

Notice of Privacy Practices

Tempus Unlimited Fiscal Intermediary

Notice of Privacy Practices

Effective Date: February 16, 2026

This notice describes how Protected Health Information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

This Notice is provided on behalf of **Tempus Unlimited Inc.** (referred to as “the Agency”).

PURPOSE

This notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out payment for Fiscal Intermediary program services, required by the contract entered between the Massachusetts Executive Office of Health and Human Services and Tempus Unlimited, Inc.

Protected Health Information is information that may identify the Consumer and that relates to the consumer’s past, present or future physical or mental health, and may include name, address, phone numbers, and other identifying information.

[2026 ADDITION] The Agency operates as a Fiscal Intermediary and provides administrative, payment, and oversight services. The Agency does not provide clinical treatment services and does not originate medical or behavioral health treatment records.

We are required by law to give you this notice and to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice and give you a copy of it.

We reserve the right to change the privacy practices described in it. A current version of this Notice may be obtained from the Agency website, www.tempusunlimited.org and will be posted in our offices. You may also request a current copy by sending a written request to the Agency Compliance Department, 600 Technology Center Drive, Stoughton, MA 02072.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of Agency health care professionals, employees, volunteers, and others who work in any of the Tempus Unlimited, Inc. Programs that you may participate in.

YOUR PRIVACY RIGHTS

You have the following rights relating to your Protected Health Information:

- Obtain a current paper copy of this Notice.
- Inspect or obtain a copy of Agency created documents. Your request to obtain a copy of these documents must be in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or another designated individual.
- Request that an amendment to your Protected Health Information (PHI), if you feel the information is incomplete or incorrect.
- Obtain an accounting of certain disclosures Protected Health Information.
- We will obtain your written permission for uses and disclosures of your Protected Health information sent to you by alternative means or at alternative locations.
- We will obtain your permission for uses and disclosures of your Protected Health Information that are not covered by the Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must be put in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or another designated individual.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information and to abide by the terms of this Notice.

We will let you know promptly if an incident occurs that may have compromised the privacy or security of your information.

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[2026 ADDITION] In some circumstances, federal or state laws may impose more restrictive limits on the use and disclosure of certain health information. When such laws apply, the Agency complies with the more restrictive legal requirement.

We will not use or disclose your information other than as described here unless you tell us we can. If you tell us we can, you may change your mind at any time. We will request that you submit that request in writing. We will offer an accommodation to document your request if needed.

EXAMPLES OF USES AND DISCLOSURES

We will use your Protected Health information to provide services.

- **Public Health:** We may give your Protected Health Information to public health agencies who are charged with preventing or controlling disease, injury or disability and is required by law.
- **Communicable Disease:** We may disclose your Protected Health information to a person who may have been exposed to a communicable disease or may be otherwise at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.
- **Law Enforcement and Legal Proceedings:** **[2026 REVISED]** We may disclose your Protected Health Information as required by law, such as in response to a valid court order, subpoena, discovery request, or other lawful process. When the Agency is not the originator of clinical or treatment records, requests for such records may be redirected to the provider of records.
- **As Required by Law:** **[2026 REVISED]** We disclose Protected Health Information when required by federal, state, or local law and in accordance with any applicable confidentiality requirements that may impose additional restrictions.
- **Health Oversight Activities:** We may disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight Agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.
- **Abuse or Neglect:** We may disclose your Protected Health Information to government authorities that are authorized by law to receive reports of suspected abuse or neglect.
- **Legal Proceedings:** We may disclose your protected Health information during any judicial or administrative proceeding or in response to a court order, subpoena, discovery request, or other lawful process.
- **Required Uses and Disclosures:** We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.
- **To Avoid Serious Threat to Health or Safety:** We may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.
- **For Specific Government Functions:** In certain situations, we may disclose Protected Health Information of veterans. We may disclose your Protected Health Information for national security activities required by law.

COMPLAINTS

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your Protected Health Information. We create a record of the care and services you receive at the Agency. We need this record to provide services to you and to comply with certain legal requirements.

If you believe your Privacy Rights have been violated, you may make a complaint to us or to the US Secretary of Health and Human Services at: <http://www.hhs.gov/>

Complaints to the Agency may be submitted to:

Tempus Unlimited, Inc. Compliance Department
600 Technology Center Drive
Stoughton, MA 02072
Email a complaint to: Grievance@TempusUnlimited.org.

There will be no retaliation for filing a complaint.