Notice of Privacy Practices

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.

**Get a copy of this privacy notice**
- 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**
- 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**
- 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.

| In these cases, you have the right and choice to tell us to: | • 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.  

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. |

| In these cases, we never share your information unless you give us written permission: | • Marketing purposes  
• Sale of your information  
• Most sharing of psychotherapy notes |

| In the case of fundraising: | • 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. |
### 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.

<table>
<thead>
<tr>
<th>Treat you</th>
<th>Example: Your Dana-Farber physician may discuss your condition and treatment with your Primary Care Physician.</th>
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<tr>
<td>• 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.</td>
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<tr>
<th>Run our organization</th>
<th>Example: We use health information about you for improving quality of care and teaching health care professionals.</th>
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<tbody>
<tr>
<td>• We can use and share your health information to run our hospital or physician practices, improve your care, and contact you when necessary.</td>
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<th>Bill for your services</th>
<th>Example: We give information about you to your health insurance plan so it will pay for your services.</th>
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<tr>
<td>• We can use and share your health information to bill and get payment from health plans or other entities.</td>
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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.

**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/ocr/privacy/hipaa/understanding/consumers](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers)

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<th>Help with public health and safety issues</th>
<th>We can share health information about you for certain situations, such as:</th>
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<td>• Preventing disease</td>
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<td>• Helping with product recalls</td>
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<td>• Reporting adverse reactions to medications</td>
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<td>• Reporting suspected abuse, neglect, or domestic violence</td>
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<td></td>
<td>• Preventing or reducing a serious threat to anyone’s health or safety</td>
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<td></td>
<td>• 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.</td>
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<td>Section</td>
<td>Description</td>
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| **Do research** | 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** | 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** | We can share health information about you with organ procurement organizations. |
| **Work with a medical examiner or funeral director** | 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:  
- 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  
- For special government functions, such as military, national security, and presidential protective services |
| **Respond to lawsuits and legal actions** | 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/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

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](http://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](http://www.compliancereport.org)

EFFECTIVE DATE OF THIS NOTICE
This notice is effective as of April 27, 2017.
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
- Written information in other formats (large print, audio, accessible electronic formats, and other formats)

You may request these services through your primary care team or by calling Dana-Farber’s ADA Compliance Line at 617-582-7100.

Dana-Farber provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

You may request these services through your primary care team.

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, by mail, via fax, or by 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
DorothyT_Doweiko@dfci.harvard.edu

If you need help filing a grievance, contact Dorothy Doweiko, RN, BSN, at DorothyT_Doweiko@dfci.harvard.edu or 617-632-3253 (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 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)
Interpreter Services – Language Assistance Services

If you speak a language other than English, language assistance services are available to you free of charge. You can request these services through your primary care team.

If you do not see your language listed here, call 617-632-6366 (TTY: 711). An interpreter who speaks your language will return your call within one business day.

 Arabic (العربية)
إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان.
يمكنك طلب هذه الخدمات بواسطة فريق الرعاية الصحية الأولية الخاص بك.

 Cambodian (Khmer)
បើ អ្នកនិយាយភាសាខ្មែរអាចមាននូវជំនួយមនោសញ្ចឹត្តិភាពជាងនេះបាន។ អ្នកអាចអោយការជំនួយមនោសញ្ចឹត្តិភាពទៅដំបូងក្នុងក្រុមប្រឹក្សាវ្វិល័យរៀនរបស់អ្នក។

 Chinese (Chinese)
如果您说国语或粤语，可获得免费的语言协助服务。您可以向主治医生团队要求这项服务。

 French (Français)
Si vous parlez français, des services d’assistance linguistique vous sont disponibles gratuitement.
Vous pouvez demander ces services par l’intermédiaire de votre équipe de soins primaires.

 Greek (Ελληνικά)
Εάν μιλάτε Ελληνικά προσφέρεται δωρεάν βοήθεια μεταφραστού.
Σε περίπτωση ανάγκης μεταφραστού ειδοποιήστε την ιατρική ομάδα που θα σας αναλάβει.

 Gujarati (ગુજરાતી)
જો 

tમે 

gુજરાતી 

bોલતા 

હો 


tો 

નિ:શુલ્ક 

ભાષા 

સહાય 

સેવાઓ 

તમારા 

માટે 

ઉપલબ્ધ 

છે 

આ 

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લલએ 

બબ 

તીમ 

ધરી 

નવિંની 

કરી 

શકો 

છો 


 Haitian Creole (Kreyòl Ayisyen)
Si w pale kreyòl ayisyen, w ap jwenn sèvis k ap ede nan domèn lang yo gratis.
Ou ka mande sèvis sa yo atrèv ekip k ap ba w swen jeneral yo.

 Hindi (Hindi)
अगर आप 

हहहिंदी 

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 Italian (Italian)
Se parla in italiano, i servizi di assistenza linguistica sono disponibili per Lei gratuitamente.
Puo richiedere questi servizi tramite la sua unità di assistenza primaria.

 Korean (한국어)
무료 한국어 서비스가 제공됩니다. 일차진료팀을 통해 한국어 서비스를 신청하십시오.

 Polish (Polski)
(Jesli mówisz po polsku, masz prawo do nieodpłatnych usług tłumacza.
W tym celu, prosimy zwrocic sie do kogos 

z zespolu opiek 

i zdrowotnej w naszym szpitalu.

 Portuguese (Português)
Se você fala português, oferecemos serviços gratuitos de assistência com o idioma.
Sinta-se a vontade de pedir estes serviços através da sua equipe de saúde primária.

 Russian (Русский)
Если вы говорите по-русски, вам бесплатно предоставят переводческие услуги.
Вы можете их запросить через медработников, оказывающих вам помощь.

 Spanish (Español)
Si habla español, le ofrecemos servicios gratuitos de asistencia con el idioma.
Puede solicitarlos comunicándose con su equipo de atención primaria.

 Vietnamese (Tiếng Việt)
Nếu bạn nói tiếng Việt, những dịch vụ hỗ trợ về ngôn ngữ sẽ có sẵn và miễn phí cho bạn.
Bạn có thể yêu cầu những dịch vụ này qua đội ngũ chăm sóc sức khỏe của bạn.

An interpreter who speaks your language will return your call within one business day.