



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Boston Senior Home Care (BSHC) helps older adults and people with disabilities stay in their homes. To help you, we may receive health information from doctors, hospitals, or health insurance programs like MassHealth.

What is health information?

Health information includes:

- Your medical conditions
- The care or services you receive.
- When you receive services.

Some information, such as substance use disorder (SUD) records and reproductive health information, has extra legal protections.

By law, BSHC must:

- keep your health information private as described in this notice;
- tell you how we use and share your information; and
- let you know if your health information is accessed by a person without permission.

BSHC may use or share your health information:

- with family members or people you name as contacts to help with your care or tell them about your general condition;
- with doctors, nurses, and other staff at doctors' offices, hospitals, nursing homes, rehabilitation facilities and health insurance plans involved in your care;
- to get paid for services we provide, including checking if you are eligible for health benefits;
- to run and improve the quality of our programs and services;
- for research projects that follow privacy rules and help us evaluate BSHC's programs;
- with our vendors who work with us to plan and provide your services;
- when the law requires;
- with government agencies that oversee health benefits and services, as the law allows, including fraud and abuse investigations;
- to stop or deal with a serious health or safety emergency right away;
- to tell you about new services or benefits you might want, or healthcare choices you can make;
- to raise funds for BSHC, unless you ask us not to.



Except for the reasons listed above, BSHC will not use or share your health information without your written permission. You can change your mind and cancel your permission at any time by telling us in writing. We must also get your permission before using your information for marketing or if we are paid to share your health information.

We do not share reproductive health information unless the law allows it or you give written permission.

Extra Protection for Substance Use Disorder (SUD) Records

Your SUD records have special protection under federal law.

- We need your written permission to use or share these records.
- You may take back your permission at any time in writing.
- These records cannot be used against you in court unless allowed by law.
- People cannot treat you unfairly because you received SUD treatment.

If we share your health information, others may share it again. Some laws may no longer protect it. SUD records usually cannot be shared again unless the law allows it or you give permission.

You have the right to:

- see or get a copy of your health information by asking for it in writing or directing someone else to write for you. BSHC may charge you to cover certain costs, such as copying and postage;
- ask us to correct information you believe is wrong or incomplete in writing or by directing someone else to write for you. Tell us what health information you want us to change and why;
- ask us to limit how we use or share your information by asking in writing or directing someone else to write for you;
- ask us to contact you in a safer way, if contacting you at the address or phone number we have on file for you would put you in danger. Please let us know by phone and tell us exactly where and how BSHC should contact you, so that we may discuss. We will confirm, in writing with you, what you have stated;
- get a list of times and with whom we shared your health information, with certain exceptions;
- ask us not to contact you for fundraising;
- get a paper copy of this notice; and
- file a complaint if you think your rights were violated.

If you cannot ask in writing, you may direct someone else to write for you. That person could be a Power of Attorney, Health Care Proxy Holder, Guardian, or Conservator.



If BSHC changes how we use and share your health information, we will notify you of these changes.

Using your rights or filing a complaint will not change your services.

If you have questions or want to use your rights, contact:

Kenneth N. Scheer

Privacy Officer

Boston Senior Home Care

89 South Street, Suite 501

Boston, MA 02111

If you have questions or need help understanding this notice, call (617) 303-8307, Monday through Friday, 9:00 a.m. to 5:00 p.m.

You may also file a complaint with the U.S. Department of Health and Human Services.

This notice is effective February 2026 and replaces the May 2022 version.

By providing this document, we are notifying you of changes to that version.



BSHC PRIVACY NOTICE ACKNOWLEDGEMENT

By signing below, I agree that I have received a copy of Boston Senior Home Care's Notice of Privacy Practices.

Signature

Date

Print Name

Last four # of ID # _____

DISCLOSURE OF SUBSTANCE USE DISORDER (SUD) TREATMENT RECORDS

Please check the correct boxes below.

☐ I do not have Substance Use Disorder (SUD) treatment records.

By checking the box below, I authorize Boston Senior Home Care to share my personal health information in certain situations.

☐ Boston Senior Home Care may share my Substance Use Disorder (SUD) treatment records for communicating treatment, payment activities, and operating our programs as described in the **BSHC may share your information** section on the first page of this Notice of Privacy Practices .

By checking the box below, I do not permit Boston Senior Home Care to share my Substance Use Disorder (SUD) treatment records to raise funds for charitable purposes.

☐ I do not want my Substance Use Disorder (SUD) treatment records to be used to contact me for fundraising.

Signature

Date