



**EFFECTIVE DATE: April 14, 2003**

## **South Shore Hospital's Notice of Privacy Practices**

This brief summary of South Shore Hospital's Notice of Privacy Practices (Privacy Notice) lists the various ways South Shore Hospital may use or disclose medical information about you in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its Privacy Regulations. It will also provide a brief summary of your rights and South Shore Hospital's obligations to you regarding the use and disclosure of your medical information. The complete Privacy Notice is available on request. South Shore Hospital encourages you to read the complete Privacy Notice. In the complete Privacy Notice, each item mentioned is described in more detail and with examples of common uses and disclosures.

### **When South Shore Hospital May Use and Disclose Medical Information About You Without Your Authorization**

South Shore Hospital is permitted to use and disclose information about you without your authorization for the following reasons:

- **Treatment:** To provide you with medical treatment, services or to discuss treatment alternatives and health benefits and services available to you.
- **Payment:** To provide and receive information from an insurance company, HMO or other payer so that services may be billed and paid.
- **Hospital Operations:** To use and disclose information as necessary to run the hospital (for example - quality assurance, appointment reminders).
- **As Otherwise Required By Law**

### **South Shore Hospital May Use and Disclose Certain Protected Health Information About You Without Your Authorization Unless You Disagree or Object**

In certain circumstances, South Shore Hospital may use or disclose limited information about you if you have been given an opportunity to disagree or object. Specifically, unless you disagree or object, your limited protected health information may be used or disclosed for the following reasons:

- Maintaining a hospital directory so that family, friends and/or clergy can locate you.
- Disclosure of information to family members or friends you designate to be involved in your care and treatment (or in the case of an emergency, it may determine that it is in your best interests to disclose information).
- Disclosure of your presence at the Hospital in the event of a terrorist attack or natural disaster.

**Special Situations When South Shore Hospital May Use or Disclose Your Information to Certain Individuals or Authorities Without Your Authorization**

- To avert a serious threat to public health or safety.
- Organ and tissue donation.
- Members of the military and veterans.
- Worker's compensation.
- Reporting and handling of public health risks.
- Health oversight activities.
- In response to a court order or appropriate subpoena in a lawsuit or legal proceeding.
- Law enforcement.
- Coroners, medical examiners and funeral directors.
- National security and intelligence activities.
- Protective services for the President and designated others.
- Inmates of a correctional facility or those under the custody of law enforcement.

**In Many Situations, South Shore Hospital Must Obtain Your Written Authorization Before It May Use or Disclose Protected Health Information About You**

Unless the use or disclosure of your information is permitted for one of the reasons listed above, your written authorization is required before South Shore Hospital can use or disclose your protected health information. For example, your authorization must be obtained before using or disclosing your protected health information for any of the following reasons:

- Marketing.
- Research (with some limited exceptions).
- Reports to life insurance companies or employers.

**Your Rights Regarding Medical Information About You:**

- To inspect and have copied medical information about you.
- To request an amendment of medical information you feel is incorrect or incomplete.
- To request an accounting of any disclosures made by South Shore Hospital.
- To request restrictions on any information South Shore Hospital discloses to someone you have designated to be informed about your care.
- To request a confidential method for South Shore Hospital to communicate with you (for example, you may request that you only be contacted by mail or at a particular telephone number).
- To receive a copy of this summary and the Privacy Notice in its entirety.

**Changes to this Notice:**

South Shore Hospital reserves the right to change both the summary of this Privacy Notice, as well as the entire Privacy Notice without notification. The effective date of this notice can be found on the first page in the upper right hand corner.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with either South Shore Hospital or the Department of Health and Human Services/Office of Civil Rights:

South Shore Hospital  
Privacy Officer  
55 Fogg Road, MB# 82  
South Weymouth, MA 02190  
FAX: 781-340-8519

Department of Health and Human Services  
Office of Civil Rights  
Government Center  
JFK Federal Building, Room 1875  
Boston, MA 02203-0002  
FAX: 617-565-3809

**All complaints must be in writing.**  
**You will not be penalized in any way for filing a complaint, nor will your hospital care be compromised in any way.**