

# Your rights

## You have the right to:

1. Inspect and receive copies of your medical information, based on hospital policies and procedures;
2. Request, in writing, changes to your health information. Your request will be reviewed based on hospital policy and procedure, however the hospital has the right to deny the request. A written statement will be provided regarding the decision;
3. Request, in writing, that we limit how we use or share health information about you or your child. However, the hospital has the right to deny the request;
4. Request, in writing, that we not tell your health insurance company about care you receive if you pay for the care in full and the hospital does not need to be paid by your insurance company;
5. Request that your health information be communicated to you in a confidential manner; and
6. Request a paper copy of the Privacy Notice.

# Our Responsibilities

## The law requires us to:

1. Maintain the privacy of health information about you or your child;
2. Provide the privacy notice of our duties, your rights, and our privacy practices;
3. Follow the terms of our notice; and
4. Notify you if we cannot continue honoring your request.

## To exercise your rights

If you have questions about this brochure, the Privacy Notice, or would like to exercise your rights, you may contact:

### Patient Relations

(617) 732-6636

### HIPAA Privacy Office

(617) 582-5201



BRIGHAM AND  
WOMEN'S HOSPITAL

## Brigham and Women's Hospital

75 Francis Street  
Boston, MA 02115

[www.brighamandwomens.org](http://www.brighamandwomens.org)



BRIGHAM AND  
WOMEN'S HOSPITAL

# Your Right to Privacy

HIPAA, Brigham and  
Women's Hospital, and You:

*Information for Patients*

A FOUNDING MEMBER OF  
 PARTNERS<sup>®</sup>  
HEALTHCARE

# Your Privacy

*Every time you come to Brigham and Women's Hospital, a record of your visit is made. This record may describe your medical condition, diagnosis, treatments, and a plan for your future care. This collection of information is stored in your medical record.*

*We use information in your medical record to give you medical care, receive payment for our services, and for administrative purposes, such as to evaluate the quality of care you receive.*

*We may also use this information to contact you by mail or telephone to remind you about your appointments, and to let you know about other health-related services that may be of interest.*



## What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law which contains guidelines that further protect the privacy of your medical information. These rules give you more control and knowledge about who is using your medical information. Brigham and Women's Hospital always had many measures in place to protect your privacy, but HIPAA has set broader standards and applied them to hospitals, health care providers, and insurers nationwide. You can learn more about HIPAA by visiting the web site: [www.hhs.gov/hipaa](http://www.hhs.gov/hipaa)

## Privacy Notice

The Privacy Notice, titled "Partners HealthCare Notice for Use and Sharing of Protected Health Information," describes how medical information about you or your child may be used and how you may gain access to this information. You will be asked to sign an acknowledgement that states you have received the Privacy Notice. This brochure summarizes some of the information in the Privacy Notice. You can also obtain the Privacy Notice, as well as another copy of this brochure, on our website: [www.brighamandwomens.org](http://www.brighamandwomens.org).

## When may we use and share your health information?

We may use health information about you or your child without your written permission for the purposes of:

**Treatment.** This involves providing, managing, and coordinating care to meet your needs. It may also involve sharing information with other providers, such as your own doctor or caregivers at other institutions.

**Payment.** We share your health information with your insurance company as needed to bill for your care.

**Health-care operations.** We use medical information to assess and improve quality of care and train our staff. We can also:

- send announcements or call you about appointment reminders;
- contact you about patient care issues and treatment choices; and
- tell you about services that may benefit and/or interest you.



## When may we share your health information outside Brigham and Women's without your written authorization?

- To allow business associates to assist us with treatment, payment, or health-care operations;
- To prevent or control disease, such as reporting infectious diseases to boards of health;
- To communicate with law enforcement officers in certain situations;
- Unless you tell us otherwise, to communicate with family and friends involved in your care; and
- When necessary, to comply with a subpoena, court order, or other legal requirement.

## When must we obtain your written authorization to use and share your health information beyond for purposes of treatment, payment, and health-care operations?

We need your written authorization to share your health information concerning certain types of care, such as:

- HIV testing and/or test results;
- Genetic testing and/or test results;
- Substance abuse rehabilitation; and
- In general, sensitive information such as sexual assault counseling records or communication between you and a mental health provider.