



*Hometown Psychiatry  
& Behavioral Health*

## **NOTICE OF PRIVACY PRACTICES**

### **For Protected Health Information**

**Hometown Psychiatry, LLC**

**Outpatient Psychiatry Practice**

**Effective Date:** [May 21, 2026]

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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### **OUR LEGAL DUTY**

Massachusetts and federal law require us to maintain the privacy of your protected health information (“PHI”), provide you with this Notice of our legal duties and privacy practices, and follow the terms currently in effect.

Protected health information includes information that identifies you and relates to your physical or mental health condition, treatment, or payment for healthcare services.

We reserve the right to change this Notice and make revised terms effective for all protected health information we maintain. Updated notices will be available in our office and on our website.

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## **CONTACT INFORMATION**

### **Hometown Psychiatry, LLC**

22 West St., Millbury, MA 01537

Phone: 508-925-0657

Fax: 302-616-0927

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## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

### **1. Treatment**

We may use and disclose your health information to provide, coordinate, or manage your psychiatric care and related services.

Examples include:

- Discussing your treatment with your primary care physician
- Consulting with another psychiatrist or therapist
- Coordinating medication management with a pharmacy

Because this is a psychiatric practice, psychotherapy notes receive special protection under federal law.

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### **2. Payment**

We may use or disclose your information to bill and collect payment for services provided.

Examples include:

- Submitting claims to insurance companies
- Verifying insurance eligibility
- Collecting unpaid balances

Information shared may include diagnoses, dates of service, and treatment codes.

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### **3. Healthcare Operations**

We may use and disclose information for practice operations, including:

- Quality assessment and improvement
  - Staff training
  - Licensing and accreditation activities
  - Legal and auditing functions
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### **USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

We will obtain your written authorization before:

- Releasing psychotherapy notes except where permitted by law
- Using your information for marketing purposes
- Disclosing information not otherwise permitted by HIPAA or Massachusetts law

You may revoke an authorization at any time in writing, except to the extent action has already been taken.

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## **SPECIAL PROTECTIONS FOR MENTAL HEALTH INFORMATION**

Mental health records may receive additional protections under Massachusetts law and federal regulations.

Except as permitted or required by law, we will not disclose your records without your consent.

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## **WHEN DISCLOSURE MAY OCCUR WITHOUT YOUR AUTHORIZATION**

### **Emergencies and Safety Concerns**

We may disclose information when necessary to:

- Prevent or lessen a serious and imminent threat to health or safety
  - Arrange emergency treatment
  - Comply with legal duties regarding threats of harm
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### **Abuse or Neglect Reporting**

We may disclose information when required by law concerning:

- Suspected child abuse or neglect
  - Abuse or neglect of elders or disabled persons
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### **Public Health and Legal Requirements**

We may disclose information when required by:

- Court orders or lawful subpoenas
- Law enforcement requirements
- Public health authorities

- Government oversight agencies
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### **Workers' Compensation**

We may disclose information as authorized by workers' compensation laws.

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### **APPOINTMENT REMINDERS AND COMMUNICATIONS**

We may contact you regarding:

- Appointment reminders
- Scheduling changes
- Billing matters
- Treatment follow-up

Communication may occur by:

- Phone
- Voicemail
- Text message
- Email
- Patient portal

Please inform us of any communication preferences or restrictions.

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## **TELEHEALTH**

If telehealth services are provided, we will use reasonable safeguards to protect the privacy and security of your information. However, electronic communications may involve some risk despite security measures.

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## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

### **Right to Inspect and Copy**

You have the right to inspect and obtain copies of your health records, subject to certain legal exceptions.

Requests must be submitted in writing.

Reasonable fees may apply for copies.

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### **Right to Request Amendment**

You may request correction or amendment of your records if you believe information is incorrect or incomplete.

We may deny certain requests as permitted by law.

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### **Right to an Accounting of Disclosures**

You may request a list of certain disclosures made outside treatment, payment, and healthcare operations.

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### **Right to Request Restrictions**

You may request restrictions on certain uses or disclosures of your information. We are not always required to agree, except where required by law.

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### **Right to Confidential Communications**

You may request that we contact you:

- At a different address
- By alternate means
- At specific phone numbers

We will accommodate reasonable requests.

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### **Right to a Paper Copy of This Notice**

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

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### **BREACH NOTIFICATION**

If a breach occurs involving unsecured protected health information, we will notify you as required by federal and Massachusetts law.

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### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the:

U.S. Department of Health and Human Services Office for Civil Rights

You will not be retaliated against for filing a complaint.

For information about filing a complaint:  
[HHS Office for Civil Rights Complaint Portal](#)