



Notice of Privacy Practices

August 16, 2019

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.

1. Introduction.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law (Public Law 104-191), passed by Congress in 1996 that, among other things, protects an individual's right to keep and/or transfer his or her health insurance when moving from one job to another and sets out certain administrative procedures, like ensuring the privacy of an individual's protected health information and providing security for electronic data sharing of protected health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. PHI includes any identifiable information about your physical or mental health, the health care you receive, and the payment for your health care. Information about care that you received from other providers may also be included in your PHI. This notice of privacy practices also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

BILT, Inc. is required by law to provide you with this notice to tell you how it may use and disclose your PHI and to inform you of your privacy rights. BILT, Inc. must follow the privacy practices as set forth in its most current Notice of Privacy Practices.

2. Changes to this notice.

BILT, Inc. may change its privacy practices and the terms of this notice at any time. Changes will apply to PHI that BILT, Inc. already has as well as PHI that BILT, Inc. receives in the future. The most current privacy notice will be posted on the BILT, Inc. website (www.biltne.org) and will be available on request. Every privacy notice will be dated.



Notice of Privacy Practices

August 16, 2019

3. **Your Health Information Rights.**

While the actual records that we maintain about you belong to us, the information contained in our records belongs to you. Under the federal Privacy Rules you have the right to:

- Request that BILT, Inc use a specific address or telephone number to contact you. BILT, Inc will accommodate reasonable requests.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. Note, however, that we are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your health information, we will notify you that your request for restriction will not be honored. If we see to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.
- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect and request a copy of the PHI used to make decisions about your care. Access to your records may be restricted in in limited circumstances. This request must be in writing.
- Amend your health record in terms of adding or correcting your PHI. BILT, Inc. is not required to agree to such a request. This request must be in writing.
- Request an accounting of disclosures (up to the past six years) which will identify, in accordance with applicable laws, certain other persons or organizations to which BILT, Inc disclosed your PHI and why. An accounting will not include disclosures that were: (1) made to you or your personal representative; (2) authorized or approved by you; (3) made for treatment, payment, and health care operations; and (4) some that were required by law to be made. This request must be made in writing.
- Receive confidential communications of your health information by alternative means or at alternative locations
- Request that BILT, Inc. restrict how it uses or discloses your PHI. BILT, Inc. is not required to agree to such restriction, with the exception that if you, or someone on your behalf, pay for a service or health care item out-of-pocket in full, BILT, Inc. will agree to not disclose PHI pertaining only to that service or



Notice of Privacy Practices

August 16, 2019

item with your health plan for the purpose of payment or health care operations, unless BILT, Inc. is otherwise required by law to disclose that PHI. This request must be made in writing.

The above requests must be made at the BILT, Inc. office.

4. ***Our Responsibilities.***

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We will not use or disclose your health information without your authorization, except as described in this notice.

5. ***Examples of How We Will Use or Disclose Your Protected Health Information.***

BILT, Inc. may use your PHI within the BILT, Inc. organization and disclose it outside of the organization without your authorization for the following purposes:

- A. Treatment:** BILT, Inc. may use/disclose PHI to doctors, nurses, residents or students and other health care providers that are involved in delivering your health care and related services. Your PHI will be used to assist in developing your treatment and/or service plan and to conduct periodic reviews and assessments. PHI may be disclosed to other health care professionals and providers to obtain prescriptions, lab work, consultations, and other items needed for your care. PHI will be disclosed to health care providers for the purposes of referring you for services and then for coordinating and providing the services you receive.
- B. Payment:** BILT, Inc. may use/disclose your PHI to bill and collect payment for your health care services. BILT, Inc. may release portions of your PHI to the

3



Notice of Privacy Practices

August 16, 2019

Medicaid or Medicare program or a third party payor to determine if they will make payment, to get prior approval, and to support any claim or bill.

- C. **Healthcare Options:** BILT, Inc. may use/disclose PHI to support activities such as program planning, management and administrative activities, quality assurance, receiving and responding to complaints, compliance programs, audits, training and credentialing of health care professionals, and certification and accreditation.
- D. **Appointment Reminders:** BILT, Inc. may use PHI to remind you of an appointment or follow up instructions or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.
- E. **Business Associates:** BILT, Inc. may use/disclose PHI to contractors, agents and other business associates who need the information to assist BILT, Inc. with obtaining payment or carrying out its business operations. If DMH discloses your PHI to a business associate, BILT, Inc. will have a written contract with that business associate to ensure that it also protects your PHI.
- F. **Required by Law:** BILT, Inc. may use/disclose PHI as required by law, such as to report a felony committed on its premises; pursuant to a court order; to report abuse or neglect, and other situations where BILT, Inc. is required to make reports and/or disclose PHI pursuant to a statute or regulation.
- G. **Lawsuits and Disputes:** If you bring a legal action or other proceeding against BILT, Inc. or our employees or agents, we may use and disclose PHI to defend ourselves.

6. **Record Retention.**

Your individual records will be retained a minimum of 7 years from the last date you receive services from BILT, Inc. After that time, your records may be destroyed.

7. **Breach of PHI.**

BILT, Inc. will inform you if a breach of your unsecured PHI occurs.



Notice of Privacy Practices

August 16, 2019

8. For More Information or to Report Complaints. If you wish to exercise any of the rights listed in Section 3 of this Notice, or if you have questions and would like additional information you may contact our Privacy Officer in writing to:

BILT, Inc.
9 State St.
Lowell MA 01852

or by phone at 603-943-4740.

If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer. You also may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights, U.S. Department of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA. 02203.

We will not retaliate against you for filing a complaint.