

## **CHAPTER 6**

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

#### **I. INTRODUCTION**

There are many federal and state laws, regulations and orders governing the use and disclosure of Protected Health Information (PHI) that impact DMH and its Workforce Members. These include, but are not limited to, the following:

- Health Insurance Portability and Accountability Act (HIPAA), Public Law No. 104-191, and the regulations developed thereunder, 45 CFR 160 and 164;
- Massachusetts Fair Information Practices Act (FIPA), M.G.L. c.66A; and
- Massachusetts Executive Order No. 412.

In addition, there are laws and regulations that specifically govern PHI that is created, received and/or retained by DMH. These include, but are not limited to:

- M.G.L. c.123, §§36, 36A, 36B;
- 104 CMR 27.17; and
- 104 CMR 28.09.

In some situations, one of the more general laws, such as those listed above, may permit a use or disclosure of PHI that is prohibited by one of the laws that specifically governs DMH use or disclosure of PHI. The laws themselves give some guidance on which law controls when there is a conflict. The purpose of this Chapter of the Privacy Handbook is to fully articulate when and how PHI can be used internally within DMH and when PHI can be disclosed by DMH to others. It also clarifies how PHI can be de-identified so that it no longer is PHI.

#### **II. GENERAL RULES FOR REQUESTING, CREATING, USING OR DISCLOSING PHI**

When requesting, creating, using or disclosing PHI, DMH Workforce Members must observe the rules as set forth in this Section II.

##### **A. Protecting the Confidentiality of Individuals**

DMH and its Workforce Members shall respect and protect information about, and the records of, applicants and recipients of DMH services and/or case management.

**B. Use and Disclosure of PHI Only as Permitted**

DMH and its Workforce Members may use or disclose PHI only as permitted by this Chapter.

**C. Limiting the Collection of PHI**

DMH and its Workforce Members shall use reasonable efforts to collect PHI only when such collection is necessary to provide services or to otherwise to further the mission of DMH.

**D. Using and/or Disclosing PHI Only for the Purpose(s) for which it was Collected**

DMH and its Workforce Members shall limit use and/or disclosure of PHI to those purposes for which the PHI was collected; for such other purposes that are Required by Law or further the mission of DMH; or as is authorized by the individual, or his/her Personal Representative, if any.

**E. Requesting, Creating, Using and Disclosing Only that Amount of PHI that is Necessary**

When requesting, creating, using or disclosing PHI, DMH and its Workforce Members shall make reasonable efforts to limit the amount of PHI requested, created, used or disclosed, to the minimum necessary to accomplish the purpose for which the PHI is being requested, created, used or disclosed. De-identified health information should be used or disclosed to the extent possible. (See Chapter 9, Minimum Necessary Rule.)

**F. Administrative, Technical and Physical Safeguards**

DMH Workforce Members must follow the administrative, technical and physical safeguards that DMH develops to reasonably protect PHI from unauthorized use or disclosure. See Chapter 1, Administrative Requirements, Chapter 2, Workforce Members' Responsibilities, Chapter 3, Physical and Technical Safeguards, Chapter 9, Minimum Necessary Rule and Chapter 10, Verification of the Identity and Authority of the Requester.

**G. Data Integrity**

DMH and its Workforce Members shall work to ensure the quality, accuracy, and reliability of the PHI under their control, whether contained in written, electronic, or other format. DMH Workforce Members must

ensure that PHI is protected from unauthorized modification or destruction. DMH will establish, where appropriate, mechanisms allowing individuals, and/or their Personal Representatives, to have the opportunity to review and amend their PHI, as required by state and federal law. See Chapter 11, Right of Individuals or Personal Representatives to Access Protected Health Information Maintained by and Chapter 13, Right to Amend Protected Health Information.

#### **H. Reports and Publications Based on PHI**

No report or publication created or published by DMH or a DMH Workforce Member (including students and residents) that originally is based on PHI shall contain any PHI or information that could lead to the identification of an individual. All reports and publications shall be de-identified and/or contain only aggregate data. (See Section VIII on de-identification and aggregate data.) The only exceptions to this rule are (1) reports or publications that fall within one of the categories of disclosures that can be made without Authorization as set forth in Section V and (2) reports and publications for which Authorizations were obtained.

#### **I. Research Studies**

DMH Workforce Members and others who want to conduct research that requires access to PHI held by DMH shall consult with the Research Office of the Division of Clinical and Professional Services and the Central Office Research Review Committee (CORRC) to determine what procedures apply for such access and if appropriate, to ensure that required research protocols are being followed.

#### **J. Data Linkage**

If PHI is used for data linkage (a method of assembling data contained in two or more different files or records to relate significant health or other events for the same individual, organization, community, or other unit of analysis), the linked data set shall be stripped of personal identifiers and all identifiers shall be destroyed, unless there is a legitimate purpose for retaining such identifiers. When such projects involve individuals who are not DMH Workforce Members, DMH Workforce Members shall conduct the data linkage process and release only the linked data set without personal identifiers, other than a unique identification number. If, however, the project involves research, the Deputy Commissioner for Clinical and Professional Services, or designee, and the Central Office Research Review Committee (CORRC) may, in certain circumstances, permit a non-Workforce Member to do the data linkage (when Authorization can be waived by CORRC).

## **K. Uses and Disclosure of Decedents' Records**

Generally, the PHI of a decedent is to be treated the same as when the individual was alive. After the death of an individual, the administrator, executor, or other person authorized by law to act on behalf of the decedent may exercise the rights of the decedent with respect to the decedent's PHI (i.e., the right to authorize its use or disclosure, the right to access the PHI and/or to request an audit trail of disclosures made by DMH, the right to request a confidential communication and/or to restrict the use or disclosure of PHI).

## **III. PROHIBITED USES AND DISCLOSURES OF PHI**

### **A. Marketing**

Neither DMH nor its Workforce Members shall use or disclose PHI for any marketing purposes as that term is defined below. Selling lists of clients'/patients'/applicants' and/or service recipients' names or disclosing PHI to a third party for that party's marketing activities strictly are prohibited.

Marketing for this purpose means:

1. To make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service unless the communication is made (a) to describe a health-related product or services (or a payment for such product or service) that is provided by DMH and DMH is making the communication; (b) for treatment of the individual; (c) for case management or care coordination for the individual; or (d) to direct or recommend alternative treatment from another health care provider, or care setting to the individuals.
2. An arrangement between a Covered Entity and any other entity whereby the Covered Entity discloses PHI to the other entity in exchange for direct or indirect remuneration to permit the other entity or its affiliates to make a communication about its own product or service encouraging recipients of the communication to purchase or use that product or service.

### **B. Fund Raising**

Neither DMH nor DMH Workforce Members shall use or disclose PHI for the purpose of raising funds for DMH's or any other person's or entity's own benefit.

### **C. Directories**

DMH Facilities or Programs shall not maintain directories for the purpose of providing information to non DMH-Workforce Members.

## **IV. INTERNAL USE OF PROTECTED HEALTH INFORMATION BY DMH WORKFORCE MEMBERS**

### **A. Uses Not Requiring an Authorization.**

Without obtaining an Authorization from the individual who is the subject of the PHI, or the individual's Personal Representative, DMH and its Workforce Members may use the PHI internally within DMH for one or more of the purposes stated in this Section IV. However, in using PHI for one of these purposes, the rules as set forth in Section II must be followed. This Section IV does not address disclosures of PHI to non-DMH Workforce Members. Such disclosures are discussed in Section V.

**NOTE:** The Privacy Handbook and this Chapter only address when PHI may be used or disclosed and do not address when informed consent for treatment needs to be obtained.

PHI may be used internally without obtaining an Authorization for one or more of the following purposes:

- 1. Treatment.** Treatment means the provision, coordination or management of health care and related services; consultation between Health Care Providers who are DMH Workforce Members and the referral of an individual to another DMH Workforce Member for health care services.
- 2. Payment.** Payment means activities between DMH Workforce Members undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage; billing, claims management, collection activities and related health care data processing; review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; utilization review activities; and collection activities.
- 3. Health Care Operations.** Health Care Operations mean activities related to DMH's health care functions, including, but not limited to, quality assessment and improvement activities; reviewing competence or qualifications of health care professionals; conducting

training programs in which students and trainees learn under supervision to practice or improve their skills; accreditation, certification, licensing or credentialing activities; conducting or arranging for medical review; legal services and auditing functions, including fraud and abuse detection; compliance programs; business planning and development and; business management and general administrative activities.

4. **Research.** Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. (See 104 CMR 31.02). PHI may be used for research purposes without an Authorization only in very limited circumstances. DMH's Central Office Research Review Committee (CORRC) officially must waive the Authorization requirement as part of its approval of a research protocol (the CORRC approval letter must document that it determined that the alteration or waiver of Authorization satisfies certain criteria as set forth at 45 CFR 164.512, 104 CMR 31.05 and CORRC Operating Procedures).
5. **Required By Law.** "Required by Law" means a mandate contained in law that compels an entity to make a use of PHI that is enforceable in a court of law. Required by Law includes but is not limited to, court orders; Medicare conditions of participation with respect to Health Providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

**NOTE:** A subpoena requiring the production of records is not sufficient authority to release PHI. If a subpoena for PHI is received, the Legal Office should be notified.

6. **Cadaveric Organ, Eye or Tissue Donation.** Pursuant to Commissioner Directive #10, PHI may be used or disclosed to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation or transplantation.
7. **To Avert a Serious Threat to Health and Safety.** DMH, consistent with applicable law, may use or disclose PHI if DMH believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat.

- 8 **Limited Data Set.** DMH may create, use or disclose a limited data set containing PHI if the requirements as set forth in Section VIII are met.
9. **Health Oversight Activities.** See Section VII.
10. **Clergy.** If an individual or his/her Personal Representative agrees verbally or in writing, a limited amount of PHI (i.e., name, address and religious affiliation) may be shared with clergy who are DMH Workforce Members. NOTE: an Authorization is not required.
11. **Appointment Reminders/Treatment Alternatives.** DMH may use PHI to remind individuals or their Personal Representatives of appointments and/or to provide them with information about treatment alternatives or other health-related benefits and services.
12. **Incidental Uses.** Incidental uses are uses of PHI that are secondary, that cannot reasonably be prevented, that are limited in nature and that occur as a byproduct of an otherwise permitted use. (For example, use of a waiting room sign-in sheet that lists only names.)

**B. Uses Requiring an Authorization**

An Authorization is required for a use of PHI that is not specified in Section IV.A. See Chapter 8, Authorization for the Use and Disclosure of Protected Health Information.

**V. DISCLOSING PHI OUTSIDE OF THE DMH WORKFORCE**

**A. State Law and HIPAA Preemption Issues**

In many situations, state laws and regulations that apply to DMH are more restrictive than HIPAA in allowing disclosure of PHI. Under HIPAA, the more restrictive state law will govern if it provides more protection to the PHI or greater rights to the individual who is the subject of the PHI.

Similarly, 45 CFR 160.203(c) states that HIPAA will not preempt any “provision of State law, including State procedures established under such laws, as applicable, [that] provides for the reporting of disease or injury, child abuse, birth, or death, or for the conduct of public health surveillance, investigation or intervention.”

Therefore, care needs to be taken by a DMH Workforce Member when responding to a request for PHI from a person or entity that only cites

HIPAA as the authority for releasing the PHI without an Authorization. The DMH Workforce Member must determine whether state law also permits the release of PHI. For example, HIPAA generally allows for the release of PHI for Treatment, Payment and Healthcare Operations without an Authorization, whereas, M.G.L. c.123, §36 governing records of the admission, treatment and periodic review of persons admitted to DMH facilities would not permit disclosures for such purposes without an Authorization, unless a best interest determination is made pursuant to DMH regulations.

## **B. Permitted Disclosures Not Requiring an Authorization**

The following disclosures of PHI can be made without obtaining an Authorization from the individual who is the subject of the PHI or his/her Personal Representative, if any.

- 1. Disclosure to the Individual who is the Subject of the PHI or his/her Personal Representative, if any.** PHI may be disclosed at any time by DMH to the individual who is the subject of the PHI or, if he/she has a Personal Representative, to his/her Personal Representative, or, if the individual is deceased, to the administrator or executor of the individual's estate. Even if a Minor has a Personal Representative, the Minor rather than the Personal Representative has the right to and control over access to PHI related to a treatment to which, by law, the Minor could and did consent (e.g., HIV testing). Additionally, both a Minor and his/her Personal Representative have the right to and control over access to PHI relating to the admission only to a DMH Facility when the Minor voluntarily admitted himself or herself to a DMH Facility pursuant to M.G.L. c.123, §§10 and 11 and 104 CMR 27.06.

Chapter 10, Verification of the Identity and Authority of the Requester, outlines when a parent, guardian, Rogers monitor, Health Care Agent, DYS or DSS is considered a Personal Representative.

DMH, under certain circumstances, may limit the right of individuals and/or Personal Representatives to access PHI. See Chapter 11, Right of Individuals or Personal Representatives to Access Protected Health Information Maintained by DMH.

- 2. Disclosure to the Attorney of an Individual who is the Subject of PHI.** See Chapter 10, Verification of the Identity and Authority of the Requester, for a discussion on determining who is the individual's attorney.



**3. Disclosures Made Pursuant to a Judicial Order.** PHI may be disclosed pursuant to a proper judicial order. "A proper judicial order" means an order signed by a justice or special justice of a court of competent jurisdiction, or a clerk or assistant clerk of such court acting upon instruction of such a justice. A subpoena is not deemed a "proper judicial order." Whenever possible, an individual or the individual's Personal Representative, if any, shall be informed of a court order commanding production of the individual's records prior to the production of the records, unless it is clear from the judicial order that the individual or Personal Representative was given notice of the judicial proceedings which issued the order and an opportunity to object to the issuance of the order.

**4. Disclosure Made Pursuant to a Best Interest Determination.**

**a. Determination by the Commissioner or Designee.**

i. The Commissioner or designee, in his/her discretion, may permit the release of PHI, where the Commissioner or designee has made a determination that such disclosure would be in the best interest of the individual who is the subject of the PHI. The disclosure, however, must be of the type that is permissible under HIPAA without an Authorization. The applicable federal regulations are:

- Disclosures to carry out Treatment, Payment or Health Care Operations. 45 CFR 164.506
- Disclosures to persons involved in the individual's care. 45 CFR 164.510(b).
- Disclosure for Public Health Activities. 45 CFR 164.512(b).
- Disclosure about victims of abuse, neglect or domestic violence. 45 CFR 164.512(c).
- Disclosure for Health Oversight Activities. 45 CFR 164.512(d).
- Disclosures for judicial and administrative proceedings. 45 CFR 164.512(e).
- Disclosure for certain law enforcement purposes. 45 CFR 164.512(f).
- Disclosures about decedents to coroners and/or funeral directors. 45 CFR 164.512(g)
- Disclosure to avert a serious threat to health or safety. 45 CFR 164.512(j).
- Disclosure for certain specialized government functions. 45 CFR 164.512(k).
- Disclosures for workers' compensation. 45 CFR 164.512(l).

- ii. In making a best interest determination, the Commissioner or designee, must conclude that it is not possible or practical to obtain the Authorization if the individual, if competent, or the individual's Personal Representative.
  - iii. All best interest determinations made by the Commissioner or designee that are not categorical best determination as described in Section V.A.4.b., below, shall be documented in writing and shall be maintained in the Commissioner's Office pursuant to the applicable DMH Record Disposal Schedule.
  - iv. If the disclosure is made for other than Treatment, Payment, or Health Care Operation purposes, it may need to be logged for audit trail purposes. See, Chapter 12, Right to an Audit Trail of Certain Disclosures of Protected Health Information.
  - v. Any disclosure of PHI made pursuant to a best interest determination shall be limited to the minimum PHI necessary to achieve the purpose of the disclosure.
- b. **Categorical Best Interest.** Without limiting the discretionary authority of the Commissioner or designee to identify other situations where inspection or disclosure is in an individual's best interest, PHI may be disclosed in an individual's best interest in the following cases:
- i. Disclosure from a sending to a receiving facility for purposes of transferring the individual pursuant to M.G.L. c.123, §3;
  - ii. Disclosure to a physician or other health care provider who requires such records for the treatment of a medical or psychiatric emergency; provided, however, that the individual, or the individual's PR, is given notice of the disclosure as soon as possible;
  - iii. Disclosure to a medical or psychiatric facility currently caring for the individual, when the disclosure is necessary for the safe and appropriate treatment and discharge of the individual;
  - iv. Disclosure between DMH and a contracted vendor regarding individuals being served by the vendor for purposes related to services provided under the contract;

- v. A disclosure to enable the individual, or someone acting on his/her behalf, to obtain benefits or third party payment for services rendered to such individual;
- vi. Disclosures to persons conducting an investigation involving the individual pursuant to 104 CMR 32.00;
- vii. Disclosures to persons engaged in research, if such access is approved by DMH pursuant to 104 CMR 31.00; and
- viii. Disclosures to persons authorized by DMH to monitor the quality of services being offered or provided to the individual;
- ix. Disclosure to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or other accrediting bodies;
- x. Disclosure to report communicable and other infectious disease to the Department of Public health and/or local board of health consistent with 105 CMR 300.000 et. seq.; and
- xi. Disclosure to coroners, medical examiners or funeral home directors.

Subject to the following requirements, the Administrator-in-Charge of the applicable DMH location shall establish for his/her location how and who may decide that the conditions of a categorical best interest determination are met with regard to a particular disclosure:

- A decision that the conditions of the categorical best interests determinations set forth in Section V.B.4.b.(i), (ii) or (iii) (disclosure from a sending to a receiving facility, disclosure to a physician or other health care provider for emergency treatment; and disclosure to a medical or psychiatric facility for treatment and discharge purposes) have been met can be made only by the Administrator-in-Charge or a licensed Health Care Professional(s) that he/she designates.
- To make a decision that a one of the categorical best interest determinations is applicable, the Administrator-in Charge or his/her designee(s) must also conclude that it is not possible or practical to obtain the Authorization if the individual, if competent, or the individual's PR.

Any disclosure of PHI made pursuant to a categorical best interest determination shall be limited to the minimum PHI necessary to achieve the purpose of the disclosure.

If the disclosure is made for other than Treatment, Payment, or Health Care Operation purposes, it may need to be logged for audit trail purposes. See, Chapter 12, [Right to an Audit Trail of Certain Disclosures of Protected Health Information](#).

**5. Disclosures Required By Law.** "Required by Law," means a mandate contained in law that compels an entity to make a disclosure of PHI that is enforceable in a court of law. Required by Law includes, but is not limited to, court orders, Medicare Conditions of Participation with respect to Health Care Providers participating in the Medicare program, and statutes or regulations that require the production of information, including statutes or regulations that require such information, if payment is sought under a government program providing public benefits. Disclosures that DMH or its Workforce Members are required to make include, but are not limited to, the following:

- a. Crimes Committed Upon Persons in care of Mental Health Facilities. MGL c.19, §10
- b. Transfer Notices. M.G.L. c.123, §3
- c. Periodic Review Notices. M.G.L. c.123, §4
- d. Commitment Petitions/Appeals. M.G.L. c.123, §§7, 8, 9, 15 and 16
- e. Petition for Medical Treatment Orders. M.G.L. c.123, §8B
- f. Emergency Hospitalizations. M.G.L. c.123, §12
- g. Forensic Reports. M.G.L. c.123, §§15,16, 17, 18
- h. Guardian or Conservator Appointments. M.G.L. c.123, §25 and M.G.L. c.201, §§6, 6A, 6B, 7, 14, 16B, 17, 21
- i. Unclaimed Funds Notice. M.G.L. c.123, §26
- j. Administration of estate of deceased inpatient or resident by DMH. M.G.L. c.123, §27
- k. Violent or Unnatural Death of DMH Clients. M.G.L. c.123, §28
- l. Unauthorized Absence of DMH Clients. M.G.L. c.123, §30
- m. Gun Licensing Authority Access to Mental Health Records. M.G.L. c.140, §§129B and 131
- n. Mental Health Legal Advisor's Committee access to records. M.G.L. c.221, §34E
- o. Medication Communications. 104 CMR 28.06
- p. Abuse of Elderly Person. M.G.L. c.19A, §15, 104 CMR 32.06
- q. The Disabled Person Protection Commission. M.G.L. c.19C, §15, 104 CMR 32.06

- r. DSS-Persons required to report Cases of Injured, Abused or Neglect Children. M.G.L c.119, §51A
- s. Persons Having Knowledge of Death to Notify Medical Examiner. M.G.L. c.38, §13, 104 CMR 32.06
- t. Sex Offender Registry Law. M.G.L. c.6, §§178C through 178O
- u. Disclosures to the U.S. Secretary of Health and Human Services, if required by the Secretary in investigating DMH's compliance with HIPAA. 45 CFR 164.505(a)(2)
- v. Protection and Advocacy. 42 USC 10806
- w. Executive Office of Health and Human Services and its agencies if for a purpose specified in 101 CMR 16.00. See Section V.B.6., below.

**NOTE:** a subpoena requiring the production of records is not sufficient authority to release PHI. If a subpoena for PHI is received, the Legal Office should be notified.

**6. Disclosures to, and Request of, the Executive Office of Health and Human Services (EOHHS) and/or its Agencies for a Purpose Specified in 101 CMR 16.00.**

- a. **Disclosures to EOHHS or an EOHHS Agency.** If EOHHS or an EOHHS agency makes a request for PHI and the only applicable authority for disclosing the PHI under Section V.B of this Chapter appears to be 101 CMR 16.00, the request shall be processed as set forth in this Subsection V.B.6.

Note: if an authorization accompanies the request, then the procedures set forth in Chapter 8 should be followed. If the requesting agency is the PR of the individual, then the procedures set forth in Chapter 10 should be followed. If a statute, or a regulation other than 101 CMR 16.00, requires that the PHI be released to the requesting agency, then that amount of PHI specified in Appendix C for the particular type of disclosure should be released.

- b. **General Rule.** Pursuant to EOHHS regulation 101 CMR 16.00 (attached at the end of this Chapter), DMH is required to disclose PHI to EOHHS and/or its agencies if requested to do so and the disclosure is directly connected to the administration an agency's program. Activities directly related to the administration on an agency's program include, but are not limited to:
  - i. eligibility determinations,
  - ii. determination of benefit amounts,

- iii. provision of services if the disclosure of PHI will assist the individual who is the subject of the PHI in accessing needed medical, social, education or other services, or will improve the coordination or management of service provided to the individual, or
- iv. quality assurance activities; and
- v. other activities as the Secretary of EOHHS or his designee may determine consistent with 101 CMR 16.00, including those required or permitted by federal and state law.

In addition, the disclosure cannot be inconsistent with federal or state law. Disclosures under 101 CMR 16.00 are considered to be "required by law" and thus permissible under HIPAA. Likewise, disclosures for the purposes outlined above i-iv, above, are considered to be in the best interest of the individual and thus permitted under M.G.L. c.123, §36 and 104 CMR 27.17 and 28.09. Disclosures under v. above for a purpose specified by the Secretary of EOHHS, or his designee, may be determined to be in the best interest of the individual, depending on the specific purpose. There are, however, state laws and federal laws that apply to specific circumstances, such as privileges and HIV status, or substance abuse and alcohol treatment, that prohibited release without an authorization.

**c. Procedures for processing an EOHHS or an EOHHS Agency's request for PHI pursuant to 101 CMR 16.00.**

**i. Determination that the Requirements of 101 CMR 16.00 Are Met.**

**(a) Responsible DMH Staff Members.** Prior to a disclosure being made under the authority of 101 CMR 16.00, the DMH staff member specified below must determine if the requirements of 101 CMR 16.00 are met.

**(1) The DMH Privacy Officer.** The DMH Privacy Officer, or designee, must determine if the requirements of 101 CMR 16.00 are met if the request is:

- for PHI concerning multiple clients and/or to do computer matches; or
- for an individual's entire DMH record; or
- being made for a purpose other than for determining an individual's eligibility for benefits or services or

benefit amounts from the requesting agency (e.g., for quality assurance purposes).

- (2) **The Administrator-in-Charge.** The Administrator-in-Charge of the DMH location where the PHI is maintained, or designee, must determine if the requirements of 106 CMR are met in all other situations. If the PHI is maintained in more than one DMH location, there must be a consensus among the Administrators-in-Charge, or designees, as to whether the requirements of 101 CMR 16.00 are met. If the Administrators-in-Charge, or designee, can not agree, the matter shall be referred to the DMH Privacy Officer, or designee, who shall make the final decision.
- (b) **The Determination.** The DMH staff member designated above, must verify that:
  - (1) the request is being made by EOHHS or an EOHHS agency (a list of current EOHHS agencies is attached to the end of this Chapter); and
  - (2) EOHHS or the EOHHS agency is requesting the PHI for a purpose specified in 101 CMR 16.00 (see Section V.B.6.a., above for a list of purposes); and
  - (3) the disclosure is not inconsistent with federal or state law. See Section V.B.6.a., above. For request made for "other activities as the Secretary of EOHHS or his designee may determine consistent with 101 CMR 16.00, including those required or permitted by federal and state law" the DMH Privacy Officer will need to assess if a Commissioner's Best Interest determination is needed.

If clarification is needed to be able to make the above determination, the applicable DMH staff member shall work with EOHHS or the requesting EOHHS agency to obtain the necessary clarification and/or documentation.

Access shall be provided to the extent required by the regulation. In some instances, it will be necessary to redact portions of the record that is being requested, e.g., the portion containing privileged PHI, etc.

(c) **Minimum Necessary.** If the DMH staff member designated above determines that the requirements of 101 CMR 16.00 are met, the DMH staff member must then apply the Minimum Necessary principles of Chapter 9, Section III.C. to determine the amount of PHI that needs to be disclosed to accomplish the purpose of the disclosure.

(d) **Audit Trail and Record of Determination.** If it is determined that the requirements of 101 CMR 16.00 are met and a disclosure is made, then an audit trail must be made of the disclosure pursuant to Chapter 12, Section III. The applicable audit trail log entry must include the date of the disclosure, a description of the PHI disclosed, the agency to which the PHI was disclosed, the fact that the disclosure was being made pursuant to 101 CMR 16.00, the name of the DMH staff member who made the determination that the requirements of 101 CMR 16.00 were met, and the reason for the disclosure. If the request for a disclosure was received in writing, the request shall be kept in the applicable DMH record and the above information shall also be recorded on or attached to the request.

iii. **Authorization Alternative.** If the DMH staff member responsible for processing a request in his/her discretion believes that it is preferable and practicable to obtain an Authorization from the applicable individual or the individual's PR and an Authorization is obtained, then the Authorization rules, rather than the provisions of this section, apply.

d. **Request by DMH for PHI from EOHHS or EOHHS Agency Pursuant to EOHHS Regulation 101 CMR 16.00.** If DMH needs PHI about an individual from EOHHS or an EOHHS agency for a purpose specified in 101 CMR 16.00, the request shall be approved by the Administrator-in Charge of the DMH location seeking the PHI, or his/her designee. If the PHI is needed for the purpose of doing a match involving more than one individual, the DMH Privacy Officer, or his/her designee, shall approve the request. The Administrator-in-Charge, Privacy Officer, or designee, must determine that the proposed request meets the requirements of 101 CMR 16.00, and if so, the proper amount of PHI to be requested. Reasonable efforts shall be made to limit the amount of PHI requested to only that which is needed. If the Administrator-in-Charge or the Privacy Officer responsible for processing a proposed request believes that it preferable and practicable to obtain an Authorization for the release of PHI to



DMH, he/she may require that an Authorization be used in lieu of 101 CMR 16.00. To the extent reasonable and practicable, a request to EOHHS and/or to an EOHHS agency for PHI shall be made in writing and state the purpose for the request.

- 7. Disclosures for Research.** Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. (See also 104 CMR 31.02). PHI may be used for research purposes without an Authorization only in very limited circumstances. DMH's Central Office Research Review Committee (CORRC) officially must waive the Authorization requirement as part of its approval of a research protocol (the CORRC approval letter must document that it determined that the alteration or waiver of Authorization satisfies certain criteria as set forth in 45 CFR 154.512, 104 CMR 31.05 and CORRC Operating Procedures).
- 8. Limited Data Set.** DMH may create, use or disclose a limited data set containing PHI if the requirements as set forth in Section VIII are met.
- 9. Disclosures for Health Oversight Activities.** See Section VII.
- 10. Disclosures to Clergy.** If an individual or his/her Personal Representative agree verbally or in writing, a limited amount of PHI (e.g., name, address and religious affiliation) may be shared with non-DMH Workforce Member Clergy. NOTE: an Authorization is not required.
- 11. Disclosures to Persons Involved in the Care of the Individual.** If the individual or his/her Personal Representative obtains the individual's agreement, whether verbally or in writing, or provides the individual with the opportunity to object to the disclosure, and the individual does not express an objection, PHI may be disclosed to a family member, other relative, or any other person identified by the individual if the PHI directly is relevant to the person's involvement with the individual's care or payment related to the individual's care.
- 12. Disclosures Pursuant to MGL. c. 123, §36B Duty to Protect and/or Warn.** Disclosures Pursuant to this Statute may be made only by licensed health care professionals and only if the conditions as set out in the statute are met.
- 13. Disclosure by Whistleblowers and Workforce Members Who are Crime Victims.** DMH will not be considered to have violated the disclosure restrictions as set forth in this Section if a Workforce Member or a Business Associate discloses PHI for whistleblowing or

reporting a crime if (1) the disclosure of PHI is necessary to accomplish the intended purpose (e.g., the report could not be accomplished with the use of de-identified information or the use of a code); (2) the amount of PHI that is used is limited only to the amount that is necessary for the intended purpose; and (3) the requirements below are met.

**a. Whistleblowers.** The Workforce Member or Business Associate must believe in good faith that DMH has engaged in conduct that is unlawful or otherwise violates professional or clinical standards or that the care, services or conditions provided by DMH potentially endangers one or more individuals and the disclosure is made to (i) a public health authority, health oversight agency, or healthcare accreditation organization authorized to investigate or oversee the conduct at issue, or (ii) an attorney retained by the Workforce Member or Business Associate for the purpose of determining legal options of the Workforce Member or Business Associate with regard to said conduct.

**b. Workforce Members Who are Crime Victims.** A Workforce Member, who is an alleged victim of a criminal act, may disclose PHI about the alleged perpetrator to a law enforcement officer. The PHI disclosed must be limited to the following information for the purpose of identifying or locating a suspect, material witness, or missing person.

- i. name and address;
- ii. date and place of birth;
- iii. Social security number;
- iv. blood type (A/B/O) and Rh factor;
- v. type of injury;
- vi. date and time of treatment;
- vii. date and time of death, if applicable; and
- viii. a description of distinguishing physical characteristics, including, but not limited to, height, weight, gender, race, hair, eye color, and the presence or absence of facial hair (beard or moustache) scars, and tattoos.

**14. Incidental Disclosures.** Incidental disclosures are disclosures of PHI that are secondary, that reasonably cannot be prevented, that are limited in nature, and that occur as a byproduct of an otherwise permitted disclosure. (For example, use of a waiting room sign-in sheet that lists only names).

Questions as to whether a category of Section V.B is applicable to a particular disclosure must be addressed to the DMH Privacy Officer or Legal Office.

**C. Disclosures Requiring an Authorization**

A disclosure of PHI not specified in Section V.B., requires an Authorization.

**D. DMH Routine Disclosures - Appendix C of the Handbook**

Appendix C of the Handbook lists the routine disclosures of PHI made by DMH and its Workforce Members, with the exception of disclosures made to an individual who is the subject of the PHI and/or his/her Personal Representative. For each disclosure listed, the following information is provided: (a) the person or entity to whom the disclosure can be made; (b) the purpose of the disclosure; (c) whether an Authorization, or a best interest determination, is required for the disclosure; (d) the maximum amount of PHI that should be released; and (e) any special requirements regarding the disclosure. In making any of the disclosures listed in Appendix C, DMH Workforce Members are responsible for ensuring that, if required for the disclosure, an Authorization is obtained or a best interest determination has been made and that only the authorized amount of PHI is disclosed.

**E. General Rules Regarding Disclosing PHI Created or Maintained by DMH**

- 1. Verification.** Prior to disclosing PHI, the identity of the person or entity to which the PHI is to be disclosed and the authority of that person or entity to receive information must be verified, if they are not known, in accordance with Chapter 10, Verification of the Identity and Authority of the Requester.
- 2. Restrictions.** Prior to making a disclosure, a DMH Workforce Member must determine if DMH has granted a request to restrict PHI that would preclude such a disclosure. See Chapter 15, Right to Request Restrictions on the Use and/or Disclosure of Protected Health Information.
- 3. Authorization.** If this Chapter or Appendix C requires that an Authorization be obtained, the following applies:
  - a. The Authorization must contain the required elements as specified in Chapter 8, Authorization for Use and Disclosure of Protected Health Information.

- b. The Authorization must be signed by the individual who is the subject of the PHI; provided, however, that if the individual has a Personal Representative, the Authorization must be signed by the Personal Representative unless the individual is a Minor (i) who by law voluntarily admitted him or herself to a DMH Facility pursuant to 104 CMR 27.06, or (ii) who by law consented to treatment (e.g., HIV testing) and the Authorization for the disclosure of PHI is related directly to the admission or to the treatment that said Minor authorized. If the individual is deceased, the administrator or executor of the individual's estate must sign the Authorization.
- c. The disclosure made must be consistent with the terms of the Authorization.

## **VI. SPECIAL RULES REGARDING THE REPORTING OF ADULT ABUSE, NEGLECT OR DOMESTIC VIOLENCE**

If a DMH Workforce Member makes a report of abuse, neglect or domestic violence regarding an adult, the adult who is the victim of the abuse, neglect or violence, or his/her Personal Representative, if applicable, must be notified promptly that the report has been made unless one of the following determinations is made:

- A. That informing the individual would place the individual at risk of serious harm; or
- B. That the individual's Personal Representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interest of the individual.

These determinations may be made only by a DMH Workforce Member who is a licensed health care professional exercising his/her professional judgement. Therefore, if the reporter is not a licensed health care professional, he/she must notify the Administrator-in charge, or his/her designee, who will assign a licensed Health Care Professional to review the matter and to make a determination with regard to giving notice. The decision shall be documented in the appropriate DMH record.

## **VII. ACCESS TO AND USE OF PHI BY DMH AS A HEALTH OVERSIGHT AGENCY**

A Health Oversight Agency means an agency with authority of a state, "including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the

health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant" 45 CFR 164.501.

DMH is a Health Oversight Agency with respect to those psychiatric facilities and residential programs that it licenses. It is authorized by statute and regulation to review the performance of licensees in the conduct of its health oversight activities. In its role as a Health Oversight Agency, DMH is not required to obtain an individual's Authorization to lawfully receive, use or disclose, or exchange PHI and/or to require others to disclose or exchange PHI with it. Such access, disclosures and exchanges are required by law. 104 CMR 27.03(15), 104 CMR 27.17(5), 104 CMR 28.13(6) and (7). DMH must safeguard PHI that it obtains during health oversight activities in a manner consistent with federal and state laws and regulations, and DMH policies and procedures relating to PHI.

## **VIII. DEFINITIONS AND RELATED PROCEDURES FOR NON PROTECTED HEALTH INFORMATION.**

### **A. De-Identified Health Information**

- 1 Definition.** De-identified Health Information is health information that does not identify an individual and where there is no reasonable basis to believe that the information can be used to identify an individual. Once PHI is de-identified, it no longer is considered PHI and is not subject to DMH policies and procedures regarding PHI.
- 2. How PHI can be De-identified.** PHI is considered de-identified only if one of the following two standards is met:
  - a. Elimination of 18 Specific Identifiers.** The first standard is the deletion from the PHI of eighteen (18) specific identifiers relating to the individual or relatives, employers, or household members of the individual. They are:
    - i. Names;
    - ii. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zipcode, if according to the current publicly available data from the Bureau of the Census:
      - the geographic unit formed by combining all zip codes with the same three initial digits contain more than 20,000 people and;

- the initial three digits of a zip code for all such geographic units containing fewer than 20,000 people is changed to 000 (for Massachusetts zip code information, see Appendix F);
- iii. All elements of dates (except year) for dates directly related to an individual, including date of birth, admission date, discharge date, date of death; and all ages over 89 (unless aggregated into a single category of age 90 and older);
- iv. Telephone numbers;
- v. Fax numbers;
- vi. Electronic mail addresses;
- vii. Social Security numbers;
- viii. Medical record numbers;
- ix. Health Plan beneficiary numbers;
- x. Account numbers;
- xi. Certificate or license numbers;
- xii. Vehicle identifiers and serial numbers, including license plate numbers;
- xiii. Device identifiers and serial numbers;
- xiv. Web Universal Resource Locators (URLs);
- xv. Internet Protocol (IP) address numbers;
- xvi. Biometric identifiers, including finger and voice prints;
- xvii. Full face photographic images and comparable images; and
- xviii. Any other unique identifying number, characteristic, or code (except a code to allow re-identification under certain requirements).

For PHI to be considered de-identified under this method, DMH cannot have actual knowledge that the de-identified information could be used alone or in combination with other information to identify an individual.

A code or other mechanism may be created for the purpose of being able to re-identify the de-identified PHI. However, the code cannot be derived from, or related to, information about the individual and it otherwise must not be translatable so as to identify the individual. Additionally, the code cannot be provided to anyone outside of DMH. If de-identified PHI is re-identified, such information then is PHI and must be treated as such.

- b. Use of a Statistician.** Under the second standard, a statistician (a person with appropriate knowledge of and experience with, generally acceptable statistical and scientific principles and methods for rendering information not individually identifiable) apply such principles and methods to the PHI, so that it is unlikely that anyone could use the information, alone or with other

reasonably available information, to identify the individual who is the subject of the information.

## **B. Aggregate Data**

- 1. Definition.** Aggregate data is data collected from specific individuals' records containing PHI that have been combined for statistical or analytical purposes and that are maintained in a form that does not permit the identification of individuals.
- 2. De-identifying Aggregate Data.** In determining if the de-identification standards are met with regard to aggregate data, the Aggregate Data Release Standards developed by the Department of Public Health as set forth in Appendix F should be followed. The DPH standards are based on cell size suppression. This is a statistical method used to report aggregate data by restricting or suppressing disclosures of subsets of aggregate data based on size, so as to avoid the risk of identifying individuals in small populations.

## **C. Limited Data Set**

- 1. Definition.** A limited data set is information from which “facial” identifiers have been removed. Specifically, because they relate to the individual or his/her relatives, employers, or household members, all of the following identifiers must be removed in order for PHI to be a limited data set:
  - a. Names;
  - b. Street addresses (other than town, city, state and zip code);
  - c. Telephone numbers;
  - d. Fax numbers;
  - e. E-mail addresses;
  - f. Social Security numbers;
  - g. Medical records numbers;
  - h. Health plan beneficiary numbers;
  - i. Account numbers;
  - j. Certificate license numbers;
  - k. Vehicle identifiers and serial numbers, including license plates;
  - l. Device identifiers and serial numbers;
  - m. Web Universal Resource Locators (URLs);
  - n. Internet Protocol (IP) address numbers;
  - o. Biometric identifiers (including finger and voice prints); and
  - p. Full face photos (or comparable images).

In comparison with de-identified PHI, the following information may be included in a limited data set:

- i. Dates such as admission, discharge, date(s) of service, date of birth, date of death;
- ii. City, state, five digit or more zip code; and
- iii. Ages in years, months, days or hours.

A limited data set is PHI because it has not been fully de-identified. However, a limited data set may be used without obtaining an Authorization if the conditions as set forth in Section VIII.C. are met.

2. **Uses and Disclosures.** DMH may use or disclose a limited data set only for the purposes of Research, Public Health or Health Care Operations. (See the Glossary for the definitions of these terms.)
3. **Data Use Agreement.** DMH must enter into a Data Use Agreement with the party who is to receive a limited data set. The Data Use Agreement must:
  - a. establish the permitted uses and disclosures of the limited data set;
  - b. identify who may use or receive the information;
  - c. prohibit the recipient from using or further disclosing the information, except as permitted by the agreement or as required by law;
  - d. require the recipient to use appropriate safeguards to prevent a use or disclosure that is not permitted by the agreement;
  - e. require the recipient to report to DMH any unauthorized use or disclosure of which it becomes aware;
  - f. require the recipient to report to DMH any unauthorized use or disclosure of which it becomes aware;
  - g. require the recipient to ensure that any agents (including a subcontractor) to whom it provides the information will agree to the same restrictions as provided in the agreement;
  - h. prohibit the recipient from identifying the information or contacting the individuals; and
  - i. require that reasonable steps are taken to cure any breach by a recipient of the Data Use Agreement.
4. **Creating the Limited Data Set.** A DMH Workforce Member shall be responsible for creating a limited data set from PHI maintained by DMH. If, however, the project involving the limited data set is Research, the Deputy Commissioner for Clinical and Professional Services, or designee, and the Central Office Research Review Committee (CORRC), in certain circumstances, may permit a non-DMH Workforce Member to create the limited data set (situations when an Authorization may be waived by the CORRC).



## **IX. LEGAL REFERENCE AND ATTACHMENTS**

### **HIPAA**

- 45 CFR 164.501 (Definition of Disclosure, Health Care Operations, Health Oversight Agency, Marketing, Payment, Required By Law, Treatment, Use)
- 45 CFR 164.502(a) (Permitted Uses and Disclosures)
- 45 CFR 164.502(d) (De-identified PHI)
- 45 CFR 164.502(f) (Standard: deceased individuals)
- 45 CFR 164.502(g) (Standard: Personal Representative)
- 45 CFR 164.502(j) (Whistleblowers and Victims of a Crime)
- 45 CFR 164.506 (Uses and Disclosures to Carry Out Treatment, Payment, or Health Care Operations)
- 45 CFR 164.508 (Uses and Disclosures for Which an Authorization is Required)
- 45 CFR 164.510 (Uses and Disclosures Requiring an Opportunity for the Individual to Agree or to Object)
- 45 CFR 164.512 (Uses and Disclosures for Which an Authorization or Opportunity to Agree or Object is Not required.)
- 45 CFR 164.514 (b) and (c) (Standard: De-identification and Specifications: re-identification)
- 45 CFR 164.514(e) (Standard: Limited Data Set)
- 45 CFR 164.514(f) (Fundraising)

M.G.L. c.123, §§36, 36A, 36B

101 CMR 16.00

104 CMR 27.03

104 CMR 27.17

104 CMR 28.09

104 CMR 28.13

104 CMR 31.05

Commissioner Directive # 10

## EOHHS PRIVACY REGULATIONS -UNOFFICIAL VERSION

### 101 CMR 16.00: Personal Data Use and Permitted Disclosures By and Among EOHHS and Its Agencies

#### 16.01: Applicability

101 CMR 16.00 applies to the Executive Office of Health and Human Services (EOHHS) and to all other agencies as the term is defined in 101 CMR 16.03.

#### 16.02: Purpose

- (1) 101 CMR 16.00 is promulgated pursuant to M.G.L. c. 6A, § 16 and in conformance with M.G.L. c. 66A, § 2(c) to authorize the sharing of data, including personal data by and among EOHHS and its agencies, subject to the appropriate protections for the confidentiality of client data.
- (2) 101 CMR 16.00 governs the use and disclosure of personal data by EOHHS and among the agencies within it. It prescribes circumstances in which personal data shall or may be used and disclosed by and among EOHHS and EOHHS agencies.
- (3) Nothing herein is intended to limit or prohibit the Secretary or agencies from using and disclosing personal data where otherwise permitted or required by federal and state law.

#### 16.03: Definitions

The following terms used in 101 CMR 16.00 have the meanings given in 101 CMR 16.03 unless the context clearly requires another meaning.

Agency — the Executive Office of Health and Human Services (EOHHS) or any department, agency, commission, office, board, division, or any other body within EOHHS as set out in M.G.L. c. 6A, § 16, including the Executive Office of Elder Affairs.

Client — an applicant for, or recipient of, agency benefits or services, including services provided by the Department of Social Services or the Department of Youth Services.

Personal Data — has the same meaning as used in M.G.L. c. 66A, and includes “individually identifiable health information” within the meaning of the Health Insurance Portability and Accountability Act, 42 U.S.C. 1320d et seq.

Program Providing Benefits or Services — a state-funded program that provides cash assistance, services, or other benefits including payment for or access to services, or a program that is federally funded or federally assisted, including, but not limited to, the Food Stamp Program, 7 U.S.C. § 2011 et seq., the Temporary Assistance to Needy

Families Program, 42 U.S.C. § 601 et seq., Medical Assistance to the States, 42 U.S.C. § 1396 et seq., the State Children's Health Insurance Plan, 42 U.S.C. § 1397aa et seq., the Child Welfare and Adoption Assistance Program, 42 U.S.C. § 671 et seq., programs funded under the Older Americans Act, 12 U.S.C. 3508g, and programs funded under the Rehabilitation Act.

Secretary — the Secretary of the Executive Office of Health and Human Services who is the executive head of all EOHHS agencies pursuant to M.G.L. c. 6A, § 16.

#### 16.04: Use or Disclosure of Personal Data by EOHHS

(1) EOHHS shall hold data, including, but not limited to, the names, addresses, and dates of birth of agency clients, as well as any other personal data or identifying information the Secretary shall determine necessary to carry out the responsibilities assigned to the Secretary and EOHHS under M.G.L. c. 6A, § 16. EOHHS shall develop policies and guidelines regarding use, disclosure, and maintenance of such data by agency employees to safeguard the confidentiality of such information.

(2) As executive head of all agencies under M.G.L. c. 6A, § 16, the Secretary shall have access to personal data of agency clients held by such agencies. The Secretary may designate others who shall be authorized to access data in the same manner and to the same extent as the Secretary. The Secretary or his designee shall use or disclose such data only in a manner consistent with applicable federal laws, 101 CMR 16.00, and other state laws. A designee shall include, but is not limited to, an agency employee or contractor engaged in evaluative and other quality assurance activities involving agency programs and services.

#### 16.05: Use or Disclosure of Personal Data Between and Among Agencies

Upon request of an agency or if otherwise required by law, agencies administering programs providing benefits or services shall use or disclose information regarding clients to other agencies when the use or disclosure is directly connected to the administration of an agency's program and the use or disclosure is not inconsistent with federal or state law. Activities directly connected to the administration of such programs include, but are not limited to:

- (1) eligibility determinations;
- (2) determination of benefit amounts;
- (3) provision of services, insofar as the use or disclosure of personal data will assist the individual(s) who is the subject of the personal data in accessing needed medical, social, education, or other services, or will improve the coordination or management of services provided to the individual(s);
- (4) quality assurance activities; and

(5) other activities as the Secretary or his designee may determine consistent with this provision, including those required or permitted by federal and state law.

16.06: Use and Disclosure Only Within EOHHS Agencies

Nothing herein shall be read to authorize the disclosure of personal data to entities or individuals that do not meet the definition of “agency” set forth in 101 CMR 16.03, without the written consent of the client or his legally authorized representative, except as otherwise required or permitted by federal and state law.

16.07: Safeguarding Personal Data

(1) An agency that receives personal data as a result of a disclosure authorized by 101 CMR 16.00 shall use and hold the data in a manner consistent with federal and state laws, and shall not disclose it to another party unless legally authorized.

(2) Reasonable efforts shall be made to limit the access to and use and disclosure of personal data authorized by 101 CMR 16.00 to the minimum necessary to accomplish the purpose for which the access, use, or disclosure is required and permitted.

REGULATORY AUTHORITY

101 CMR 16.00: M.G.L. c. 6A, § 16

## **CURRENT EOHHS AGENCIES**

The current EOHHS agencies by cluster are:

### **Office of Children, Youth and Families:**

- Children's Trust Fund
- Department of Social Services
- Department of Transitional Assistance
- Department of Youth Services
- Office of Refugees and Immigrants
- Office of Child Care Services

### **Office of Disabilities and Community Services:**

- The Soldiers' Home of Chelsea
- Department of Mental Retardation
- The Soldiers' Home of Holyoke
- MA Commission for the Blind
- MA Commission for the Deaf and Hard of Hearing
- MA Rehabilitation Commission
- MassHealth Office of Long Term Care

### **Office of Health Services**

Department of Mental Health

- Department of Public Health
- Division of Health Care Finance and Policy
- MassHealth Office of Acute and Ambulatory Care

### **Department of Elder Affairs**

- Executive Office of Elder Affairs
- MassHealth Office of Long Term Care

### **Department of Veterans' Services**

- Department of Veterans' Services