Destination Health Patient Privacy Policy

Protected Health Information (PHI) You Might Provide During an Appointment

 Name, phone number, address, email address, all dates (except year), medical record number, photos, account numbers.

You Have the Right To:

- Ask to see or get an electronic or paper copy of your vaccination and health medical record.
- Ask us to correct health information about you that you think is incorrect or incomplete.
- Ask us to contact you in a specific way (for example, home or office phone) or to send mail to a
 different address.
- Ask us not to use or share vaccination or health information or out-of-pocket payment unless required by state law.
- Ask for a list of the times we've shared your vaccination and health information for six years prior to the date you ask, who we shared it with, and why.
- To share your vaccination or health history with a medical provider of your choice
- To have someone act as your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Receive a paper copy of this privacy policy.
- File a complaint if you feel your rights are violated. U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

Situations Your Health Information May Be Shared

- To submit prescription medications requests to a pharmacy (e.g. malaria medication)
- If you have given written or verbal permission to share your vaccination or health history with your medical provider such as sending your vaccination record to your PCP office.
- As required by state law or reporting requirements. For example, all vaccines administered by healthcare providers must be reported to the Massachusetts Immunization Information System (MIIS). https://www.mass.gov/massachusetts-immunization-information-system-miis
- To run clinic operations such as coordination between medical staff (e.g. nurse to physician communication) or to collect outstanding payments.
- In response to legal orders and subpoenas.

We Will Never:

- Share your information for marketing purposes.
- Sell your information.
- Discuss your vaccination or health history with someone you did not approve us to speak with. *Parents or guardians 17 years and younger have an assumption of right to know their child's vaccination and health record without their child's permission.

Questions About Our Privacy Notice

Contact us by mail, phone or email.
 Destination Health
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 Longmeadow, MA 01106
 508-784-6602
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