



NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices (“Notice”) describes how Victory Programs, Inc. (“Victory” or “we”) may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice applies to the privacy practices of all Victory programs. The Notice also describes the obligations we have to protect your privacy as well as your rights regarding the protected health information we maintain about you. Anyone who is a client of the organization and receives services at any of its locations will receive a copy of this Notice. Although you may not be receiving health care services from Victory at this time, you are receiving this Notice because information may be shared about you or coordinated throughout Victory’s programs.

PROTECTED HEALTH INFORMATION

Protected health information (“PHI”) is any information about your past, present or future health care, or payment for such care.

OUR RESPONSIBILITIES

Victory is committed to respecting your privacy and confidentiality. We are required by law to maintain the privacy of your PHI. We will not use or disclose your PHI without your authorization, except as described in this Notice. You may request a paper copy of this Notice at any time. A copy of the current Notice is also posted at each of Victory’ offices and is available on our website at: www.vpi.org. If after reviewing this Notice you have any questions, please contact our Privacy Officer (contact information listed below).

I. HOW WE MAY USE AND DISCLOSE YOUR PHI.

We use and disclose PHI for many different reasons. For some of these uses or disclosures, we need your written authorization. Below we describe the different categories of uses and disclosures and give you some examples of each category. Except when disclosing PHI relating to your treatment, payment or health care operations, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

For Treatment: We may use or disclose PHI to manage, coordinate and provide your health care treatment and any related services. For example, Victory may disclose information to Victory team members who are involved in managing and providing your care, including nurses, counselors, social workers and other health care personnel. We may also disclose your PHI to

other non-Victory providers, such as your physician or other health care providers. PHI may include but not be limited to your health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for future care or treatment.

For Payment: We may use or disclose your PHI for billing and payment purposes. For example, we may disclose your PHI to your insurer or other third-party payers to verify that services billed were actually provided or to determine if the insurer will approve future treatment.

For Health Care Operations: We may use or disclose your PHI for our health care operations. For example, your PHI may be used to perform assessments to improve our quality of services. This information will be used to improve the effectiveness of the health care and services provided by Victory.

II. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

Victory may legally use and disclose your PHI to others for certain purposes that are not treatment, payment or health care operations without your written authorization. Such examples include but are not limited to: when such disclosures are required by law (e.g., law enforcement purposes, mandated reporting of abuse and neglect); for public health activities; for health oversight activities; to avoid harm; for specific government functions; and for worker's compensation purposes. Further, some services, including but not limited to electronic data and medical records storage, are performed on Victory's behalf by third party contractors called business associates. We require that business associates properly safeguard your PHI. Finally, Victory may, using its best judgment, disclose your PHI to a family member, other relative, close personal friend, or any other person you identify with respect to your care, general condition or payment matters related to your care.

III. USE OR DISCLOSURES OF PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

All other uses and disclosures of your PHI not otherwise or previously covered by this Notice will require your written authorization, except as provided by law. Examples of uses and disclosures that require your authorization include, but are not limited to, most uses and disclosures of counseling notes, drug and alcohol abuse treatment records, HIV records, uses and disclosures for marketing purposes if the organization receives financial remuneration, and disclosures that constitute a sale of PHI. Further, Victory is prohibited from selling your PHI without your express written authorization. If you provide us with authorization to disclose such PHI, you can later revoke it in writing to prevent any future uses and disclosures of the PHI, except to the extent that Victory has already acted upon your previously provided consent.

IV. YOUR RIGHTS:

Although your case records are the physical property of Victory, you have certain rights with regard to your PHI maintained by Victory, as follow:

- A. Right to inspect and/or obtain a copy of your PHI.** You have the right to inspect and/or obtain a copy of your PHI that may be used to make decisions about your care. Usually, this includes case records, but does not include psychotherapy notes. To inspect and/or obtain a copy of PHI that may be used to make decisions about you, you must submit your request in writing. A summary of your PHI may be provided, and if you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and/or copy your PHI in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. A licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- B. Right to amend.** If you believe that the PHI we have about you is incorrect or incomplete, you have the right to ask us to amend the information. To request an amendment, your request must be made in writing and provide a reason that supports your request. We may deny your request under certain circumstances, including the following: if your request is not in writing, the PHI was not created by us, the PHI is not part of the information which you have been permitted to inspect and/or copy, or if the PHI is accurate and complete.
- C. Right to an accounting of disclosures.** You have the right to request that we provide you with an accounting of disclosures or, in other words, a list of instances when your PHI has been released. You may request an accounting as far back as six years, except requests for electronic disclosures relating to treatment, payment or health care operations which are limited to three years. The accounting will not include (i) non-electronic disclosures relating to treatment, payment or health care operations; (ii) disclosures if you gave your written authorization to share the information; (iii) disclosures shared with individuals involved in your care; (iv) disclosures to you about your health condition; (v) disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement officials who have custody of you. We will respond to your request within 60 days of receiving it. The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time.
- D. Right to request restrictions on use.** You have the right to request a limit on the PHI we disclose about you to others who are involved in your care, like a family member or friend, or for payment. We are not required to comply with your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. In your written request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) to whom you want the limits to apply. Note, however, that if you are in an emergency situation, we may disclose your PHI to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care. If you are not in an emergency situation but are unable to make health care decisions, we may disclose your PHI, as authorized by law, to third parties, such as: your health care agent if we have received a valid health care proxy from you, your guardian or medication monitor if one has been appointed by a court, or if applicable, the state agency responsible for consenting to your care.

E. Right to restrict disclosure. You have the right to restrict certain disclosures of PHI to a health plan if you pay out of pocket in full for the health care service.

F. Right to request confidential communications. You may request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must be in writing and specify how or where you wish to be contacted.

All requests pursuant to this Notice relating to your PHI must be in writing and must specify, to the extent possible, the dates of service and/or range of dates of service to which your request pertains. Requests should be directed either to the Privacy Officer (listed below), or to your direct care provider.

G. Breaches. Individuals whose PHI has been breached will be notified in writing as required by law.

V. CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS:

For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by state and/or federal law. As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as a substance abuser, unless:

- you authorize the disclosure in writing; or
- the disclosure is permitted by a court order; or
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for Victory' drug abuse or alcohol programs.

A violation of the federal law governing drug or alcohol abuse may be a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR part 2 for federal regulations.

Changes to This Notice

Victory follows the terms of this Notice as are currently in effect. However, we reserve the right to change this Notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. A copy of a revised Notice will be posted on the website and available upon request. The Notice will contain the effective date.

To Report a Complaint: If you believe that your privacy rights have been violated, you may contact the Privacy Officer listed below. All complaints must be submitted in writing. If you have

any questions about this Notice or a complaint about our privacy practices, please contact the Privacy Officer.

Victory Programs, Inc.
Attn: Privacy Officer
965 Massachusetts Avenue
Boston, MA 02118
(o) 617.541.0222
(f) 617.541.0094

You may also file a complaint with the Secretary of the United States Department of Health and Human Services, Office of Civil Rights, at (617) 565-1340.

You will not be penalized for filing a complaint.