

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.
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