



## **NOTICE OF PRIVACY PRACTICES ~ JUNE 18, 2007**

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 RESPONSIBILITIES**

Protected Health Information (PHI) is any individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present or future physical or mental health condition and related health care services. We are required by law to:

- Maintain the privacy of protected health information
- Provide you with this notice of our legal duties and privacy practices if your PHI
- Follow the terms of our notice that are currently in effect
- Communicate any changes in the notice to you

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

Described as follows are the ways we may use and disclose health information that identifies you ("Protected Health Information" or "PHI"). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our office.

**TREATMENT/RESEARCH.** We may use and disclose PHI for your treatment and to provide you with treatment/research-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need information to provide you with medical care. Before we use or disclose PHI for research, the research project will go through a special approval process. Even without special approval, we may permit interoffice researchers/research assistants to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.

**APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, AND HEALTH-RELATED BENEFITS AND SERVICES.** We may use and/or disclose PHI to contact you and to remind you that you have an appointment with us. We also may use and/or disclose PHI to provide you with information about treatment alternatives or health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter/postcard about our office and the services we offer. These may be sent to you through the USPS with our practice information on the envelope/postcard.

## **HEALTH CARE OPERATIONS/INDIVIDUALS INVOLVED WITH YOUR CARE.**

We may use and disclose PHI for health care operational purposes or to those that may be involved with your potential participation in a research study. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the medical care you receive is of the highest quality. We also may share information with other entities that may have an interest or relationship with you as a result of your (potential) participation in one of our research studies (for example, the Food and Drug Administration, Pharmaceutical Company/Sponsor, IRB/Ethics Committee and/or any other related company) for their health care operation activities.

## **SPECIAL SITUATIONS**

**AS REQUIRED BY LAW.** We will disclose Health Information when required to do so by international, federal, state or local law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety of the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

## **YOUR RIGHTS**

You have the following rights regarding the PHI we have about you:

**RIGHT TO INSPECT AND COPY.** You have a right to inspect and copy PHI that may be used to make decisions about your care. This includes medical notes/records. To inspect and copy this PHI, you must submit your request, in writing, to our office.

**RIGHT TO AMEND.** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request and accounting of disclosures, you must submit your request, in writing, to our office.

**RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment/research or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse or significant other. To request a restriction, you must submit your request, in writing, to our office. *We are not required to agree to your request.* If we agree, we will comply with you request unless the information is needed to provide you with emergency treatment.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION.** You have the right to request that we communicate with you about participation in a research study or other medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communication, you must submit your

request, in writing, to our office. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.futurecarestudies.com](http://www.futurecarestudies.com). To obtain a paper copy of this notice, please contact anyone in our office at 413-788-1400.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and make the new notice apply to Protected Health Information (PHI) we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the title.

This notice becomes effective on June 18, 2007. If you have any questions, please contact us at 413-788-1400.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint. Any complaints should be in writing, state the nature of the complaint, and how to contact you. You will not be retaliated against for filing a complaint, and your complaint will not affect your diagnosis or any treatment we are providing you. You may send your complaint to our office or the Secretary of the Department of Health and Human Services.

### **FUTURECARE STUDIES, INC.**

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### **SECRETARY OF HEALTH AND HUMAN SERVICES THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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