Effective February 1, 2026

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.**

26-735-001 Rev. 00 1/26

Fallon Health and its employees are dedicated to maintaining the privacy of your protected health information (PHI), as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning PHI, which is information that identifies you and that relates to your physical or other health condition. We're required to follow the privacy practices described below while this notice is in effect.

A. **Permitted disclosures of PHI**. We may disclose your PHI for:

1) **Treatment**. To a physician or other health care provider furnishing treatment to you. For example, we may disclose medical information about you to physicians, nurses, technicians, or personnel who are involved with the administration of your care.
2) **Payment**. To establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, claims processing companies, and others that process our health care claims.
3) **Health care operations**. In connection with our health care operations. This includes quality assessment activities, evaluating provider performance, and other business operations. However, we will not use or disclose your genetic information for underwriting purposes.
4) **Emergency treatment**. If you require emergency treatment or are unable to communicate with us
5) **Family and friends**. To a family member, friend, or any other person who you identify as being involved with your care or payment for care, or an adult family member who is on your policy, unless you object
6) **Required by law**. For law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect or domestic violence.
7) **Judicial and administrative proceedings**. In the course of judicial or administrative proceedings, including responses to court orders, subpoenas, or other lawful process requests
    i. Treatment records for substance use from certain programs can't be used in court or other legal settings against you unless you give permission in writing or a judge orders such. Also, if a judge allows the records to be used, there must be a legal request like a subpoena before they can actually be shared.
8) **Serious threat to health or safety**. If we believe it is necessary to avoid a serious threat to the health and safety of you or the public
9) **Public health**. To public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data
10) **Health oversight activities**. To a health oversight agency for activities authorized by law. These activities include audits; civil, administrative, or criminal investigations or proceedings.
11) **Research**. For certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI
12) **Workers' compensation**. To comply with laws relating to workers' compensation or other similar programs
13) **Specialized government activities**. As required by military command authorities if you're active military or a veteran. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.
14) **Organ donation**. To organ procurement organizations to facilitate organ, eye, or tissue donation and transplantation, if you're an organ donor or haven't indicated that you do not wish to be a donor
15) **Coroners, medical examiners, funeral directors**. To coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties
16) **Decedents**. To law enforcement about your death if we have cause to believe your death was the result of criminal activity
17) **Disaster relief**. Unless you object, to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts

Please note we may limit the amount of information we use or share about you for these purposes in accordance with federal or state laws which may be more restrictive, for example, state laws about HIV/AIDS and behavioral or emotional health records, and federal law about substance use disorder treatment.

We're required to disclose PHI to the Department of Health and Human Services, in accordance with actions they may undertake to investigate, monitor, and enforce our compliance with HIPAA.

B. **Disclosures requiring written authorization**
   1) **Not otherwise permitted**. In any other situation not described in Section A, we may not disclose your PHI without your written authorization.
   2) **Psychotherapy notes**. We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment, or health care operations activities.
   3) **Marketing and sale of PHI**. We must receive your written authorization for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI.

C. **Your rights**. You have the right to:
   1) **Receive a paper copy of this notice**. Receive a paper copy of this notice upon request.
   2) **Access PHI**. Inspect and receive a copy of your PHI for as long as we maintain your medical record. You must make a written request to the privacy officer at the address listed at the end of this notice. We may charge you a reasonable, cost-based fee. In certain circumstances, we may deny your request to access your PHI, and you may request that we reconsider our denial. Depending on the reason for the denial, another licensed health care professional chosen by us may review your request and the denial.
   3) **Request restrictions**. Request in writing a restriction on the use or disclosure of your PHI for the purpose of treatment, payment, or health care operations, except for in case of an emergency. You can also request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. But, we're not legally required to agree to such a restriction.
   4) **Restrict disclosure for services paid by you in full**. Restrict the disclosure of your PHI to a health plan if the PHI pertains to health care services for which you paid your health care provider in full and out of pocket. You must make a written request to the privacy officer at the address listed at the end of this notice.
   5) **Revoke**. Request in writing that any authorization to release information you have previously signed be revoked. However, any disclosures made while the authorization was still in effect cannot be impacted by such revocation.
   6) **Request amendment**. Request in writing that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if we did not create the PHI, if it is not information that we maintain, if it is not information that you're permitted to inspect or copy (such as psychotherapy notes), or if we determine that the PHI is accurate and complete.
   7) **An accounting of disclosures**. Request an accounting of disclosures of PHI made by us (other than those made for treatment, payment, or health care operations purposes) during the 6 years prior to the date of your request. You must make a written request, specifying the time period for the accounting, to the privacy officer at the address listed at the end of this notice.
   8) **Confidential communications**. Request that we communicate with you about your PHI by certain means or at certain locations. For example, you may specify that we call you only at your home phone number and not at your work number. You must make a written request, specifying how and where we may contact you, to the privacy officer at the address listed at the end of this notice.
   9) **Notice of breach**. You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.

D. **Changes to this notice**. We can change the terms of this notice. The changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you in the next annual member newsletter.

E. **Questions and complaints**. If you would like more information about our privacy practices or have questions or concerns, please contact us. If you're concerned that we may have violated your privacy rights or you disagree with a decision we made regarding the use, disclosure, or access to your PHI, you may complain to us by contacting the privacy officer via the means identified at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct any of your questions or complaints to:

Fallon Health
Attention: Privacy Officer
1 Mercantile St., Ste. 400
Worcester, MA 01608

Phone: 1-800-868-5200 (TTY 711)
Fax: 1-508-831-1136
Email: compliance@fallonhealth.org