BOSTON SPORTS & BIOLOGICS

20 Walnut St, Suite 14
Wellesley MA 02481
(781) 591-7855 (P)
(781) 591-7854 (F)

Notice of Health Information Privacy Practices

Effective date: *January 1, 2026*

Boston Sports & Biologics ("BSB") is committed to protecting your health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA), the 21st Century Cures Act, the 2024–2026 HIPAA Final Rule, the Massachusetts Data Privacy and Security Act (CDPSA), and all applicable federal and state laws. This Notice explains how we may use and disclose your protected health information (PHI), your rights, and our obligations.

Your Rights

Right to Access Your Medical Record

- You may request to inspect or obtain an electronic or paper copy of your medical record and other health information. We will provide access or a summary within **30 days**. A reasonable, cost-based fee may apply.
- Under the 21st Century Cures Act, you have the right to **free, immediate electronic access** to your electronic health information (EHI) unless an allowable exception applies.

Right to Request Corrections

- If you believe your record is incorrect or incomplete, you may request an amendment. If we deny your request, we will explain why in writing within **60 days**.

Right to Request Confidential Communications

- You may request that we contact you by alternative means or at alternative locations. We will accommodate all reasonable requests.

Right to Request Restrictions

- You may request that we restrict how we use or disclose your PHI for treatment, payment, or operations. We are not required to agree unless the restriction involves:
- PHI related to **reproductive health care**, paid for **out-of-pocket in full**, or
- Other categories protected under federal or Massachusetts law.

Right to an Accounting of Disclosures

- You may request a list of disclosures of your PHI for the previous **six years**, excluding those made for treatment, payment, or operations. One accounting per year is free.

Right to a Copy of This Notice

- You may request a paper or electronic copy of this Notice at any time.

Right to Choose Someone to Act for You

- If you have a legal guardian or medical power of attorney, that person may exercise your rights.

Right to File a Complaint

- If you believe your privacy rights have been violated, you may file a complaint with:
- BSB's Privacy Officer at (781) 591-7855, or
- The U.S. Department of Health and Human Services, Office for Civil Rights.

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- We will not retaliate against you for filing a complaint.

Your Choices

You may tell us your preferences regarding how we share certain information.

You may choose whether we:

- Share information with family, friends, or others involved in your care
- Share information during disaster relief efforts
- Include your information in a hospital directory

If you are unable to express your preferences, we may share information if we believe it is in your best interest or necessary to prevent a serious threat to health or safety.

We will never share your information without written permission for:

- Marketing purposes
- Sale of your information
- Most uses of psychotherapy notes
- Use of PHI for AI model training unless explicitly authorized

Fundraising
We may contact you for fundraising efforts. You may opt out at any time.

Our Uses and Disclosures

We may use or disclose your PHI in the following ways:

Treatment
We may use and share your PHI with other providers involved in your care.

Payment
We may use and disclose your PHI to bill and obtain payment from insurers or other payers.

Healthcare Operations
We may use your PHI to run our practice, improve care, and manage services.
This includes the use of **AI-enabled tools** for:

- Clinical documentation
- Scheduling and communication
- Clinical decision support
- Billing and insurance verification

All AI tools operate under HIPAA-compliant Business Associate Agreements.

Other Uses and Disclosures Allowed by Law

We may share your PHI for:

- Public health and safety (disease prevention, reporting adverse events, abuse/neglect reporting)

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- Health research
- Compliance with federal or state law
- Organ and tissue donation
- Work with coroners, medical examiners, or funeral directors
- Workers' compensation claims
- Law enforcement purposes (with strict limits for reproductive health information)
- Health oversight activities
- Special government functions (military, national security)
- Court orders or subpoenas

Special Protections

Certain types of information receive additional protection under federal and Massachusetts law:

- Reproductive health information
- Gender-affirming care
- HIV/AIDS information
- Genetic information (GINA)
- Behavioral health information
- Substance use disorder treatment records (42 CFR Part 2)

We will not disclose these categories without your written authorization unless required by law.

Third-Party Apps and Patient-Directed Sharing

If you direct us to send your PHI to a third-party app:

- We must comply with your request.
- We are not responsible for how the app uses or protects your information.
- We will warn you if the app is known to be insecure.

Information Blocking

BSB complies with the 21st Century Cures Act and does not engage in information blocking. You have the right to:

- Access your electronic health information (EHI)
- Receive it in the format you request when feasible
- Have it transmitted to a third party of your choice

Breach Notification

If a breach occurs that may compromise your PHI:

- We will notify you within 15 days (Massachusetts requirement)
- We will explain what happened, what information was involved, and what steps you should take
- We will notify you if AI-enabled tools were involved in the breach

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Changes to this Notice

We may change this Notice at any time. Updated versions will be:

- Available in our office
- Posted on our website
- Provided electronically upon request

Notice of Privacy Practices Acknowledgement

By signing below, I acknowledge that Boston Sports & Biologics has provided me with a copy of its Notice of Privacy Practices and that I understand my rights and the practice's obligations.

Patient/Legal Representative (Print)	*Relationship*	*Date (MM/DD/YYYY)*

Patient/Legal Representative Signature