phone: 781-979-3477 Email: compliancehhs@melrosewakefield.org
The Lowell General Hospital	Phone: 978-937-6243 Email: ComplianceHelp@circle-health.org
Circle Health Physicians, Inc. (including LGH Medical Group, LGH Merrimack Valley Cardiology Associates, LGH Woman Health, LGH Cancer Care Associates, Circle Health Urgent Care)	Phone: 978-937-6243 Email: ComplianceHelp@circle-health.org
Circle Health Alliance, LLC	Phone: 978-937-6243 Email: ComplianceHelp@circle-health.org
Circle Care	Phone: 978-937-6243 Email: ComplianceHelp@circle-health.org
Tufts Medical Center, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Tufts Medical Center Community Care, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008



Tufts Medical Center Physicians Organization, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Otolaryngology – Head & Neck Surgery Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
New England Medical Center Group Practice, Inc. (d/b/a Pratt Neurosurgery Associates)	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Anesthesiology Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Medical Group, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Medical & Surgical Dermatology Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Neurology Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt OB/GYN Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Ophthalmology Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Orthopedic Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
New England Quality Care Alliance and affiliated Physicians and Physician Groups	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Radiation Oncology Associates of Rhode Island Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Pathology Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Pediatric Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Psychiatric Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Radiation Oncology Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Rehabilitation Medicine Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Surgical Associates Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Urology Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Pratt Radiology Associates, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008



The Cardiovascular Center at Tufts Medical Center, Inc.	Phone: 617-636-1203 Anonymous Hotline: 844-550-0008
Home Health Foundation, Inc. (including Home Health VNA, Home Health VNA of NH, Hallmark Health VNA, Inc., Circle Home Inc., Merrimack Valley Hospice, Commonwealth Nursing Services Inc., and York Hospital Hospice)	Phone: 978-552-4756 Anonymous Hotline: 978-552-4300

* The locations listed may not be all inclusive, and their respective contact numbers are subject to change at any time. For an updated list of applicable Wellforce entities, please view the latest Notice of Privacy Policy posted on the website(s) of any Wellforce entity or in all registration areas for public viewing.