

# Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY.**

Effective Date: January 1, 2025

## How We Use and Share Your Information

If you receive benefits from MassHealth, we have information about you. This includes your personal information and information that relates to your health care, like the kinds of medical services you get.

**We use and share your information in the following ways.**

### To manage your health care and treatment

- We use and share your information to help manage the treatment and services you get.
- *Example:* A doctor sends us information about your diagnosis and treatment so we can approve additional services.

### To run MassHealth

- We use and share your information to run MassHealth.
- *Example:* We use information about you to make sure you are getting quality health care or to study how to keep health care costs down.

### For payment related activities

- We use and share your information for payment related activities.
- *Example:* We share your information to pay your health care providers for services you received.

### When required by law

- We share your information when required by law.
- *Example:* When required by law we share your information with state or federal agencies like the U.S. Department of Health and Human Services so they can oversee health care activities or investigate fraud or abuse.

## **To get you more benefits**

- We use and share your information to help you get other benefits or services that you may be eligible for.
- *Example:* We also use and share your information to tell you about new services, benefits, or health care choices you have as a MassHealth member.

## **For health or safety**

- We use and share your information if necessary to prevent an immediate threat to your safety or the safety of others.

## **For research**

- We may share your information for research that benefits MassHealth members and meets MassHealth privacy requirements.

## **Your Rights**

**When it comes to your information, you have rights.**

### **Get a copy of this privacy notice**

- The current version of this notice will be available on our website.
- You can ask for a paper copy of this notice at any time, and we will provide you with one.

### **Get a copy of your MassHealth records**

- As required by law, you can request a copy of your MassHealth records. You must make this request in writing.
- We can give you access to records like your applications, claims history, and notices we sent you. MassHealth does not have medical records. If you want to get a copy of your medical records, please contact your health care provider.
- MassHealth may charge you a reasonable fee to pay for the costs of copying your MassHealth records and sending them to you.

## **Ask us to correct your MassHealth records**

- You can ask us to correct your MassHealth records if you think they are wrong or there is information missing.
- You must request this in writing, tell us what you want changed, and why. If we make the change you requested, we will tell you in writing.
- We may say “no” to your request, for example, if we think the information is accurate or we did not create the information, but we will tell you why in writing.

## **Request confidential communications**

- You can ask us to contact you in a specific way, like calling you at home, your office, or on your cell phone, or sending mail to a different address. Please contact us in writing and tell us exactly where and how MassHealth should contact you.
- We will consider all reasonable requests and must say “yes” if you tell us you will be in danger if we do not.

## **Obtain a list of who we disclosed your information to**

- You can ask for a list of the times we’ve shared your information and the reason why we shared it.
- We will include all disclosures we’ve made the six years before the date you ask except for those times when your information was shared for your treatment, payment for treatment, and for health care operations, and certain other disclosures (such as any you asked us to make).
- We will provide you one free list every 12 months. If you ask for another list within 12 months of your last request we may charge a reasonable, cost-based fee.

## **Ask us to limit how we use or share your information**

- You can ask us to limit how we use or share your information.
- This request must be in writing.
- MassHealth will consider every request, but we are not required

to agree to it. For example, we may say “no” if the restriction would affect your care.

## **Reproductive health information**

- MassHealth will protect your reproductive health information. We are prohibited by law from disclosing this information to be used in any criminal, civil, or administrative investigation or proceeding against anyone seeking, obtaining, providing, or facilitating reproductive health care.
- For example: If you move to a state that criminalizes anyone for seeking reproductive health care and officials from that state request your information from MassHealth, we will not provide that information.
- MassHealth will not share your reproductive health information for health oversight activities, judicial and administrative proceedings, law enforcement, or to coroners or medical examiners unless the person requesting your information certifies that the purpose of their request is not for any criminal, civil, or administrative investigation seeking to impose liability on any person for seeking, obtaining, providing, or facilitating reproductive health care.
- For example: If we receive a court order requesting your reproductive health information, we will not comply with it unless we receive a valid attestation from that court clearly stating that the information will not be used to investigate or impose any liability in any proceeding against you because you sought or obtained reproductive healthcare.

## **Substance use treatment information**

- MassHealth will not share this information unless permitted by 42 C.F.R. Part 2.
- Unless you have given us permission to do so or a court issues a lawful order requesting your records or testimony relaying the content of such records and you were given the opportunity to object to the order, MassHealth will not disclose substance use

treatment information in any type of civil, criminal, administrative, or legislative investigation or proceeding against you.

## **File a complaint**

- You can contact MassHealth if you believe your privacy rights have been violated or have questions about this notice. You can also file a complaint with the U.S. Department of Health & Human Services using the information at the end of this notice to file a complaint.

## **Your Choice**

**You have power over how your information is shared.** In certain instances, you can decide who your information is shared with and how it is used.

## **Who to include in your care**

- You have the right to choose who MassHealth shares information with, such as friends, family, or others involved in your treatment, representation, or payment for care.
- If you are unable to tell us your choice, such as if you are unconscious, MassHealth may share your information with another person only if we believe it is in your best interest.

## **Disclosures with your permission**

- MassHealth will not use or share your information other than as described in this notice, unless you give us written permission.
- You can change your mind at any time, as long as you tell us in writing.
- If you take back permission, we cannot take back any information that we used or shared when we had your permission. This includes reproductive health information and substance use treatment information.

## **Marketing and sale of information**

- MassHealth does not sell your information or share your information for marketing purposes.

# **Our Responsibilities**

**We will keep your information secure and private.**

## **Protect your information**

We are required by state and federal laws to protect information about you, and we will let you know promptly if a breach occurs that may compromise the privacy or security of your information.

## **Tell you how your information will be used and shared**

- MassHealth is required to follow by the terms of this notice.
- MassHealth can make changes to this notice. If we make any important changes to this notice or the way we use and share your information, we will let you know.

## **Contact us**

- You can contact the MassHealth Privacy Office if you want to use exercise any of the rights described in this notice, or if you want to learn more about how MassHealth protects your information.
- Email: [Privacy.officer@mass.gov](mailto:Privacy.officer@mass.gov)
- Address: MassHealth Privacy Office  
Executive Office of Health and Human Services  
One Ashburton Place, 11th Floor, Boston, MA 02108
- Phone: (617) 573-1656
- If you need help understanding this notice, call (800) 841-2900 (TDD/ TTY: 711) Monday through Friday, 8:00 a.m – 5:00 p.m.
- Please contact us to request a copy of this notice in other languages or to get a copy in another format, such as large print or braille.

## **Contact the US Department of Health and Human services**

Address: U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 509F HHH Bldg  
Washington, D.C. 20201

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)