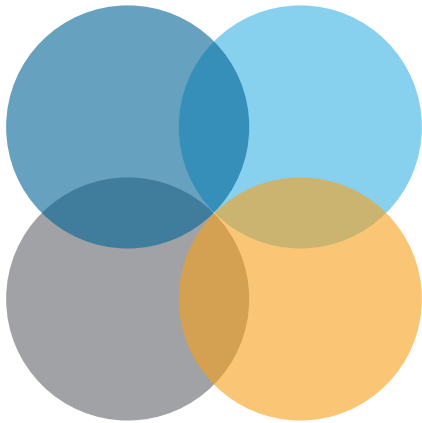


Notice of Privacy Practices



Dana-Farber
Cancer Institute



Your Information.

Your Rights.

Our Responsibilities.

Dana-Farber Cancer Institute
450 Brookline Ave.
Boston, MA 02215
617-632-3000
www.dana-farber.org

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice applies to Dana-Farber Cancer Institute and Dana-Farber Community Cancer Care (collectively, Dana-Farber).

Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- Your request must be in writing. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- In rare circumstances, we may charge a reasonable, cost-based fee. We will let you know beforehand.
- Learn more at www.dana-farber.org/medicalrecords.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.
- Your request must be in writing. Ask us how to do this.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we have the option to say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Choose someone to act for you

- You can identify someone (for example, a health care proxy or medical power of attorney) who can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we allow them to make decisions for you.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we have shared your health information during the six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

YOUR RIGHTS

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| Get a copy of this privacy notice | <ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.• This notice is also available at www.dana-farber.org/privacy. |
| Ask us to correct your medical record | <ul style="list-style-type: none">• You can ask us to correct health or billing information about you that you think is incorrect or incomplete.• Your request must be in writing. Ask us how to do this.• We may say “no” to your request, for example, if your provider feels that the information currently in your record is complete and accurate. If we deny your request, we will tell you why in writing within 60 days. |
| File a complaint if you feel your rights are violated | <ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., SW, Washington, DC 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.• We will not retaliate against you for filing a complaint. |

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. We will treat you the same no matter what choices you make.

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| In these cases, you have the right and choice to tell us to: | <ul style="list-style-type: none">• Share information with your family, close friends, or others involved in your care.• Share information in a disaster relief situation.• Include your information in a hospital directory. If you are admitted to the hospital, your name, room location, general condition, and religion may be listed in the hospital’s directory (information desk). This information, except for your religious affiliation, may be shared with members of your family, friends, and people who ask for you by name. In addition, this information and your religious affiliation may be shared with members of the clergy. You may ask to have your name taken off the directory list. |
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If you are not able to tell us your preference – for example if you are unconscious – we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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| In these cases, we <i>never</i> share your information unless you give us written permission: | <ul style="list-style-type: none">• Marketing purposes• Sale of your information• Most sharing of psychotherapy notes |
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| In the case of fundraising: | <ul style="list-style-type: none">• We may use your information for fundraising to support Dana-Farber and our mission. Information we may use is limited to demographic or other information allowed by law (such as name, address, telephone number or email information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information, or outcome information).• We may contact you for fundraising, but you can tell us at any time to not contact you again.• Your decision to opt-out of receiving these communications will have no impact on your treatment or payment for services. |
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OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

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| Treat you | <ul style="list-style-type: none">• We can use your health information and share it with other professionals who are treating you both inside and outside of Dana-Farber. In addition, if you are receiving care from Partners Healthcare System, its affiliates, and other non-Partners providers (for example, certain community physicians and physician groups), these providers will have access to, and may use, your Dana-Farber health information for your treatment with them and for their related operational activities where certain requirements are met. | <i>Example:</i> Your Dana-Farber physician may discuss your condition and treatment with your Primary Care Physician. |
| Run our organization | <ul style="list-style-type: none">• We can use and share your health information to run our hospital or physician practices, improve your care, and contact you when necessary. | <i>Example:</i> We use health information about you for improving quality of care and teaching health care professionals. |
| Bill for your services | <ul style="list-style-type: none">• We can use and share your health information to bill and get payment from health plans or other entities. | <i>Example:</i> We give information about you to your health insurance plan so it will pay for your services. |
| Contact you | <p>Dana-Farber may use your health information to contact you:</p> <ul style="list-style-type: none">• At the address and telephone numbers, including cell phone numbers (charges may apply), you give us. We may leave you voicemail messages or send you text appointment reminders. Text messages will include a way for you to opt-out of receiving such messages.• At the email address or other contact information you provide to assist us in activities described in this notice. Dana-Farber prefers to send you emails through a secure email messaging system. We do this to protect your health information. <p>Our communications to you may include information about your care, insurance updates, payment matters, satisfaction surveys, supportive programs, or other services.</p> | <i>Example:</i> We may contact you about scheduled or cancelled appointments, registration or insurance updates, billing or payment matters, pre-procedure assessment, satisfaction surveys, or test results. |

Only authorized individuals (for example, your treating physician) are permitted to access your health information, including your electronic medical record. Dana-Farber has security measures in place to protect your health information.

Dana-Farber participates in health information exchanges (HIEs), including the Massachusetts Health Information Highway (Mass HIway) and Epic CareEverywhere. Dana-Farber uses HIEs as a method to share, request and receive electronic health information with other health care providers and organizations.

OUR USES AND DISCLOSURES

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

For more information, visit: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html

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| Help with public health and safety issues | We can share health information about you for certain situations, such as: <ul style="list-style-type: none">• Preventing disease• Helping with product recalls• Reporting adverse reactions to medications• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to anyone’s health or safety• Required reports to the state public health and child protection authorities, and to agencies such as cancer registries and the U.S. Food and Drug Administration. |
| Do research | <ul style="list-style-type: none">• We can use or share your information for health research. This also may include preparing for research or telling you about research studies in which you might be interested.• All health research at Dana-Farber goes through a process required by law that reviews protections for patients involved in research, including privacy.• Dana-Farber is part of a consortium of hospitals and Harvard University schools that coordinates basic and clinical research on cancer, called “Dana-Farber/Harvard Cancer Center,” which is designated as a Comprehensive Cancer Center by the National Cancer Institute. |
| Comply with the law | <ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. |
| Respond to organ and tissue donation requests | <ul style="list-style-type: none">• We can share health information about you with organ procurement organizations. |
| Work with a medical examiner or funeral director | <ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| Address workers’ compensation, law enforcement, and other government requests | We can use or share health information about you: <ul style="list-style-type: none">• For workers’ compensation claims,• For law enforcement purposes under specific conditions, such as reporting when someone is the victim of a crime,• With health oversight agencies for activities authorized by law, and• For special government functions, such as military, national security, and presidential protective services. |
| Respond to lawsuits and legal actions | <ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena. |

When do we need your written permission before sharing your health information?

We will not share your health information for other purposes not described in this notice unless you give us your written permission. We are also restricted by state and other federal laws from sharing certain types of health information that are considered highly sensitive without your written permission, including:

- genetic testing (as defined by state law) or the results of genetic testing,
- HIV testing or test results,
- substance abuse rehabilitation treatment programs,
- treatment for sexually transmitted diseases,
- domestic violence or sexual assault counseling, and
- confidential communications between a patient and a social worker, or confidential details of psychotherapy (from a psychiatrist, psychologist, or licensed mental health nurse clinical specialist).

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

Record Retention

How long do we keep your medical record information?

Dana-Farber maintains medical records for at least 20 years after your discharge or after your final treatment; other records are maintained in accordance with state and federal regulations. For example, radiology films and scans, other image records, and EEG/EKG data do not have to be kept as long and may be destroyed five (5) years after the date of service, as long as reports that note the results of these tests and procedures are included in the legal medical record. For information related to our record-retention policy, please call Dana-Farber's Health Information Services department at **617-632-2955**.

Changes to the Terms of This Notice of Privacy Practices

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. To get a copy, call the Dana-Farber Privacy Office telephone number listed at the end of this notice, visit our registration area, or view it on our website at www.dana-farber.org/privacy.

Report a Concern

Dana-Farber respects your privacy while giving you the very best care. If you have any questions about this Notice of Privacy Practices or if you think your privacy rights have been violated, please contact the **Dana-Farber Privacy Office**. We hope that you, your family, or your guardian will feel comfortable speaking with us. Reporting a concern will have no impact on your treatment or payment for services.

Dana-Farber Cancer Institute

ATTN: Privacy Office

450 Brookline Ave.

Boston, MA 02215

Phone: 617-632-6593

Email: DFCIAskHIPAA@dfci.harvard.edu

If you would like to report a concern anonymously, you can use the Dana-Farber compliance report hotline.

Dana-Farber compliance report hotline

- Call toll-free: **800-451-0659**
- Or report online: www.compliancereport.org

Discrimination Is Against the Law

Dana-Farber Cancer Institute complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, religion, ancestry, age, national origin, place of birth, gender, gender identity or expression, marital status, sexual orientation, disability, genetic information, status as a member of the Armed Forces or veteran of the Armed Forces, or any other category protected by federal, state, or local law.

Dana-Farber provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information in alternative formats

If you need these services, please tell your primary care team or call Dana-Farber's Affordable Care Act (ACA) Compliance Coordinator at **617-582-7100**. When possible, please request these services before your appointment.

Dana-Farber provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please contact your primary care team ahead of time, when possible.

If you believe that Dana-Farber has failed to provide needed services or discriminated in another way, you can file a grievance with our Patient/Family Relations office. You can file a grievance by phone, in person, or by mail, fax, or email.

Dana-Farber Cancer Institute
ATTN: Patient/Family Relations
450 Brookline Ave.
Boston, MA 02215
Phone: 617-632-3417 (TTY: 711)
Fax: 617-632-6988
Email: ACA_ADA@dfci.harvard.edu

If you need help filing a grievance, contact Dana-Farber's ACA Compliance Coordinator at ACA_ADA@dfci.harvard.edu or **617-632-3417 (TTY: 711)**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available online at <http://www.hhs.gov/ocr/office/file/index.html>.

You can also file by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
800-368-1019 (TDD: 800-537-7697)



Dana-Farber
Cancer Institute

Language Assistance Services

If you speak a language other than English, language assistance services are available to you free of charge. Call **617-632-3673** (TTY: 711).

العربية (Arabic)

إذا كنت تتكلم اللغة العربية فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 617-632-3673

ខ្មែរ (Cambodian)

បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាខ្មែរសេរីគឺអាចទទួលបានសេរីឥតគិតថ្លៃ។ ចូរទូរស័ព្ទ 617-632-3673។

中文 (Chinese)

如果您说粤语或普通话, 您可以免费获得语言支援服务。请致电: 617-632-3673。

Français (French)

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 617-632-3673.

Ελληνικά (Greek)

Εάν μιλάτε ελληνικά σας προσφέρουμε τις υπηρεσίες γλωσσικής υποστηρίξεως δωρεάν. Καλέστε 617-632-3673

ગુજરાતી (Gujarati)

જો તમે અંગ્રેજી સિવાયની અન્ય ભાષા બોલતા હોવ, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 617-632-3673.

Kreyòl Ayisyen (Haitian Creole)

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 617-632-3673.

हिंदी (Hindi)

यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 617-632-3673.

Italiano (Italian)

In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 617-632-3673.

한국어 (Korean)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 617-632-3673.

Polski (Polish)

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 617-632-3673.

Português (Portuguese)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 617-632-3673.

Русский (Russian)

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните по телефону 617-632-3673.

Español (Spanish)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 617-632-3673.

Tiếng Việt (Vietnamese)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 617-632-3673.

If you do not see your language listed here, call **617-632-6366**. An interpreter who speaks your language will return your call within one business day.

Discrimination Is Against the Law

Dana-Farber Cancer Institute complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, religion, ancestry, age, national origin, place of birth, gender, gender identity or expression, marital status, sexual orientation, disability, genetic information, status as a member of the Armed Forces or veteran of the Armed Forces, or any other category protected by federal, state, or local law.

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- Information in alternative formats

If you need these services, please tell your primary care team or call Dana-Farber's Affordable Care Act (ACA) Compliance Coordinator at 617-582-7100. When possible, please request these services before your appointment.

Dana-Farber provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please contact primary care team ahead of time, when possible or Interpreter Services at 617-632-3673.

If you believe that Dana-Farber has failed to provide needed services or discriminated in another way, you can file a grievance with our Patient/Family Relations office. You can file a grievance by phone, in person, or by mail, fax, or email.

Dana-Farber Cancer Institute
ATTN: Patient/Family Relations
450 Brookline Ave.
Boston, MA 02215
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Fax: 617-632-6988
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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available online at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
800-368-1019 (TDD: 800-537-7697)



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