

# Notice of Privacy Practices

Effective Date: February 1, 2026 (Previous Versions Effective April 15, 2003, September 23, 2013, May 31, 2019, and April 1, 2021).

This Notice of Privacy Practices (“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.

Throughout this Notice, when we refer to “Southcoast,” “we,” “us” or “our,” we are referring to Southcoast Health System, Inc., which includes the following entities: Southcoast Hospitals Group, Inc. (which consists of Charlton Memorial Hospital, St. Luke’s Hospital, and Tobey Hospital (collectively, the “Hospital”)), as well as Southcoast Visiting Nurse Association, Inc., Southcoast Physicians Group, Inc., and Same Day SurgiCare of New England, Inc. d/b/a Southcoast Health Outpatient Surgery.

This Notice is available on our website at [www.southcoast.org](http://www.southcoast.org) and at all Southcoast locations. You have a right to a copy of this Notice (electronic or paper).

If you have any questions about this notice, please contact Southcoast’s Privacy Officer at 508-973-5040.

## Our Pledge Regarding Medical Information

We create a record of the care and services you receive at Southcoast. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Southcoast. We understand that information about you and your health is personal. We are committed to protecting medical information about you.

This Notice will tell you about the ways in which we may use and disclose medical information about you. This Notice also describes your rights and certain obligations regarding the use and disclosure of your medical information.

It is our responsibility, and we are required by law to:

- Maintain the privacy and security of your medical information;
- Give you this Notice of our legal duties and privacy practices with respect to your medical information;
- Follow the terms of this Notice; and
- Notify you if there is a breach of your medical information.

This Notice describes our practices and applies to:

- Any health care professional authorized to enter information into our electronic health record, including the doctors and other licensed providers on the Hospital’s medical staff who may not be employees of Southcoast but who are part of an organized health care arrangement (OHCA) with Southcoast to deliver care;
- All departments and units of Southcoast;
- Any member of a volunteer group we allow to help you while you are in our Hospital or being treated at Southcoast;

- Any trainee or student who we allow to help you while you are in our Hospital or being treated at Southcoast; and
- Outside entities under contract with Southcoast to provide certain services involving the use of medical information (generally known as “business associates” of Southcoast).

This Notice will explain in detail:

1. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU;
2. OTHER WAYS WE MAY USE AND SHARE YOUR MEDICAL INFORMATION;
3. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION AND HOW YOU MAY ACCESS YOUR RECORDS;
4. HOW WE CAN CHANGE THIS NOTICE;
5. SOUTHCOAST’S RECORD RETENTION POLICY; AND
6. HOW TO MAKE COMPLAINTS IF YOU BELIEVE WE HAVE NOT COMPLIED WITH THIS NOTICE.

### **1. How We May Use and Disclose Medical Information About You**

Southcoast uses several electronic systems to use and maintain an electronic health record (“EHR”). Information in our EHR may be shared with other health care providers, including other providers using the same electronic systems for purposes permitted under this Notice. The following categories describe different ways that we use and disclose your medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose medical information will fall within one of the categories.

Southcoast participates in the Massachusetts Health Information Highway (known as Mass HIway) and may participate in other similar health information exchanges (“HIEs”) from time to time. Southcoast uses HIEs to share and receive medical information about its patients with other health care organizations that participate in the same HIEs for treatment, payment and health care operations purposes described below. If you wish to opt out of participating in the Mass HIway or other HIEs, please notify us.

**You should be aware that your health information disclosed pursuant to an authorization, consent or this notice may be subject to redisclosure by the recipient and no longer protected by HIPAA.**

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, and other personnel who are involved in taking care of you at Southcoast. Different departments of the Southcoast entities also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside of Southcoast, such as other health care providers involved in your care, and family members or others who are involved in your care.

*Example: A Southcoast doctor treating you for a broken leg may need to contact your primary care provider outside of Southcoast to find out if you have diabetes because diabetes may slow the healing process. In addition, the Southcoast doctor may need to tell the Hospital’s dietician if you have diabetes so that we can arrange for appropriate meals.*

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Southcoast may be billed to (and payment may be collected from) an insurance company, a third party, or you. We may also share your medical information with doctors, nurses, technicians, and other health care personnel who are involved in your treatment at our facilities as necessary for payment activities related to their joint provision of health care, including sharing your information with third party service providers or business associates of these doctors, nurses, technicians and other health care personnel for billing, payment and collections purposes.

*Example: We may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover your treatment.*

**For Health Care Operations.** We may use and share medical information about you to help run our organization and make sure that all our patients receive quality care, and to contact you in certain situations, for example, to seek your feedback regarding the quality of care provided. We may also share your health information with doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

*Example: We may use your medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to analyze our services, including determining whether to offer additional services and whether certain new treatments are effective. We may also combine the medical information we have with medical information from other providers for the purposes of comparing how we are doing and seeing where we can make improvements in the care and services we offer.*

**Research.** We may use and disclose your health information for research purposes when certain safeguards are in place, including when an institutional review board or privacy board has approved the research after it has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may also use your health information to prepare for research or to inform you of research that may interest you.

**Fundraising Activities.** We may use certain medical information about you to contact you to raise money for Southcoast. We may share your medical information to a foundation affiliated with Southcoast so that the foundation may contact you to raise money to support Southcoast. For these fundraising purposes, we only would use or share your contact information, such as your name, address and phone number, as well as limited information about your treatment, including the dates you received treatment, service department, treating physician, or outcome information. We will never use any of your records which are subject to 42 C.F.R. Part 2 protections for fundraising purposes. If you do not want to be contacted for Southcoast's fundraising efforts, you must notify the Mission Advancement at Southcoast Hospitals Group, 141 Page Street, New Bedford, MA 02740 in writing or call 1-800-925-9450. If we send you a fundraising communication, we will also give you an opportunity to opt out of receiving future fundraising communications.

*Example: We may use your medical information to ask you for donations to support the Hospital. For example, if you are a cardiology patient, we may send you a letter to support the Southcoast cardiology program.*

**Hospital Directory.** We may include certain limited information about you in the Hospital's directory while you are a patient at our Hospital, unless you object. This information may include your name, location in the Hospital, your general condition (e.g., Critical, Serious, Fair, Good) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. 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. Except in an emergency, you may limit or prohibit any of the previously mentioned uses or disclosures of your medical information in connection with the Hospital's directory. In an emergency, we may include the information listed above in our directory if consistent with your prior expressed preference, and we determine it is in your best interest. We will inform you and give you an opportunity to object as soon as practicable thereafter.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member or other relative who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in the Hospital. Before we share your information, if you are present and able to respond, we will obtain your agreement or give you an opportunity to object if we are not able to reasonably infer from the circumstances that you approve of our sharing your information with these individuals. If you are not present or if you are unable to respond, or in an emergency, we may exercise professional judgment to determine whether it is in your best interests to share your medical information with a friend or family member that is directly involved in your treatment or payment for your treatment. In addition, we may share medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**To Avert a Serious Threat to Health or Safety.** We may use and share your medical information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person.

**Business Associates.** Southcoast may enter into contracts with outside entities to provide some services for Southcoast that involve the use or sharing of your medical information (these outside entities are known as “business associates”). Examples of business associates that Southcoast may use include companies that assist Southcoast with billing, transcription, legal or accounting services. We may share your medical information with our business associates so that they can perform their contracted duties to Southcoast. To protect your medical information and as required by law, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information and report any breaches of medical information to us.

**Communications with You.** We may contact you from time to time regarding your treatment and services, appointments, billing and payment for your care, benefits, care coordination, and other health-related matters using the contact information you provide to us. This may include communications via mail, telephone, voicemail, text message (SMS), electronic mail (email), patient portal messaging, or other electronic means. Our outreach may be done by Southcoast directly or one of our service providers on our behalf, and could include the use of automated dialing systems, prerecorded or artificial voice messages, or similar technologies as permitted by law.

By providing your contact information to Southcoast, including your address, email address(es), telephone number, and other contact information, and/or by signing up to receive communications through our patient portal, you expressly consent and authorize Southcoast to use and share your contact information to communicate with you for purposes allowed by law, including treatment, payment, and healthcare operations, such as to send reminders regarding appointments, share test results or follow-up instructions, recommend treatment alternatives or medical education services, and for other health-related purposes, in accordance with this Notice and applicable law. Standard message and data rates may apply for text message communications.

These communications may include information about your health. Southcoast takes reasonable steps to safeguard your health information, but you should be aware that by agreeing to receive electronic communications, the messages may be sent unencrypted, and unencrypted communications can pose a risk to the privacy or security of your health information. Additionally, if we are unable to speak with you directly, in certain situations we may leave you messages (via voice or electronic mail) containing limited information about your treatment if we determine it is in your best interest and not contrary to your prior expressed preferences for communication. You can securely message your provider through our electronic health system portal at any time, but electronic provider messages should not be used in an emergency.

You can change your communication preferences at any time by contacting us, or through your electronic health system portal account, and you have the right to request confidential communications as described

further below. You can also opt out of certain non-required electronic notices by telling us, and Southcoast will never condition your receipt of care on consenting to receive communications through a specific electronic means. However, opting out or restricting our ability to communicate with you may limit our ability to provide you with timely and convenient information regarding your care and payment for your care.

## **2. Other Ways We May Use and Share Your Medical Information**

**Organ and Tissue Donation.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health.** We may share your medical information for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, disability, or for oversight activities.

**Health Oversight Activities.** We may share your medical information with a health oversight agency for oversight activities authorized by law. These oversight activities may include, for example, audits, investigations, accreditation, inspections, licensure, and disciplinary action.

**Required by Law or for Law Enforcement or Legal Purposes.** We may use and share your medical information as required by law, for law enforcement purposes, or as part of legal proceedings. For example, we may share information for the following purposes:

- for judicial and administrative proceedings (such as responding to a lawful administrative order or subpoena);
- to report information related to victims of abuse, neglect, or domestic violence; or
- to assist law enforcement officials in their law enforcement duties.

### **Coroners, Medical Examiners and Funeral Directors.**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to perform their duties.

**Government Functions.** Your medical information may be shared for specialized government functions, such as protection of the president and other public officials, reporting to various branches of the military, or national security and intelligence activities.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**We will not share your medical information unless you give us written permission in the following cases (except as indicated):**

- **Psychotherapy Notes.** We must obtain your authorization for most uses or disclosures of your psychotherapy notes. Under certain circumstances, your authorization is not required, including where disclosure is required by law.

- **Marketing.** With some exceptions and as described in this Notice, we must obtain your written permission to use or share your medical information for marketing purposes. Some exceptions to this authorization requirement include, for example, that we may share your medical information with our business associates (as described above), and we may use your medical information to inform you of the products and services Southcoast offers. We also are not required to obtain your authorization for face-to-face communications between us or when we provide you with a promotional gift of nominal value.
- **Sale of Medical Information.** We must obtain your written permission before we can sell your medical information.

### **Records Subject to Heightened Confidentiality Restrictions**

Certain types of medical information or records receive heightened confidentiality protections under Federal or State law, and generally may not be used or shared without your written permission. All of our uses and disclosures of your information will be done in accordance with applicable law (including HIPAA and 42 C.F.R. Part 2, as discussed further below). For example, HIV test results, records of substance use disorder treatment at a specialized program (as discussed below), psychotherapy notes, and certain genetic test results may be subject to heightened confidentiality protections under the law, and you may be required to provide a specific written authorization prior to any use or disclosure of these types of medical information. We generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a specific authorization, or a court orders the disclosure.

**Mental Health Information.** We will only share your mental health information with your authorization, or if required in response to a court order or as otherwise required by law. For example, communications between you and a psychologist, psychiatrist, social worker and certain therapists and counselors may be privileged and confidential under State and/or Federal law.

**Substance Use Disorder Diagnosis and Treatment Information.** If you are treated in a specialized substance use disorder program (including by a specialized substance use disorder provider at one of our facilities), any records of that treatment or pertaining to your substance use disorder are subject to heightened protection under Federal and State law and regulations.

However, you may provide a single written consent for all future uses or disclosures of substance use disorder treatment records protected under 42 C.F.R. Part 2 for treatment, payment, and/or health care operations purposes. If you provide such a consent, we may further use or disclose those records as permitted by HIPAA and this Notice without additional written consent from you.

We may not use or disclose your records of substance use disorder treatment protected by 42 C.F.R. Part 2, or any testimony relaying the content of those records, in connection with any civil, criminal, administrative, or legislative proceedings against you without your consent, except as required by a court order accompanied by a subpoena or similar legal mandate (which order may only be issued after you are given notice and an opportunity to be heard).

You may revoke your consent at any time, but this will not affect uses and disclosures we have already made based on that consent prior to its revocation.

Ask us if you have any questions regarding whether these requirements apply to you.

Violation of Federal laws and regulations governing the confidentiality of substance use disorder treatment records is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information

about a crime committed by a patient either at the substance use disorder program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations also allow information about suspected child abuse or neglect to be reported under State law to appropriate State or local authorities. The Federal law and regulations governing substance use disorder treatment records can be found at 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.

HIV-related Information. We may use or share HIV-related medical information as permitted by applicable Federal and State law.

Minors. We will comply with Federal and State law when using or sharing medical information of minors. For example, if you are a minor and are permitted by law to consent to receive health care treatment (e.g., related to HIV/AIDS, venereal disease, abortion, outpatient mental health treatment or alcohol/drug dependence), and you have not requested that another person be treated as a personal representative, you may have the authority to consent to the uses and sharing of your medical information about that treatment.

**De-Identified Information and Limited Data Sets.** We may use your health information to create a “de-identified” set of data that is no longer subject to HIPAA or the requirements of this Notice. We may also remove only certain direct identifying pieces of information to create a limited data set, which remains subject to HIPAA but can be used and shared with a business associate under a data use agreement that includes safeguards to protect the information, including for research, public health activities, or Southcoast operations. In order to de-identify health information, we remove all data elements that could be used to identify an individual, as required by HIPAA. We may use and share de-identified data in a limited data set for purposes consistent with the mission of Southcoast, including improving care delivery and research.

**Artificial Intelligence (AI) Uses.** We may use generative AI tools and programs to help us deliver care, obtain payment for our services, and operate our business. We will only use AI to assist us in these tasks, and we never use AI as a clinical or other decision-maker. All decisions about your care are made by your providers, not by AI. Any AI programs we use are required to follow Southcoast’s security and privacy policies and practices. Southcoast does not use or share your identifiable health information with any AI programs or tools that could re-use or re-disclose your information without authorization, and we do not sell your identifiable information to AI companies or allow your identifiable information to be used to train publicly available AI systems.

**Other Uses.** Uses and sharing of your medical information for purposes not described in this Notice may only be made with your permission using a written authorization or as permitted under applicable State and Federal law. If you agree to provide a written authorization for the use or sharing of your medical information, you can revoke that authorization at any time, except to the extent that we have already relied upon the authorization prior to its revocation.

### **3. Your Rights Regarding Your Medical Information and How You May Access Your Records**

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

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your medical information in an electronic or paper format. You must submit your request in writing to the appropriate contact listed on the last page of this Notice via mail, e-mail, or fax, and we will provide a copy or summary of your medical information usually within 30 days of your request. If you request a copy of the information, we may charge a reasonable fee for the cost of copying, mailing, or other supplies associated with your request, except where the record is requested for purposes of supporting a claim or appeal under the Social Security Act or any financial needs-based benefit program, in which case no fee will be charged. If we maintain your medical information in an EHR, you have the right to obtain a copy of your information in

electronic format and we will not charge you more than our labor costs of responding to your request. We may deny your request to inspect and copy all or part of your medical records in certain very limited circumstances, and you may be permitted to appeal such a denial depending upon the type of records and reason for the denial.

**Right to Amend.** If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment by submitting a written request that provides your reason for requesting the amendment to the appropriate contact listed on the last page of this Notice. We may deny your request for amendment if the information is not maintained by us, or if we determine that your record is accurate, in which case we will notify you of our decision within 60 days. You may submit a written statement of disagreement if we decide not to amend your record.

**Right to an Accounting of Disclosures.** With some exceptions, you have the right to receive a list of those with whom we have shared your medical information during the preceding six years (with certain exceptions). An accounting may not include certain disclosures of your medical information made by Southcoast, for example certain disclosures for treatment, payment or health care operations purposes, disclosures made with your written permission, disclosures to individuals involved in your care, or disclosures to communicate with you about your care. A reasonable fee may be charged for the request if you request more than one accounting per year.

**Right to Request Restrictions.** You have the right to request certain restrictions or limitations on the medical information we use or share about you for treatment, payment, or health care operations. You also have the right to request that we limit the medical information about you that we share with someone who is involved in your care or the payment for your care, like a family member or friend. We will consider your request and work to accommodate it when possible. We are not required to agree to your request, but if your request is to restrict sharing of your medical information with a health plan for payment or health care operations purposes and the information pertains solely to a health care item or service that you have paid for out of pocket and in full, we will agree unless required otherwise by law. To request restrictions, you must make your request in writing to the Southcoast Privacy Officer listed on the last page of this Notice.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at your work address or by mail. To request confidential communications, you must make your request in writing to the appropriate contact listed on the last page of this Notice. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically.

**Right to a Personal Representative.** You may designate an individual (e.g., a health care agent) to exercise rights on your behalf concerning uses and sharing of your medical information. Additionally, a court or applicable law may designate an individual to act on your behalf, such as a legal guardian or a parent. We may take steps to make sure the person has authority to act on your behalf as your personal representative, and we may not treat the person as your personal representative in certain circumstances.

#### **4. How We Can Change This Notice**

Southcoast reserves the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will provide you with a copy of the Notice upon request, and we will post a copy of the current Notice in our facilities and on [www.southcoast.org](http://www.southcoast.org). The Notice will contain on the first page, at the top, the effective date.



## **5. Southcoast's Record Retention Policy**

In accordance with Southcoast policy regarding record retention and State law, including without limitation M.G.L. c. 111 § 70, the Hospital will retain your medical records for at least 20 years after your discharge or final treatment from the Hospital.

## **6. Complaints**

You can complain if you feel we have violated your rights under this Notice. You can file a complaint with Southcoast's Privacy Officer at **508-973-5040** or with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.

### **Southcoast Contacts**

Privacy Officer  
Southcoast Health System  
101 Page Street  
New Bedford, MA 02740  
508-973-5040

Director of Medical Records  
Southcoast Hospitals Group (Charlton Memorial,  
St. Luke's and Tobey Hospitals)  
101 Page Street  
New Bedford, MA 02740  
508-973-3700

Southcoast Visiting Nurse Association, Inc.  
200 Mill Road  
Fairhaven, MA 02719  
508-973-3200 or 800-698-6877

Physician Offices:  
Southcoast Physicians Group, Inc.  
200 Mill Road, Suite 180  
Fairhaven, Ma 02719  
508-973-2750

Same Day SurgiCare of New England, Inc. d/b/a Southcoast Outpatient Surgery Center  
272 Stanley Street  
Fairhaven, MA 02719  
508-672-2290

### **Contact Information for Requests for Patient Medical Records**

Southcoast Health  
Health Information Management Department  
200 Mill Road, Suite 210  
Fairhaven, MA 02719  
**Fax:** (508) 973-3695  
**Email:** [RequestRecords@southcoast.org](mailto:RequestRecords@southcoast.org)  
**Phone:** (508) 973-3733