Notice of Privacy Practices

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information (PHI). 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 provide you with 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.

Your Rights

You have the right to: Get a copy of your paper or electronic medical record Correct your medical record if you believe it is incorrect or incomplete Request confidential communication (for example, ask us to contact you at a different location) Ask us to limit what we use or share, though we may not be able to agree to all requests Get a list of those with whom we've shared your information Get a copy of this privacy notice at any time Choose someone to act for you (such as a medical power of attorney) File a complaint if you feel your rights are violated

How We May Use and Disclose Your Information

We typically use or share your health information in the following ways: **Treat you:** Share with other professionals who are treating you. **Run our organization:** Improve your care, train staff, and manage operations. **Bill for services:** Send information to your health insurer to pay for your services. Other uses and disclosures include public health and safety issues, research (with proper safeguards), compliance with the law, organ donation, workers' compensation, law enforcement, responding to lawsuits and legal actions, and national security requests.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office, or with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights. We will not retaliate against you for filing a complaint.

Contact Information

If you have questions about this notice or need additional information, please contact our office at:

Joy Mental Wellness
Ph: 617-362-4805
Fax: 617-545-0245
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