**Get a list of those with whom we’ve shared information**

You can ask for a list (or an accounting) of the times we’ve shared your health information for 6 years before the date you ask. You can also ask whom we shared it with and why. We will include all disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We will provide you with one accounting a year for free. You may ask for another one within 12 months.

**Get a copy of this privacy notice**

We will provide you with a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

**Choose someone to act for you**

- You can choose a health care agent (proxy) or give someone medical power of attorney to exercise your rights and make choices about your health information and treatment if you are not able to make choices. Ask us how to do this.
- You do not have to observe any question to receive services.

**File a complaint if you feel your rights are violated or request more information**

- You can complain if you feel we have violated your rights or request further information by contacting the Lahey Health Privacy Toll-Free Hotline: 844.663.4677.
- You can also file a complaint with the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877.966.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

**Your Choices**

In certain instances, you can tell us how you want us to share your information. 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.

For medical emergency

- We will share medical information necessary to a person who at the time of the emergency is expected to benefit from knowledge of the information (without insurance coverage).

For research

- We will share information about you with researchers for research purposes if you agree to our request, and we may say “no” if it would affect your care.

For public health

- We will share medical information necessary to a person who at the time of the public health emergency is expected to benefit from knowledge of the information (without insurance coverage).

For treatment

- We will share medical information necessary to the treatment, payment, or operations of any health care provider or program involved in your care (without insurance coverage).

**Your Rights**

This section explains your rights and a number of its responsibilities to help you. You have the right to:

- An electronic or paper copy of your medical record
- A list of those with whom we’ve shared information
- A copy of this notice
- A complaint
- To file a complaint
- To request confidential communications
- To limit what information we use or share
- To agree to your request, and we may say “no” if it would affect your care.


**Our Responsibilities**

- Lahey Health is required by law to maintain the privacy and security of your health information.
- We must inform you promptly if we discover an unauthorized access or use of your protected health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not or share your information other than as described here unless you tell us in writing we may do so. Even if you give us permission, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticепp.html.

**Changes to the Terms of this Notice**

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 offices, and on our web site – Lahey.org.