

**Effective Date of this Notice: March 12, 2026**

## **BERKSHIRE HEALTH SYSTEMS HIPAA NOTICE OF PRIVACY PRACTICES**

### **THIS NOTICE DESCRIBES:**

- **HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED;**
- **YOUR RIGHTS WITH RESPECT TO THAT INFORMATION; AND**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF THAT INFORMATION, OR OF YOUR RIGHTS CONCERNING THAT INFORMATION.**

### **PLEASE REVIEW IT CAREFULLY**

This notice applies to all patient health information generated or gathered by Berkshire Health Systems (BHS) and its controlled affiliates, [listed on our website](#), whether recorded in your medical record, invoices, or payment forms, or in any other way.

BHS, its hospitals Berkshire Medical Center (BMC), Fairview Hospital (FVH), and North Adams Regional Hospital (NARH), its physician practice Berkshire Faculty Services (BFS), the employed and independent physicians of their Medical Staffs (including your physician), Berkshire Community Pharmacy and other related healthcare providers have agreed, as permitted by law, to share your medical information among themselves solely for purposes of treatment, payment, and healthcare operations in order to better address your health care needs in a clinically integrated setting, and we have developed a shared electronic medical record for that purpose.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. When it comes to your medical information, you have certain rights.

This section explains your rights and our responsibilities to help you, as well as certain obligations we have regarding the use and disclosure of medical information.

#### **We are required by law to:**

- protect the privacy and security of your medical information;
- give you this notice of our legal duties and privacy practices;
- follow the terms of our Notice of Privacy Practices that is currently in effect;
- notify you if a breach occurs that may have compromised the privacy or security of your information; and

- maintain hospital medical records for at least 20 years after your discharge or final treatment; other records are maintained as required under state and federal law.

The medical information known as "**protected health information**" (**PHI**) includes any information that makes you identifiable, including name, address, social security number, and insurance information.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

In some circumstances we are permitted or required to use or disclose your medical information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

1. **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services both inside and outside BHS.

For example, we may share your medical information with:

- a home health agency that helps care for you.
- a physician you have been referred to, so they have the information needed to diagnose or treat you.
- other providers, such as specialists or laboratories, when your physician requests their involvement in your care.

2. **Payment:** Your medical information will be used, as needed, to obtain payment for your healthcare services. This may include certain review activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits. We may also need to give information to an individual who helps pay for your care.

3. **Healthcare Operations:** We may use and disclose your medical information to run our hospitals or physician practices, improve your care, and contact you when necessary.

For example, we may use and disclose medical information to:

- review our treatment and services and evaluate the performance of our staff in caring for you.
- combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective.
- doctors, nurses, technicians, students, and other BHS personnel for review and learning purposes.
- contact you with appointment reminders or information about treatment

- alternatives or other health-related benefits that may be of interest to you.
- establish a sign-in sheet at the registration desk and call you by name in the waiting room.

**Outside entities who help us provide services and programs:** We may also share your medical information with business associates and outside entities that perform various activities (e.g., transcription services) for us, but in those cases, we will have a written contract with that outside entity to limit and protect the use of your medical information. Our business associates and their subcontractors are required by law to protect your medical information in the same way we do. We also require these parties by contract to use and disclose your medical information only as permitted and to appropriately safeguard your medical information.

#### 4. **Health Information Exchanges:**

We may participate in Health Information Exchanges (“HIEs”), such as the Massachusetts Health Information Highway (Mass HIway), and we may use HIEs to electronically share, request, and receive electronic health information for treatment, payment, healthcare operations, and other purposes with other participants in the HIE to the extent permitted by law. HIEs allow your healthcare providers to efficiently access and use your medical information as necessary for treatment and other permitted purposes.

For questions, or if you want to opt out of sharing your information over a third-party HIE, contact our Health Information Management (HIM) Department, commonly known as Medical Records, at 413-447-2338 or by email at [Medicalrecords@bhs1.org](mailto:Medicalrecords@bhs1.org).

5. **Fundraising & Marketing:** We may also use and disclose medical information about you to support BHS and its mission, but once contacted, you can tell us not to contact you again. We may also use your medical information to communicate with you about our products or services that may relate to your treatment, case management, or care coordination or to recommend alternative therapies, healthcare providers, or settings of care.

We may also communicate with you face-to-face with the marketing of products or services offered by us or third parties. We will not sell your PHI unless you give us written permission.

You have the right to opt out of receiving any fundraising or marketing communications at any time. You can contact the Privacy Office at 413-445-9321 or at [PrivacyOffice@bhs1.org](mailto:PrivacyOffice@bhs1.org) to request that these materials not be sent to you.

6. **Hospital Directory:** We may include certain limited information about you in the hospital directory while you are a patient at any of our hospitals. This information may include your name, location in the hospital, your general condition, and your religious affiliation.
- The directory information, except for your religious affiliation, may also be released to people who ask for you by name.
  - Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name.

You can choose if you want your information included in the hospital directory or not. If you are in an emergency and cannot share your wishes, we may list your information if we believe it is in your best interest. If you previously told us during a past hospital stay that you did not want your information shared, we will continue to honor that choice.

7. **Individuals Involved in Your Care:** Unless you object or are unable to agree, we may disclose medical information to a member of your family, relative, a close friend, or any other person you identify to the extent that information directly relates to that person's involvement in your healthcare.

We may disclose your medical information:

- to notify or assist in notifying a family member, personal representative, or any other person responsible for your care of your location, general condition, or death.
  - to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.
  - in an emergency treatment situation. If this happens, your healthcare provider will try to obtain your consent as soon as reasonably practical.
8. **Research:** We may disclose your medical information to researchers when your authorization is not required by federal or state law and the study has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.
9. **Required By Law or Public Health Oversight:** We may disclose your medical information:
- when required by federal, state, or local law (for example, we are required by the Commonwealth of Massachusetts to submit information about all newly diagnosed cases of cancer and about victims of abuse or neglect);
  - in judicial or administrative proceedings and for law enforcement purposes when permitted by law (for example, in response to a court or administrative order, or in response to a subpoena);

- for workers' compensation purposes when permitted by law;
- to provide proof of immunization to a school when permitted by law;
- for public health purposes and activities to those authorized to receive information regarding vital events (including the reporting of births and deaths); and
- for health oversight activities, such as audits, inspections, licensure or civil, administrative, or criminal investigations.

## **SPECIAL SITUATIONS**

1. **End of Life:** We may release medical information to a coroner, medical examiner or funeral director when an individual dies.

We can share health information about you in reasonable anticipation of death to respond to organ and tissue donation requests. Your family may be contacted upon your death by an organization that handles organ procurement, as required by Massachusetts law.

2. **Military, Veterans, and National Security:** If you are a member or veteran of the U.S. Armed Forces, we may use or disclose your PHI for:
  - activities deemed necessary by appropriate military command authorities as permitted by law, or
  - purposes of a determination by the Department of Veterans Affairs of eligibility for benefits.

If you are a member of a foreign military service, we may disclose your medical information to the appropriate foreign military authority as permitted by law.

We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

3. **Public Health Risks:** We can share your medical information in certain public health and safety situations, for example:
  - to prevent or control disease, injury or disability (for example, we submit data to the National Cancer Data Base);
  - to report suspected abuse, neglect, or domestic violence;
  - to report adverse reactions to medications or problems with products (for example, we report all cases of product injury to the Consumer Product Safety Commission and/or Federal Drug Administration);

- to help with product recalls;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - to prevent or reduce a serious threat to anyone's health or safety.
4. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or a law enforcement official.

This release may be necessary:

- for the institution to provide you with healthcare; or
- to protect your health and safety or the health and safety of others, including the correctional institution.

### **PURPOSES REQUIRING YOUR WRITTEN PERMISSION**

We will not share your medical information for other purposes not described in this notice unless you give us your written permission.

We are also restricted by state and federal laws from sharing without your written permission certain types of medical information that is considered highly sensitive.

This highly sensitive information includes things like records of treatment received at a substance use disorder (SUD) program, certain other behavioral health records, HIV/AIDS testing or test results, genetic information, and records from a Domestic Violence Victims Counselor or Sexual Assault Counselor.

There are, however, exceptions. For example, we may share health information without consent if necessary to report suspected child or elder abuse or neglect, and for other limited purposes allowed by law.

For more information about the special protections afforded SUD program medical information, please refer to **Appendix A**.

You may revoke an authorization or consent at any time in writing or, in limited situations orally, except to the extent we have already relied on it. If we have already shared your medical information with someone you authorized, we will not be able to get it back. To revoke an authorization or consent please contact our Health Information Management Office (HIM), commonly known as the Medical Records Office, at, 413-447-2338, or by email at [MedicalRecords@bhs1.org](mailto:MedicalRecords@bhs1.org).

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding medical information we maintain about you:

1. **Right to View or Get a Copy of Your Medical Records:** You have the right to ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Upon written request, we will provide a copy or summary of your health information, typically within 30 days of your request. We may charge a reasonable, cost-based fee. If your request is denied, we will explain the reasons, and tell you what your rights are.

You can also request in writing that we send a copy of your medical information directly to another designated person. Your request must be signed and include the name and address of the recipient. To initiate a request, please contact our Health Information Management Office (HIM), commonly known as the Medical Records Office, at 413-447-2338 or by email at [MedicalRecords@bhs1.org](mailto:MedicalRecords@bhs1.org).

In some cases, we can deny your request. We will explain why in writing and tell you what rights you may have to a review of our decision.

2. **Right to Ask to Correct Your Medical Record:** You can ask that we correct health or billing information about you that you think is inaccurate or incomplete. Ask us how to make that request. If we agree to your request, we will ask you to give us the names of the persons or organizations you want to receive the information. If your provider believes the information is accurate and complete, we may deny your request, but we will tell you why in writing within 60 days. We may ask to extend the response time by 30 days, and we will provide you with a notice explaining the delay and providing you with a new date by which to expect our response. To ask to correct your medical record contact the BHS Privacy Office at 413-445-9321 or at [PrivacyOffice@bhs1.org](mailto:PrivacyOffice@bhs1.org).

3. **Right to an Accounting of Disclosures:** You have the right to ask for a list (accounting) of the times we have shared your health information during six-year period prior to the date you make your request.

Your request must be in writing and include the time period you want us to review. The list will include the date, the person or organization we shared the information with (if known), what information was shared, and why it was disclosed. The list will not include disclosures made for treatment, payment or healthcare operations purposes, and certain other disclosures (such as disclosures you asked us to make).

We will respond to your request within 60 days, but if we are unable to act on the request within the 60-day period, we may extend the response time by 30 days and we will provide you with a notice explaining the delay and providing you with a new date by which to expect a response. We will provide your first request for an accounting for free, but will

charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

To request an accounting of disclosures, contact the BHS Privacy Office at 413-445-9321 or [PrivacyOffice@bhs1.org](mailto:PrivacyOffice@bhs1.org).

**4. Right to Request Restrictions:** You may ask us to limit how we use or share your medical information for treatment, payment, or healthcare operations. We are not required to agree to your request and may say “no.”

You can also ask us not to share certain information with family members, friends, or others involved in your care, such as for appointment reminders.

If limiting your information would interfere with your care, payment, or required operations, or if we believe it is in your best interest to share it, we may not be able to honor your request. If we do agree to the requested restriction, we will put the restriction in writing and follow it, unless the information is needed to provide emergency treatment. Your request must clearly say what information you want restricted and who should not receive it (for example, your spouse).

You may not ask us to restrict uses or disclosures of information that we are legally required to make.

If you pay for a service or health care item out-of-pocket in full at the time you receive the service or product, we will agree to a request by you that we not share information about that service or product for the purpose of payment or operations with your health plan or insurer, unless we are required by law to do so.

To request restrictions, contact the BHS Privacy Office at 413-445-9321 or [PrivacyOffice@bhs1.org](mailto:PrivacyOffice@bhs1.org).

**5. Right to Request Confidential Communications:** You may request that we contact you in a specific way (for example, home phone) or send mail to a different address. We will agree to all reasonable requests. To request confidential communications, contact the BHS Privacy Office at 413-445-9321 or [PrivacyOffice@bhs1.org](mailto:PrivacyOffice@bhs1.org).

**6. Right to Complain if You Believe Your Privacy Rights Have Been Violated:** If you believe that we have violated your privacy rights, you may file a complaint by contacting the BHS Privacy Office at 413-445-9321 or at [PrivacyOffice@bhs1.org](mailto:PrivacyOffice@bhs1.org).

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: **Office for Civil Rights**,  
U.S. Department of Health and Human Services, J.F. Kennedy Federal Building - Room

1875, Boston, MA 02203 or by calling 800-368-1019, emailing [OCRComplaint@hhs](mailto:OCRComplaint@hhs), or visiting [sss.hhs.gov/hipaa/filing-a-complaint/](https://www.sss.hhs.gov/hipaa/filing-a-complaint/).

We will not retaliate against you in any way for filing a complaint and your care will not be affected.

### **COPIES OF THIS NOTICE**

Copies of this notice are posted at the hospitals and are available at the offices of our physicians. This notice is also posted on BHS's website ([www.berkshirehealthsystems.org](http://www.berkshirehealthsystems.org)), and the website contains a link that will allow you to download this notice in PDF format.

You may also ask for a paper copy of this notice at any time from the contact listed in the "Further Information" section at the end of this notice, even if you agreed to receive this notice electronically.

### **CHANGES TO THIS NOTICE**

We can change the terms of this notice and the changes will apply to all information we have about you.

If we change this notice, it will be available upon request in our hospitals, on our website ([www.berkshirehealthsystems.org](http://www.berkshirehealthsystems.org)) and in our physician offices. The new notice will include the effective date on its first page.

### **FURTHER INFORMATION**

If you would like further information regarding our privacy practices or have any questions regarding this notice, you can contact the Privacy Office at 413-445-9321 or [PrivacyOffice@bhs1.org](mailto:PrivacyOffice@bhs1.org).

## APPENDIX A

### Additional Privacy Protections for Substance Use Disorder (SUD) Programs

If you receive care from one of our substance use disorder (SUD) programs, you have certain rights under a federal privacy law, 42 CFR Part 2 (Part 2), that go beyond the rights provided under the Health Insurance Portability and Accountability Act (HIPAA). This Appendix A describes those additional protections and rights.

Under Part 2, you have the right to:

- Consent to most uses and disclosures of your SUD program information
- Discuss this notice with someone in our program
- Get a list of health care providers who have received your information through certain third parties
- Choose in advance whether to receive fundraising communications

As under HIPAA, you also have the right to request restrictions of disclosures of your SUD information, revoke your consent, obtain an accounting of disclosures, file a complaint if you believe your privacy rights have been violated, and obtain a paper or electronic copy of this notice, all as described in other parts of this notice.

### How we may use your Part 2 Information:

We are required to obtain your consent for most uses and sharing of your Part 2 information.

We are, however, allowed or required to use and share your information in certain ways without your consent, including to:

- Communicate within our SUD program
- Communicate with our contractors who agree to writing to protect the information in the same way we are required to protect the information
- Help with medical emergencies
- Help with public health
- Report crimes (and threats of crimes) on our premises or against our personnel and suspected child abuse and neglect
- Aid scientific research
- Respond to audits and evaluations of our program
- Assist cause of death inquiries
- Respond to court orders

In all these circumstances, we must protect your information and limit how we use and share it. In other cases, we will ask for your consent to release your information outside of the Part 2 program.

### Your Consent Choice

With your consent, we can share SUD program records for treatment, payment and healthcare operations in the same way we are permitted to use and share other medical information about you under HIPAA.

You may provide a single consent that allows us to share SUD program records for all future uses or disclosures for treatment, payment, and health care operations (TPO) purposes.

Alternatively, you may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment) or for a more limited period of time (for example, only while you are receiving treatment at a Part 2 inpatient program). However, doing so may affect the services we can provide you, and the information available to your treating providers.

If you have consented to our sharing information, you can change your mind at any time and ask us not to share by letting us know in writing. If you change your mind, we will stop any future sharing of your information but will be unable to retrieve or stop any information that has already been released.

### **Redisclosure According to HIPAA**

When you consent to uses and disclosures for all future treatment and payment purposes, we may share your information with other substance use disorder treatment programs, physicians' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on an order of a court that complies with the special requirements of Part 2.

### **Your Additional Part 2 Rights:**

- **Your right to ask us to limit what we use or share**

You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes. We are not required to agree to your request, and we may say "no" if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will say "yes" unless a law requires us to share that information.

- **Your right to choose in advance about fundraising**

You have the right to be given an opportunity to opt out in advance of fundraising communications for our SUD programs.

- **Legal proceedings and court orders**

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.