

# Notice of Privacy Practices

Tempus Unlimited Fiscal Intermediary

## Notice of Privacy Practices

Effective Date: June 24, 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](http://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.
- You have the right to inspect or obtain a copy of your Protected Health Information that we maintain in a designated record set (for example, payment, enrollment, or administrative records). Your request must be in writing or in a format that allows us to verify your identity. We may charge a reasonable, cost-based fee for copies.
- If you believe that the Protected Health Information we have about you is incorrect or incomplete, you may request that we amend it. Your request must be in writing and must explain why the amendment is needed.  
We may deny your request if the information was not created by us (unless you provide a reasonable basis for believing the originator is no longer available to act on the request), is not part of the designated record set, or is accurate and complete. If we deny your request, we will provide a written explanation, and you may submit a statement of disagreement that will be included with your records.
- You have the right to request an accounting of certain disclosures of your Protected Health Information that we have made in the six years prior to your request. This accounting will not include disclosures made for payment or health care operations, disclosures made to you or with your authorization, or certain other disclosures exempt by law. Your first accounting in a 12-month period is free; we may charge a reasonable fee for additional requests.
- You may request that we communicate with you about your health information in a specific way or at a specific location. We will accommodate reasonable requests. Your request must be in writing and specify how or where you wish to be contacted.
- We will not use or disclose your Protected Health Information for purposes not described in this Notice unless you give us a signed, written authorization. You may revoke that authorization in writing at any time, except to the extent we have already relied on it. We will offer reasonable assistance to document your revocation if you need it.

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## Reproductive Health Care Privacy

We will not use or disclose your Protected Health Information for the purpose of conducting a criminal, civil, or administrative investigation into, or imposing liability on, any person for seeking, obtaining, providing, or facilitating reproductive health care that is lawful under the circumstances in which it was provided, or to identify any person for such purposes. When we receive a request for PHI potentially related to reproductive health care, we will require a valid attestation from the requestor confirming that the use or disclosure is not for a prohibited purpose, before releasing the information, except as otherwise permitted by law.

## 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 are required to notify you following a breach of unsecured Protected Health Information. We will provide you with written notice without unreasonable delay, and no later than 60 days after discovery of the breach, consistent with applicable law.

## NONDISCRIMINATION STATEMENT

Tempus Unlimited, Inc complies with applicable federal and state civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, sexual orientation, gender identity, religion, creed, marital status, veteran status, genetic information, or any other characteristic protected by law.

**[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 **payment and health care operations including but not limited to; processing attendant payroll, verifying eligibility, program oversight, billing.**

*If the Agency were ever to possess the type of clinical information that must be reported for public health purposes, we may disclose it only as required by law*

- **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.
- **Required by Law and Legal Proceedings**  
We may disclose your Protected Health Information when required by federal, state, or local law, or in response to a valid court order, subpoena, discovery request, or other lawful process. Because the Agency does not create clinical or treatment records, we may redirect requests for such records to the originating provider. We will comply with any applicable confidentiality laws that impose additional restrictions.
- **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.

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- **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.
- **Specialized Government Functions:** If you are a member of the armed forces or a veteran, we may disclose your PHI as required by military command authorities or for the purpose of determining eligibility for veterans' benefits. We may also disclose PHI for national security and intelligence activities as authorized 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](mailto:Grievance@TempusUnlimited.org).

There will be no retaliation for filing a complaint.