Use and Disclosure of Sensitive Protected Health Information
Both Federal and State law require special privacy protections for certain highly confidential information about you that is considered and defined as Sensitive Protected Health Information, as follows:

- Mental health treatment records (including communications involving your psychiatrist, psychologist, social worker, psychiatric nurse, mental health specialist, sexual assault or domestic violence counselor, or other mental health / human service professional
- Sexually Transmitted Infections / Diseases
- Genetic testing results and/or records
- Treatment for substance use disorder (SUD)
- AIDS, ARC, or HIV (including the fact that an HIV test was ordered, performed, or reported)

In order for us to disclose your Sensitive Protected Health Information for a purpose other than those permitted or required by law or regulation, we must obtain your written authorization. We may use or disclose Sensitive Protected Health Information for treatment, payment, and healthcare operations with the exception of AIDS, ARC, or HIV testing (regardless of the result) which requires your written authorization to be used for payment or discharge planning. If we maintain your SUD records, you may give a single consent to future uses and sharing of your SUD records for treatment, payment, and operations.

However, we may not use or share your SUD records protected by 42 C.F.R. Part 2, or any testimony relaying the content of those records, in any civil, criminal, administrative, or legislative proceedings against you without your specific consent, except as required by a court order accompanied by a subpoena or similar legal mandate (which may only be issued after you are given notice and the opportunity to be heard).

Right to Revoke Your Authorization
You may revoke your authorization, your marketing authorization, or any other written authorization obtained in connection with your Sensitive Protected Health Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Health Information Management Department.

Inmates
If you are an inmate of a correctional facility, or are under the custody of a law enforcement official, we may release medical information about you to the correctional facility or law enforcement official:

- To provide for your healthcare following discharge
- To protect your health and safety or the health and safety of others
- For the safety and security of the correctional facility or law enforcement official

How else can we use or share your health information?

We are permitted 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 must meet many conditions within the law, prior to sharing your information for these purposes. For more information please refer to: https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with Public Health and Safety Issues
We can share health information about you for certain situations, such as:

- Preventing disease
- Tracking and informing individuals about product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious and imminent threat to anyone's health or safety

Conduct Research
We can use or share your information for purposes of health research.

Comply with the Law
We will share information about you, if state or federal law requires it, including the Department of Health and Human Services, to demonstrate compliance with Federal Privacy Law.

Respond to Organ and Tissue Donation Requests
We can share health information about you with organ procurement organizations.

Work with a Medical Examiner or Funeral Director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, Law Enforcement, and Other Government Requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With 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.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 provide you with a copy of it.
- We will not use or share your information other than as described herein unless you inform us in writing that we can do so. Please inform us in writing if you change your previous directive.

For more information see: https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html.

Changes to the Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all protected health information that we maintain, including any information created or received prior to issuing the new Notice. The new Notice will be posted in the hospital and on our website, and it is always available upon request.

- This notice is effective April 14, 2003 as revised effective September 23, 2013, October 1, 2020, January 1, 2024, June 14, 2024, and February 16, 2026.
- You may contact the Sturdy Health Privacy Officer at (508) 236-8303 to request a copy of this notice, to obtain assistance in understanding the notice, or to obtain further information.
- For information on obtaining secure online access to your own medical information, you can learn about our patient portal at: https://www.sturdyhealth.org/patients-visitors/portal-and-medical-records/.

8525-041-P (1/26)

Sturdy Health

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Notice of Privacy Practices

211 Park Street | Attleboro, MA 02703
(508) 236-8303 Confidential Privacy Line

SturdyHealth.org

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 it carefully.

Our Commitment to Privacy

We understand that you are concerned about the privacy of your healthcare information. This notice describes the privacy practices of Sturdy Health, and the responsibilities of individuals employed within the hospital and affiliated practices. These privacy practices apply to any healthcare professional authorized to enter information into your Electronic Health Record including all departments and units of the hospital, all employees, physicians, clinical and non-clinical staff, as well as volunteers working within Sturdy Health.

All uses and disclosures of your information will be done in accordance with the most stringent applicable law (including HIPAA and 42 C.F.R. Part 2, as discussed further herein).

Your Rights

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

This section explains your rights and some of our responsibilities in assisting you.

Obtain an Electronic or Paper Copy of Your Medical Record

- You can ask to see or receive 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 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 will tell you why in writing, within 60 days.

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 all reasonable requests that ensure privacy of your information.

Ask Us to Limit What Information We Use or Share

- You can ask us not to use or share certain health information with regard to treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it has potential to adversely affect your care.
- If you pay for a service or healthcare 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 we are legally required to share that information.

Obtain a List of Those with Whom We Have Shared Information

- You can request a list (accounting) of the instances in which we have shared your health information, for up to six years prior to the date of your inquiry, to include who we shared it with, and why.
- We will include all the disclosures excluding those related to treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year free of charge, but will charge a reasonable, cost-based fee if another is requested within 12 months.

Obtain 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.

Choose Someone to Act on Your Behalf

- 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.
- Prior to taking any action, we will confirm that the identified individual has the legal authority to act on your behalf.

File a complaint if you feel your rights have been violated.

- If you feel your rights have been compromised in any manner, please contact the Privacy Officer at (508) 236-8303.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1 (800) 368-1019, or visiting **www.hhs.gov/hipaa/filing-a-complaint/index.html**.
- Rest assured there will be no retaliatory action taken for filing a complaint.

Your Choices

You have some choices in the way that we use and share information as we:

- Inform family members about your condition
- Provide disaster relief
- Include you in a hospital directory
- Market our services and share your information
- Conduct fundraising activities

For certain health information, you can inform us of your choices regarding what we can share.

If you have a clear preference for how we share your information in the situations described below, please let us know and we will follow your instructions.

In these cases, you have the right 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 inform us of your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.

We never share your information unless you provide us with written permission in the following cases:

- Marketing and sale of your information
- Sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can request not to be contacted in the future.
- We will not use your SUD records for fundraising without first giving you a chance to opt out.

Our Uses and Disclosures

We may use and share your information as we:

- Assist with public health, safety, or oversight issues
- Report abuse, neglect, or domestic violence
- Conduct research
- Comply with the law; and respond to lawsuits, legal and judicial actions, and proceedings
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Contact descendants
- Respond to health and safety threats

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

To Treat You

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

Example: A physician treating you for an injury asks another physician about your overall health condition.

To Run Our Organization

We can use and share your health information to effectively run our hospital and healthcare services and to facilitate your care, and we will contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

To Bill for Our Services

We can use and share your health information to bill and receive payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

With Your Authorization

Except as stated in this Privacy Notice, we may only use or disclose your Protected Health Information with your written permission. For instance, you must sign an authorization form before we can send your Protected Health Information to your life insurance company or to an attorney for litigation in which you are involved.

Once your health information is shared with your authorization, consent or as allowed by this Privacy Notice, it may be subject to redisclosure by the recipient and no longer protected by HIPAA.

Communications with/from Sturdy Health

By providing your contact information, including your address, email address, phone number, and other information, or by signing up to receive communications through our patient portal, you expressly consent and authorize Sturdy to use and share your contact information to communicate with you for purposes allowed by law, including treatment, payment, and operations, such as to send appointment reminders, share test results or follow-up instructions, recommend treatment alternatives or education services, and for other health-related purposes, in accordance with this Privacy Notice and applicable law. Such communications may be via mail, telephone, voicemail, text message (SMS), electronic mail (email), patient portal messaging, or other electronic means.