

NOTICE OF PRIVACY PRACTICES
DEPARTMENT OF DEVELOPMENTAL SERVICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose

This notice is to inform you about the Department of Developmental Services' (DDS's) privacy practices and legal duties related to the protection of the privacy of your medical or health records that we create or receive. As explained below, we are required by law to ensure that medical or health information that identifies you is kept private.

If you have any questions about the content of this Notice of Privacy Practices, if you need to contact someone at the Department about any of the information contained in this Notice of Privacy Practices, or if you have a complaint about the Department's Privacy Practices, contact the DDS Privacy Officer at:
Privacy Officer

Department of Developmental Services
40 Broad St, 4th Floor
Boston, MA 02109
(888) 367-4435
After prompts enter 7715

I. What is Protected Health Information?

Protected Health Information (**PHI**) is information which DDS gathers about your past, future or present health or condition, about the provision of health care to you, or about payment for health care. Whether based upon our confidentiality policies, or applicable law, DDS has a long-standing commitment to protect your privacy and any personal health information that we hold about you. Under federal law, we are required to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI.

You may request a copy of the new notice from any Department of Developmental Services Office. It is also posted on our website at www.mass.gov/dds

II. How May DMR Use and Disclose Your PHI?

In order to provide services to you, DDS must use and disclose Protected Health Information in a variety of different ways. The following are examples of the types of uses and disclosures of PHI that are permitted without your authorization.

Generally, DDS may use or disclose your PHI as follows:

- **FOR TREATMENT:** We may use PHI about you to provide you with treatment or services. For example, your treatment team members will internally discuss your PHI in order to develop and carry out a plan for your services. We also may disclose PHI about you to people or service providers outside DDS who may be involved in your medical care, but only the minimum necessary amount of information will be used or disclosed to carry this out.

- **TO OBTAIN PAYMENT:** We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, Social Security Office, staff at DDS, or to a private insurer.
- **FOR HEALTH CARE OPERATIONS:** We may use or disclose your PHI in the course of operating DDS's facilities, offices, developmental centers and all other DDS programs. These uses and disclosures are necessary to run our programs including ensuring that all of our consumers receive quality care. For example, we may use your PHI for quality improvement to review our treatment and services and to evaluate the performance of DDS and/or provider staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students and other personnel as listed above for review and learning purposes. It may also be necessary to obtain or exchange your information with other Massachusetts state agencies.

The law provides that we may use or disclose your PHI without consent or authorization in the following circumstances:

- **WHEN REQUIRED BY LAW AND FOR SPECIFIC GOVERNMENT FUNCTIONS:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We may also disclose PHI to authorities that monitor compliance with these privacy requirements. We may disclose PHI to government benefit programs relating to eligibility and enrollment, such as Medicaid, and for national security reasons, such as protection of the President
- **FOR PUBLIC HEALTH ACTIVITIES:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
- **FOR HEALTH OVERSIGHT ACTIVITIES:** We may disclose PHI within DDS or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.
- **RELATING TO DECEDENTS:** We may disclose PHI related to a death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants. Information may also be disclosed to internal or external investigations.
- **FOR RESEARCH, AUDIT OR EVALUATION PURPOSES:** In certain circumstances, and under the oversight of a research review committee, we may disclose PHI to approved researchers and their designees in order to assist research.
- **TO AVERT THREAT TO HEALTH OR SAFETY:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

III. Uses and Disclosures of PHI Requiring your Authorization.

For uses and disclosures other than treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described above. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

IV. Limited Uses and Disclosures To ilies, Friends and Others Provided You Do Not Object

We may disclose a limited amount of your PHI to families, friends or others involved in your care if we inform you about the disclosure in advance and you do not object, as long as the law does not otherwise prohibit the disclosure.

V. Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information.

TO REQUEST RESTRICTIONS ON USES/DISCLOSURES: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction

TO CHOOSE HOW WE CONTACT YOU: You have the right to ask that we send you information at an alternative address or by an alternative means.

TO INSPECT AND REQUEST A COPY OF YOUR PHI: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. A request should be made through the Privacy Officer. We will respond to your request within 30 days. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances.

TO REQUEST AMENDMENT OF YOUR PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. Any denial will state the reason for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI.

TO FIND OUT WHAT DISCLOSURES HAVE BEEN MADE: In certain circumstances, you have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released.

How to Obtain Information About This Notice Or Complain about our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer at DDS. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the JFK Federal Building, Room 1875, Boston, MA 02203 or call (617) 565-1340. We will take no retaliatory action against you if you make such complaints.

Effective Date and Future Changes: This notice is effective on April 14, 2003. DDS reserves the right to change our privacy practices and the terms of this Notice at any time, and will provide you with a Notice if and when it does so.

FIRE & OTHER EMERGENCIES

It is important to be prepared in case there is a fire or other emergency that may require evacuation. It is important to prepare for emergencies so if an emergency does occur, your response will be immediate and effective.

BE PREPARED BEFORE AN EMERGENCY OCCURS

- *Observe where the exits are when you are in a building in case you need to exit quickly.*
 - *Have emergency contact information such as the telephone numbers for the child's parents, physician or person to contact for help with a behavioral incident available.*
 - *Be familiar with the child's emergency plan and knowledgeable about the child's medical and behavioral needs, such as what to do if the child has a seizure.*
 - *Know where to relocate, if needed.*
 - *Have available important information, such as doctor, medical insurance, pharmacy information.*
 - *Dial 911 to summon help in any emergency.*
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- **KNOW THE SUPPORTS A CHILD WOULD NEED IN AN EMERGENCY SITUATION**
 1. *Can the child recognize danger or an alarm that signals danger?*
 2. *Know the kind of assistance the child will need to respond to an emergency situation in a timely manner*
 3. *Be familiar with how the child typically responds in unfamiliar or emergency situations..*

WHAT TO DO IF THERE IS A FIRE EMERGENCY.

1. **REMAIN CALM**
2. *Support the child to safely evacuate the site as quickly as possible, using the nearest exit. DO NOT USE ELEVATORS IN A FIRE.*
3. *If smoke is present - Stay low as you exit.*
4. *Evacuate to a safe place away from the building.*
5. *Once safely evacuated, call 911 if this has not already occurred*
6. **NEVER RE-ENTER A BURNING BUILDING. WAIT FOR THE FIRE DEPARTEMENT.**



DDS

REPORTING ABUSE AND NEGLECT OF CHILDREN



WHAT IS ABUSE AND NEGLECT?

ABUSE is the non-accidental act by a caretaker upon a child under age 18 that creates an injury or substantial risk of injury. Abuse can be physical, sexual or emotional.

NEGLECT is the failure by a caretaker to provide a child with basic needs, either deliberately or through negligence, such as food, shelter, medical care, supervision or emotional stability.

WHAT IS THE DEFINITION OF A CARETAKER?

Any person who is, at the time in question, entrusted with a degree of responsibility for the child. This could include a caretaker who is him/herself under age 18. A caretaker can also include a parent, a direct support professional or a clinician.



EXAMPLES OF ABUSE AND NEGLECT

- Bruising, welts or burns that cannot be sufficiently explained
- Unusual bruising patterns that reflect the shape of the instrument used to cause injury
- Physical injury such as a fracture of a bone or a nontrivial injury
- Hitting with a hand, fist, foot or object
- Shoving, tripping, pushing, pulling, scratching, pinching, cutting, biting
- Giving medication not prescribed or more than the prescribed dose
- Any sexual contact
- Leaving someone unsupervised who requires supervision

AM I REQUIRED TO REPORT SUSPECTED ABUSE OR NEGLECT?

A MANDATED REPORTER includes any person paid to care for or work with a child in any public or private facility or home or program funded by the Commonwealth.

REPORTING ABUSE AND NEGLECT OF CHILDREN



WHAT DO I DO IF I SUSPECT ABUSE OR NEGLECT?

First, make sure the child is safe. If the situation warrants it, **call 911** for police and emergency medical services.

Next, if there is suspected abuse or neglect, a report **must** be made to:

The Department of Children and Families
Child-At-Risk hotline: 1-800-792-5200

WHAT IF I'M NOT SURE SOMETHING IS ABUSE OR NEGLECT?

WHEN IN DOUBT, REPORT!

WHAT WILL HAPPEN AFTER I REPORT A CONCERN?

The Department of Children and Families responds to reports of abuse or neglect 24 hours a day. **If there is concern for the child's immediate health and safety**, an investigation and evaluation of the information reported will begin within two hours of initial contact and be completed within 24 hours. **For all other reports**, investigation and evaluation shall commence within two working days of initial contact and be completed within ten calendar days.

WHAT WILL HAPPEN IF MY COMPLAINT IS DETERMINED NOT TO BE ABUSE OR NEGLECT?

If you reported in "good faith" (you did not have any malicious intent) you are protected from any civil or criminal liability.

