



COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH

**NOTICE OF PRIVACY PRACTICES OF  
RECOVERY FROM ADDICTIONS PROGRAM**

This notice describes:

- How health information about you may be used and disclosed.
- Your rights with respect to your health information.
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

**PLEASE REVIEW IT CAREFULLY**

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH DMH RAP PRIVACY OFFICER AT E-mail: [DMHRAPPrivacyOfficer@MassMail.State.MA.US](mailto:DMHRAPPrivacyOfficer@MassMail.State.MA.US) AND PHONE: 617-626-8160 IF YOU HAVE ANY QUESTIONS.

Notice Effective Date: February 14, 2026

**Privacy**

The Department of Mental Health Recovery from Addictions Program (DMH RAP) is required by state and federal law to maintain the privacy and security of your protected health information (PHI). PHI includes any identifiable information about your physical or mental health, the health care you receive, and the payment for your health care. Information about care that you received from other providers may also be included in your PHI.

In addition to other federal and state laws, 42 CFR Part 2 protects the confidentiality of your substance use disorder information (SUDI). SUDI includes information held by the RAP that would, directly or indirectly, identify you as having or having had a substance use disorder.

*DMH RAP will only use and disclose your SUDI and PHI (Protected Information) as described in this notice, or with an authorization to release information signed by you or your legally authorized personal representative (Personal Representative). DMH RAP is required by law to maintain the privacy of your records.*

**About this Notice**

DMH RAP is required by law to provide you with this notice to tell you how it may use and disclose your Protected Information and to inform you of your privacy rights. DMH RAP must follow the privacy practices as set forth in its most current Notice of Privacy Practices.

DMH RAP may change its privacy practices and the terms of this notice at any time. Changes will apply to Protected Information that DMH RAP already has as well as Protected Information that DMH RAP receives in the future. The most current DMH RAP privacy notice will be posted at the RAP, on the DMH website (<https://www.mass.gov/orgs/massachusetts-department-of-mental-health>) and will be available on request. Every privacy notice will be dated.

### **How DMH RAP MAY Use and Disclosure Your Protected Information**

Except as noted below in the section titled Other Limitations on Use and Disclosure, DMH RAP may use your Protected Information within DMH RAP and may disclose it outside of DMH RAP without your authorization for the following purposes:

- 1. Medical Emergencies** – To medical personnel in a medical emergency.
- 2. Crime on the Premises or against RAP Personnel** – To law enforcement agencies or officials if you commit or threaten to commit a crime on the premises or against any person who works for the RAP.
- 3. Reports of suspected child abuse and neglect** - To report under state law suspected child abuse or neglect to appropriate state or local authorities.
- 4. Business Associates / Qualified Service Organizations (BA/QSO)** - To contractors, agents and other BA/QSO who need the information to assist DMH RAP with obtaining payment or carrying out its business operations. If DMH RAP discloses your Protected Information to a BA/QSO, DMH RAP will have a written contract with that BA/QSO to ensure that it also protects your Protected Information.
- 5. Required by Law** - As required by law, pursuant to a court order; and other situations where DMH RAP is required to make reports and/or disclose Protected Information pursuant to a statute or regulation.
- 6. Other Purposes:**
  - To qualified personnel for audit or evaluation of the RAP;
  - For research purposes, following strict internal review;
  - To public health authorities, provided that the records disclosed are de-identified according to the standards established in the HIPAA<sup>1</sup> Privacy Rule;
  - In the unfortunate event of your death, we may disclose your Protected Information under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death to coroners, medical examiners, and other legally authorized persons; and
  - To any person who works for the RAP and to persons with direct administrative control over the RAP for the administration of the RAP, treatment, payment, and health care operations.

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<sup>1</sup> Health Insurance Portability and Accountability Act of 1996.

42 CFR Part 2 does not prohibit the reporting of non-SUDI (information that does not identify you as having a substance use disorder, including appropriately de-identified PHI) for other legally permitted or required purposes, such as to state or local authorities subject to a mandated reporting law.

### **Uses and/or Disclosures Requiring Written Authorization**

DMH RAP is required to have a written authorization from you or your Personal Representative, unless an exception listed above applies. You may cancel an authorization at any time, but you must do so in writing. A cancellation will stop future uses and/or disclosures except to the extent DMH RAP has already acted based upon your authorization. You may request reasonable accommodation for an alternative revocation process by contacting DMH RAP. (See the Contact Information at the end of this Notice.)

#### **1. Disclosures for Treatment, Payment, and/or Health Care Operations:**

DMH RAP may disclose SUDI for treatment, payment, and health care operations<sup>2</sup> with written authorization from you or your Personal Representative:

- For Treatment - DMH RAP may use/disclose SUDI to doctors, nurses, residents or students and other health care providers that are involved in delivering your health care and related services. Your SUDI will be used to assist in developing your treatment and/or service plan and to conduct periodic reviews and assessments. SUDI may be disclosed to other health care professionals and providers to obtain prescriptions, lab work, consultations, and other items needed for your care. SUDI will be disclosed to health care providers for the purposes of referring you for services and then for coordinating and providing the services you receive.
- For Payment - DMH RAP may use/disclose your SUDI to bill and collect payment for your health care services. DMH RAP may release portions of your SUDI to the Medicaid or Medicare program or a third party payor to determine if they will make payment, to get prior approval, and to support any claim or bill.
- For Health Care Operations - DMH RAP may use/disclose SUDI to support activities such as program planning, management and administrative activities, quality assurance, receiving and responding to complaints, compliance programs (e.g., Medicare), audits, training and credentialing of health care professionals, and certification and accreditation (e.g., The Joint Commission).

Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to your or your Personal Representative's written authorization for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without your or your Personal Representative's written authorization, to the extent the HIPAA regulations permit such disclosure.

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<sup>2</sup> Authorization is not required to use/disclose PHI for these purposes.

You or your Personal Representative may provide a single authorization for all future uses or disclosures for treatment, payment, and health care operations purposes.

## **2. Other Purposes:**

Although the following types of uses/disclosures are not contemplated by DMH RAP, we need to inform you that any use or disclosure of Protected Information for marketing that involves financial remuneration to DMH RAP will require authorization. Similarly, to sell Protected Information, DMH RAP must obtain authorization. DMH RAP will not use or disclose your Protected Information for fundraising purposes.

### **Other Limitations on Use and Disclosure:**

Authorization is required for most uses and disclosures of substance use disorder counseling notes (these are the notes that certain professional substance use disorder and behavioral health providers maintain that record your appointments with them and are not stored in your medical record), HIV testing or test results, and certain genetic information even if disclosure is being made for treatment, payment, or health care operations purposes as described above.

Reproductive health information shall not be used or disclosed in any criminal, civil, or administrative investigation or proceeding against anyone seeking, obtaining, providing, or facilitating reproductive health care.

SUD Records are substance use disorder records created at DMH RAP or received from programs subject to 42 CFR Part 2.

- Records, or testimony relaying the content of SUD Records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written authorization or a court order;
- SUD Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 CFR Part 2; and
- A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

### **Your Rights Concerning Your Protected Information**

You or your Personal Representative has the right to:

- Request that DMH RAP use a specific address or telephone number to contact you. DMH RAP will try to accommodate all reasonable requests.
- Obtain, upon request, a paper or electronic copy of this notice or any revision of this notice, even if you previously agreed to receive it electronically.
- Inspect and request a copy of the Protected Information used to make decisions about your care. When records are kept electronically, you may request an electronic copy. Access to your records may be restricted in limited circumstances. If DMH RAP denies your request, in whole or in part, you may request that the denial be reviewed. Fees may be charged for copying and mailing. Ordinarily, DMH RAP will respond to your request within 30 days. If

additional time is needed to respond, DMH RAP will notify you within the 30 days to explain the reason(s) for the delay and indicate when you can expect a final answer to your request. **This request must be made in writing.**

- Request additions or corrections to your Protected Information. DMH RAP is not required to agree to such a request. If it does not comply with your request, DMH RAP will tell you why in writing within 60 days and notify you of your specific rights in that event. If additional time is needed to respond, DMH RAP will notify you within the 60 days to explain the reason(s) for the delay and indicate when you can expect a final answer to your request. **This request must be made in writing.**
- Request an accounting of disclosures (up to the past six years) which will identify, in accordance with applicable laws, certain other persons or organizations to which DMH RAP disclosed your Protected Information and why. An accounting will not include disclosures that were: (1) made to you or your Personal Representative; (2) authorized or approved by you, including those made for treatment, payment, and health care operations; and (3) some that were required by law to be made. Ordinarily, DMH RAP will respond to your request within 60 days. If additional time is needed to respond, DMH RAP will notify you within the 60 days to explain the reason(s) for the delay and indicate when you can expect a final answer to your request. **This request must be made in writing.**
- Request that DMH RAP restrict how it uses or discloses your Protected Information, including restrictions of disclosures for purposes of treatment, payment, and health care operations, including when you have previously provided written authorization. DMH RAP is not required to agree to such restriction, with the exception that if you, or someone on your behalf, pay for a service or health care item out-of-pocket in full, DMH RAP will agree to not disclose Protected Information pertaining only to that service or item to your health plan for the purpose of payment or health care operation, unless DMH RAP is otherwise required by law to disclose that Protected Information. **This request must be made in writing.**

The above requests may be made at or submitted to any DMH RAP facility or office.

### **Record Retention**

Your individual records will be retained a minimum of 20 years from the last date you received services from DMH RAP. After that time, your records may be destroyed.

### **Breach of Protected Information**

DMH RAP is required by law to inform you if a breach of your unsecured Protected Information occurs.

### **Complaint**

If you believe that your privacy or privacy rights have been violated, or you want to file a complaint, you may contact: DMH Privacy Officer, Department of Mental Health, 25 Staniford Street, Boston, MA 02114, E-mail:

[DMHPrivacyOfficer@MassMail.State.MA.US](mailto:DMHPrivacyOfficer@MassMail.State.MA.US), Phone: 617-626-8160. A complaint must be made in writing.

You also may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights, U.S. Department of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA. 02203.

No one may retaliate against you for filing a complaint or for exercising your rights as described in this notice.

**Privacy Contact Information**

If you want to obtain further information about DMH RAP's privacy practices, or if you want to exercise your rights, you may contact: DMH Privacy Officer, Department of Mental Health, 25 Staniford Street, Boston, MA 02114, E-mail:

[DMHPrivacyOfficer@MassMail.State.MA.US](mailto:DMHPrivacyOfficer@MassMail.State.MA.US), Phone: 617-626-8160. A complaint must be made in writing.

You also may contact DMH RAP's medical records office or the human rights officer at DMH RAP, for more information or assistance.

**DMH RAP Contact Information**

If you want to obtain other information (non-privacy related) about DMH RAP and its services you may contact: DMH Information, Department of Mental Health, 25 Staniford Street, Boston, MA 02114, E-mail: [dmhinfo@MassMail.State.MA.US](mailto:dmhinfo@MassMail.State.MA.US), Phone: 800-221-0053, Fax: (617) 626-8131.

You also may contact the human rights officer at DMH RAP, for more information or assistance