LEGAL

Notice of Privacy Practices

This 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.

EFFECTIVE DATE: JULY 27, 2026

Our commitment to your health information

New England Healthcare Solutions LLC ("NEHC Solutions," "we," "us," or "our") is required by law to maintain the privacy of your Protected Health Information (PHI), to give you this notice of our legal duties and privacy practices regarding your PHI, and to follow the terms of the notice currently in effect. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health, the health care you receive, or payment for that care.

How we may use and disclose your health information

We may use and disclose your PHI without your written authorization for the following purposes:

Treatment. We may share your PHI with the nurses, care managers, aides, and caregivers involved in your care, and with your physicians and other treating providers, so your care can be coordinated safely.

Payment. We may use and disclose your PHI to obtain payment for the services we provide, including sharing information with MassHealth, your managed care organization or accountable care organization, and other payers to verify eligibility and obtain authorization.

Health care operations. We may use your PHI for activities necessary to run our agency, such as quality assessment, caregiver training and supervision, licensing, accreditation, audits, and business planning.

Business associates. We may share your PHI with vendors who perform services on our behalf, such as electronic records or billing providers. Each is required by written agreement to protect your PHI.

As required by law. We will disclose your PHI when required by federal, state, or local law, including to MassHealth and the Massachusetts Executive Office of Health and Human Services.

Public health and safety. We may disclose your PHI to public health authorities, to report abuse, neglect, or domestic violence, to prevent a serious threat to health or safety, and for health oversight activities.

Individuals involved in your care. Unless you object, we may share relevant PHI with a family member, personal representative, or other person you identify as involved in your care or payment for your care.

Other permitted disclosures. We may disclose PHI for judicial and administrative proceedings, to law enforcement as permitted by law, to coroners and funeral directors, for organ donation, for workers' compensation, and for research where permitted with appropriate safeguards.

Uses and disclosures that require your written authorization

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and any sale of PHI require your written authorization. We will also obtain your written authorization before using your name, image, story, or health circumstances in our marketing materials, including testimonials on this website. You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

Your rights regarding your health information

Right to inspect and copy. You may request to inspect and obtain a copy of your PHI, including an electronic copy of records we maintain electronically. We may charge a reasonable, cost-based fee.

Right to request an amendment. If you believe PHI we hold is incorrect or incomplete, you may ask us to amend it. We may deny your request in certain circumstances and will explain why in writing.

Right to an accounting of disclosures. You may request a list of certain disclosures we have made of your PHI.

Right to request restrictions. You may ask us to limit the PHI we use or disclose for treatment, payment, or health care operations. We are not required to agree, except that we must agree to a request to restrict disclosure to a health plan for a service you paid for in full out of pocket.

Right to confidential communications. You may ask us to contact you in a specific way or at a specific address. We will accommodate reasonable requests.

Right to be notified of a breach. You have the right to be notified if there is a breach of your unsecured PHI.

Right to a paper copy of this notice. You may request a paper copy of this notice at any time, even if you agreed to receive it electronically. Ask any member of our team or contact us using the details below.

Our responsibilities

We are required by law to maintain the privacy and security of your PHI, to notify you promptly if a breach occurs that may have compromised the privacy or security of your information, and to follow the duties and privacy practices described in this notice. We will not use or share your information other than as described here unless you tell us in writing that we may.

Changes to this notice

We may change the terms of this notice at any time, and the changes will apply to all PHI we maintain. If we make a material change, we will post the revised notice on this page with a new effective date and make paper copies available at our office. The notice currently posted here is the notice in effect.

How to file a complaint

If you believe your privacy rights have been violated, you may file a complaint with us using the contact details below, or with the U.S. Department of Health and Human Services Office for Civil Rights at hhs.gov/hipaa/filing-a-complaint (https://www.hhs.gov/hipaa/filing-a-complaint/index.html), by mail at 200 Independence Avenue SW, Washington, D.C. 20201, or by calling 1-877-696-6775. We will not retaliate against you for filing a complaint.

Privacy contact

For questions about this notice, to exercise any of the rights described above, or to request a paper copy, contact our Privacy Officer:

{privacyOfficer}, New England Healthcare Solutions LLC

Email: privacy@nehcsolutions.com

Phone: (413) 784-5099

Mail: 1985 Main Street, Suite 207, Springfield, MA 01103

Effective date: July 27, 2026

A note about contacting us online

Our website contact form, general email, and chat channels are not secure and are not intended for Protected Health Information. Please do not include diagnoses, medications, Social Security numbers, MassHealth identification numbers, or other sensitive medical information in them. Send us your name and the best way to reach you, and we will continue the conversation through a secure channel.

This notice concerns Protected Health Information handled in the course of providing care. For information about how our website itself collects and uses data, see our Privacy Policy. Where this notice applies to PHI, it controls over the website Privacy Policy.