



MASSACHUSETTS  
GENERAL HOSPITAL

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# MGHers POPP! (Protect Our Patients' Privacy)





# Privacy History

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## Patient Privacy is NOT new!

“Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret, as considering all such things to be private”

*Hippocratic Oath circa 400 BCE*

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# HIPAA and PHI

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**HIPAA:** Health Insurance Portability and Accountability Act of 1996

**PHI:** Protected Health Information

All MGH staff must keep PHI private and secure.

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# What is PHI?

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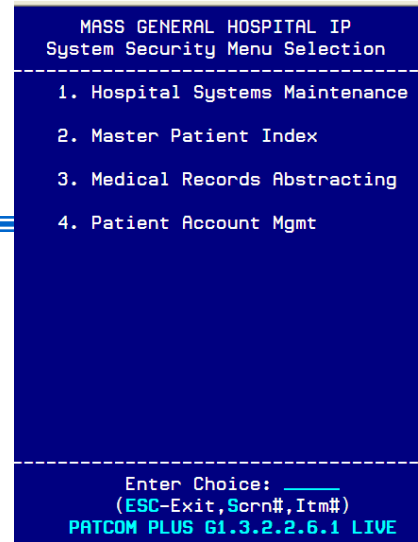
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- Information that **identifies** a patient and **relates to their healthcare**.
- What identifies a patient?
  - ✓ Name
  - ✓ Address
  - ✓ Email address
  - ✓ Dates (birth date, admission date, discharge date, etc.)
  - ✓ Full face photograph
  - ✓ Any unique characteristic (e.g., family member names, identifying scars, tattoos)
  - ✓ Phone number
  - ✓ Social Security (SSN)
  - ✓ Credit Card
  - ✓ Medical device identifiers & serial #
  - ✓ Medical Record # (MRN)
  - ✓ Health Insurance #



# Where is PHI at MGH?

- ID Bracelets
- In E-mails & Databases
- Registration, Billing & Medical Records
- Patient Lists and Schedules
- Labels on IV bags and vials
- Informed Consent Forms
- Prescription vials
- Care Team discussion, voicemail
- Handwritten on sticky notes





# Principles of Privacy:

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**Need to Know:** Access only PHI you need to perform your job

**Minimum Necessary:** Use, disclose or request the least amount of information needed to accomplish your job

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# HIPAA Authorized Uses of PHI:

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- 1. Treatment:** Patient care
  - 2. Payment:** Billing for services
  - 3. Healthcare Operations:** Accreditation, Compliance, Legal, Training, Monitoring Quality Care
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# Authorization Form



## AUTHORIZATION FOR RELEASE OF PROTECTED OR PRIVILEGED HEALTH INFORMATION

- RELEASE COPIES OF HEALTH/MEDICAL RECORD
- REVIEW HEALTH/MEDICAL RECORD
- OBTAIN COPIES OF HEALTH/MEDICAL RECORD FROM ANOTHER FACILITY

PATIENT NAME: _____		PATIENT DATE OF BIRTH: _____	
PATIENT MEDICAL RECORD # _____ (IF ADDRESSOGRAPH STAMP IS NOT USED)			
PATIENT ADDRESS: STREET: _____		APT. #: _____	
CITY: _____		STATE: _____ ZIP CODE: _____	
TELEPHONE CONTACT #: DAY: (    ) _____		EVENING: (    ) _____	





# Specific Categories for Release

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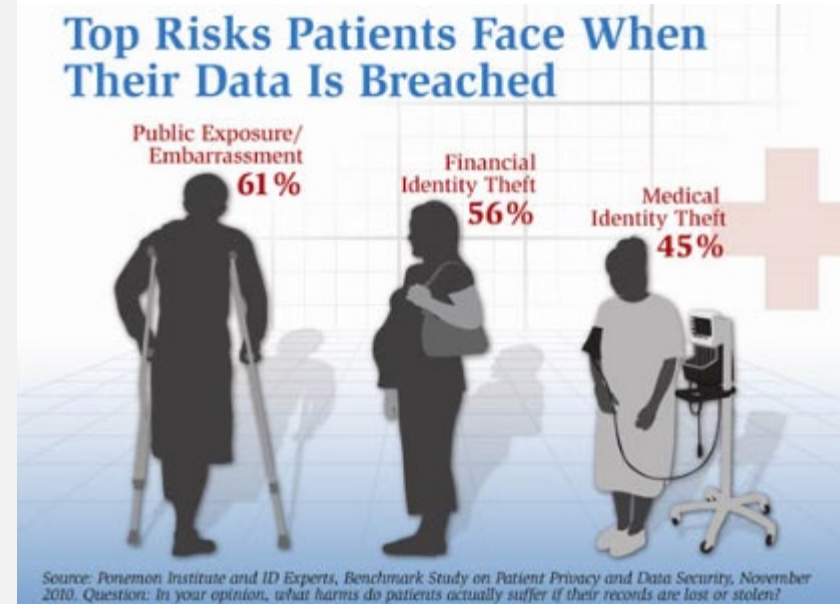
Please check YES to indicate if you give permission to release the following information if present in your record:

- Yes **HIV test results** (PATIENT AUTHORIZATION REQUIRED FOR EACH RELEASE REQUEST.)  
**SPECIFY DATES** \_\_\_\_\_
  - Yes **Genetic Screening test results (SPECIFY TYPE OF TEST)** \_\_\_\_\_
  - Yes **Alcohol and Drug Abuse Records** Protected by Federal Confidentiality Rules 42 CFR Part 2 (FEDERAL RULES PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY 42 CFR PART 2.) This consent may be revoked upon oral or written request.
  - Yes **Other(s):** Please List \_\_\_\_\_
  - Yes Details of Mental Health Diagnosis and/or Treatment provided by a Psychiatrist, Psychologist, Mental Health Clinical Nurse Specialist, or Licensed Mental Health Clinician (LMHC) *(I understand that my permission may not be required to release my mental health records for payment purposes)*
  - Yes Confidential Communications with a Licensed Social Worker
  - Yes Details of Domestic Violence Victims' Counseling
  - Yes Details of Sexual Assault Counseling
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# What's a Breach?

- Any unauthorized acquisition, access, use, or disclosure of Protected Health Information (PHI) that compromises the security or privacy of the PHI.
- Presumed a breach unless we show there is a low probability the PHI has been compromised.
- Breaches are reportable to patient/research subject and Department of Health and Human Services.
- MGH Privacy Office performs breach risk assessment and documents it in writing.





# MGH Sanctions

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- MGH has internal sanctions for breaches
  - Re-education
  - Verbal Warning
  - Written Warning
  - Final Written Warning
  - Termination\*

\*MGH has a no tolerance policy for inappropriate access. Viewing patient information you do not need to perform your job may result in immediate termination, even if you do not share the information with anyone.

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# Penalties from Regulators

Both MGH and employee can be accountable under HIPAA

- Civil penalties: \$100 to \$50K per violation and up to 1.5M for willful neglect
- Criminal penalties: 50K to 250K in fines and 1 to 10 years in jail





# Why is it so important?

- Prevent identity theft
- Keep patient trust in MGH
- Maintain our patients' well being



# Access

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*Curiosity can kill careers.*

- Accountability
  - Audits, including self-audit
  - Awareness
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# Appropriate Access

Access to PHI is appropriate if you **need to know** the information to do your job

**If you need to know**, you are authorized to access PHI for three main reasons:  
Treatment, Payment, and Healthcare Operations

**T**

- Checking your patient's lab tests
- Updating your clinical documentation in a patient's record
- Reviewing your patient's medical history in preparation for treatment

**P**

- Checking eligibility for insurance coverage
- Reviewing services provided for coding purposes
- Conducting claims management and collection activities

**O**

- Performing quality assessment and improvement activities
- Providing customer service
- Conducting medical, legal, or administrative review for compliance

Bottom line: You are given access to do your job.

Need to know? **You're good to go.**



# Appropriate Access: MGH Exceptions

Reason for going in EHR:	Is this Access Appropriate?
Treatment, Payment, Healthcare Operations ( <b>TPO</b> )	Yes
To look at <b>my</b> own record	Yes
To look at the record of <b>my</b> child, <b>under 11</b>	Yes. <b><i>MGH EXCEPTION ONLY</i></b>
To look at the record of <b>my</b> child, <b>ages 11 - 17</b>	No – must request copies of records
To look at the record of <b>any person 18 or older</b>	No – unless <u>form</u> is filled out





# Transport, Removal, Disposal

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*Your Trash = My Treasure*

- Minimum necessary
  - Keeping materials covered, protected
  - Secure disposal
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# Transport Securely: Don't leave a trail of PHI





# Physical Removal & Transport of PHI and PI

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## Policy

Take reasonable precautions to safeguard and secure PHI & PI **at all times.**

You must have the approval of your Supervisor or Principal Investigator before removing PHI or PI from MGH/MGPO.





# Secure Disposal of PHI



For areas serviced by MGH Environmental Services, use blue confidential shred bins to securely dispose of **paper** with PHI. If your area is not serviced by Environmental Services, contact your manager. Remember! if the blue bin is in a public area, the blue bin needs to be locked!



Use secure media recycling bins to securely dispose of CD's, DVD's, floppy disks, USB drives, videotapes, external hard drives, personal laptops, personal tablets, and personal cell phones, including those with PHI. At MGH main campus, secure medias are in the Employee Access Center and in Police and Security. Call IS Service Desk for other locations or click [here](#).



**Partners IS Pick up:** Call IS Service Desk to arrange for secure disposal of monitors, CPUs, printers, fax machines, credit card machines, and any Partners-owned asset containing PHI (e.g., Partners laptop, tablet, cell phone).

*Not sure if it is PHI? Treat it like it is!*



# Secure Disposal of PHI

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Use red biohazard bin to securely dispose of sample vials/tubes, prescription bottles, IV bags, etc., including those with PHI.



Use sharp boxes to securely dispose of sharps, including those with PHI on the syringe.

*Not sure if it is PHI? Treat it like it is!*





# Disclosing, Sharing, Releasing

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*What happens in ~~Vegas~~ MGH stays in ~~Vegas~~ MGH.*

- Verbal PHI: Do not speak about PHI outside of work. Speak quietly in public areas on campus.
- Social Media: No talking to or about patients/research subjects, named or unnamed
- Smart Speakers (e.g., Amazon Echo/Alexa, Google Home, etc.): not allowed in any clinical or research subject setting



# Safe Computing

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*Keep information safe and secure*

- Lock before you walk
  - Mobile Device Security Requirements
  - Passwords
  - Safeguarding email
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# Safe Computing: Lock Before You Walk

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- MGH audits patient records for inappropriate access
- Audits show us your activity as a user, including:
  - What patients you searched for
  - Date(s) and time(s) of your accesses
  - What information you accessed (notes, labs, results, etc.)... and more
- You are held accountable for all confidential information accessed under your log in/username.



***LOCK BEFORE YOU WALK***

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# Safe Computing: Personal Device Encryption Requirement

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Any personal device\* used for any Partners/MGH work *must* be encrypted. This policy applies-

- Applies to devices issued by Partners and devices you own
- When accessing Partners systems such as e-mail



\*devices include laptops, desktops, netbooks, smart phones, USB drives, tablets, etc.



# Bring Your Own Device (BYOD)



## LAPTOPS

- **Encrypt your personal computer**
  - Contact the [IS Service Desk](#)
- **Enroll in [PEAS](#) (Macintosh only)**
- **Register your laptop at [MYprofile](#)\***
- **Download [SecureConnector](#)**

## SMARTPHONES AND TABLETS

- **Enroll your device into MobileIron**
  - [Enroll into MobileIron for iOS](#)
  - [Enroll into MobileIron for Android](#)
- **MobileIron encrypts your device**

**REMINDER: NEVER SHARE YOUR DEVICE. IT IS FOR YOUR USE ONLY.**



# Safe Computing: Passwords



## DO

- Use different passwords for different accounts
- Make passwords long and strong (mix letters, numbers, and symbols)
- Change your password immediately if someone sees you type it in



## DON'T

- Share your password
- Reuse previous passwords
- Set your password to information about you that's publicly available (e.g., a pet's name, your birthday, username, school, or favorite sports team, etc.).



# Good Dog, Bad Password

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“Geno123” =  
Weak password





# Safeguarding Email

**Recipient Accuracy:** Prior to pressing “send”, double check that you selected the correct recipients (don’t get tricked by the Auto Complete feature!)



**Send Secure:** Always use “Send Secure” when sending emails with confidential information outside of Partners.

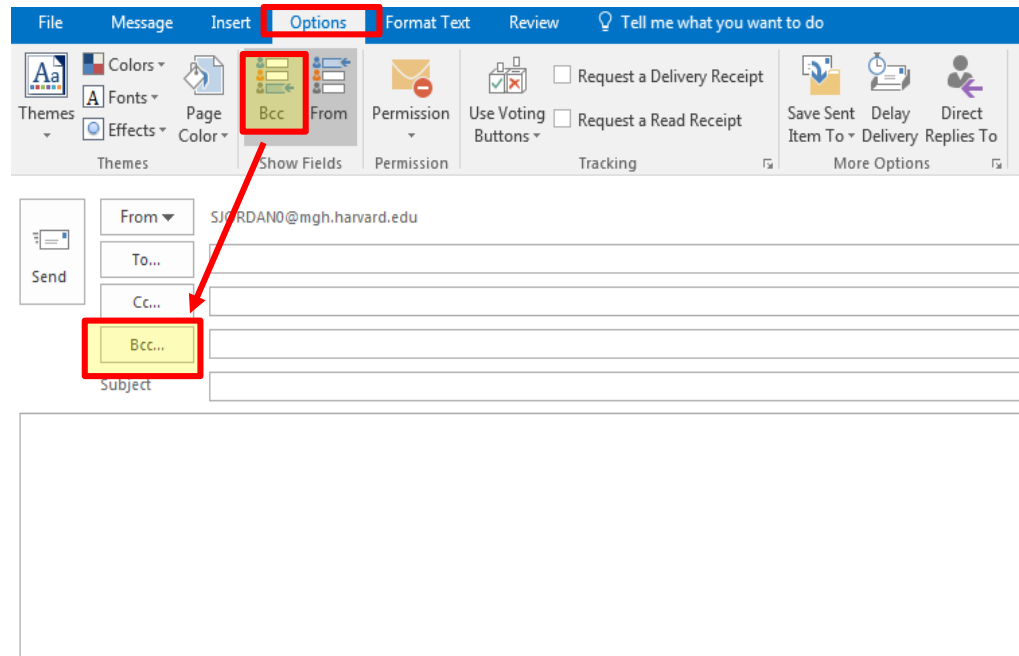


Only use your Partners/MGH email to conduct MGH/Partners business. Never use your personal email.



# Safeguarding Email: Blind Carbon Copy

When emailing patients or research subjects (if appropriate/permitted), you must use **Blind Carbon Copy (“Bcc”)** to send to a group or distribution list.



*Adding multiple recipients' e-mail addresses in the “To” or “Cc” lines exposes those e-mail addresses to all recipients, which is a privacy breach.*



# Phishing and Hacking

## *Spot a Phish:*

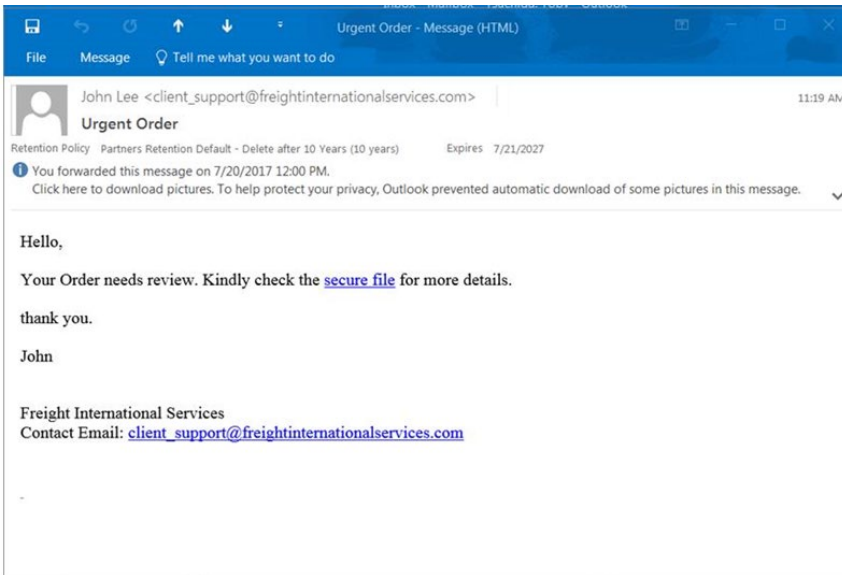
- Poor grammar, misspellings
- Contains links or attachments
- Similar but incorrect e-mail domains (“Partners.com” or “MassGenHospital.com”)
- Incentivizes through threat or reward, sense of urgency



## *Report a Phish:*

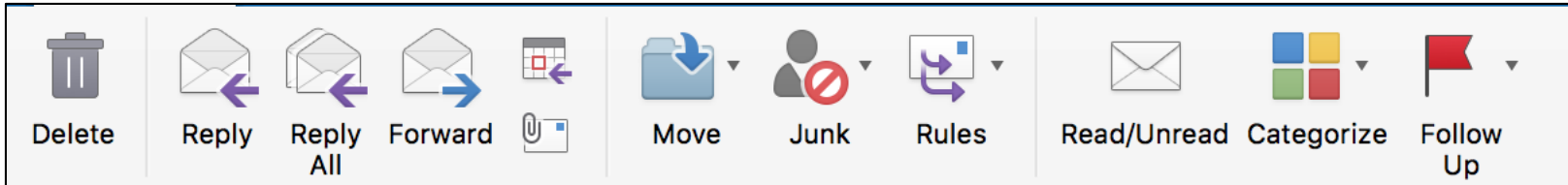
- Highlight the suspicious message in your Inbox and click the **Report Phishing** button, or

- **Forward as Attachment to** [nospam@partners.org](mailto:nospam@partners.org)





# Phishing Example



## Unauthorized Access



support.team@partners.org

undisclosed-recipients;

Friday, December 8, 2017 at 9:43 AM

Show Details

This is not the Partners IS Email

For your Partners.org mailbox account security we recommend that you [CLICK HERE](#) and verify your account. To exit your Partners.org account using the Logout button in the upper right corner instead of just closing the browser window.

This serves as an additional security measure to prevent unauthorized access to your account. <https://partners.org>

Partners.org Support HelpDesk ©2017. All rights reserved.  
©2017 Outlook Terms Privacy & cookies Developers English

No contact information

Includes a link  
Encourages clicking  
Link does not go to legitimate website



PHISH!

Do not click or open. Report the email as a phish! To report a phish:

- Highlight the suspicious message in your inbox and click the **Report Phishing** button, or
- **Forward as Attachment** to [NOSPAM@PARTNERS.ORG](mailto:NOSPAM@PARTNERS.ORG)





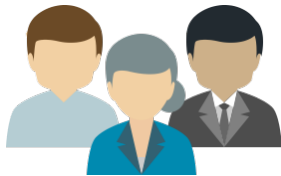


# What's the big deal?

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Successful phishing emails pose a risk to:



Phishers can use the data to access your accounts and steal your identity.



Phishers can install malware, any program or file that is harmful to the computer user, on your device.



Phishers can infiltrate the Network and collect confidential information, including PHI, PI, IP.

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# Non-Clinical Photography and Media Requests

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*Authorization BEFORE Access*

- Non-Clinical Photography
  - Media Requests
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# Non-Clinical Photography and Protecting Patient Privacy

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- This ***is about***: photographing, recording, or interviewing patients for **non-TPO** purposes: **marketing, public affairs, media**
  - MGH workforce members may only photograph or record patients and/or visitors for authorized work activities, with prior written consent
  - Patients are expected not to take photos or videos while in the hospital
    - Staff can call Police and Security for assistance
    - Exceptions: if reasonable and do not violate the privacy of others (i.e. taking photo of newborn)
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# The Media and Protecting Patient Privacy: Rules of the Road . . .

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- Staff must refer all media requests to MGH Office of News and Public Affairs for approval
  - You must get approval from News and Public Affairs Office before inviting the media to come on site.
- The Office of News and Public Affairs or a designated employee must escort media while on site
- Patient's written authorization required **before** sharing any PHI with the media or introducing a patient to the media

Failure to follow this is a policy violation and subject to corrective action, up to and including termination.

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***Authorization before access***



# JEOPARDY!



Access	Data in Motion	#ProtectURSelfies
<u>500</u>	<u>500</u>	<u>500</u>
<u>1000</u>	<u>1000</u>	<u>1000</u>
<u>1500</u>	<u>1500</u>	<u>1500</u>
<u>2000</u>	<u>2000</u>	<u>2000</u>





# Access: **OKAY** or **NOT OKAY**

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**Situation:** You heard in the news that a victim of crime was brought to a Boston hospital. Out of curiosity, you use Epic to search for the victim's name to see if they are a patient. You type in the person's name and click "Find Patient." You go no further. Is this okay?



**NOT  
OKAY**

Remember! Access starts with search. If you do not have a business need for accessing PHI, do not search for it, and do not access it.

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# Inappropriate Access

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Access to PHI is not appropriate if you **do not need to know** it to do your job.



- I have the access, might as well see what I can see.
- Epic was open and it was the easiest way to find the information.
- My son's doctor's office wasn't responding to my calls, so I checked Epic.



- I just searched the patient; I didn't "go into" the record.
- I just wanted to see if he is a patient at Partners. I didn't see anything.
- I heard she was getting treated here and wanted to confirm.

**Epic**  $\neq$  **Google**

Bottom line: You are given access to do your job.

**Don't Need it? Don't Search it!**

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# Access Starts with Search

Access starts with **SEARCH**

Patient Lookup

Select Patient | PHS Search | Recent Patients

Name/MRN: Actor, Julie | EPI ID: |

Date of Birth: 10/30/1969 | Sex: Female [1] |

Phone: | CSN: |

SSN: |

Use sounds-like

Find Patient | Clear | Accept | Cancel

Why?





# Because searching for a patient leads you to PHI

Patient Select

Search Criteria  
Name/MRN: A, Julie

Wt	Name	Site	MRN	Sex	DOB	Street Address	SSN	PCP
17.82	ABERDEEN, JULIE	PMRN	<2026567>	F	6/6/1978	210 Newbury Street, BOSTON MA 02115	xxx-xx-6077	Drew A
17.82	ACTOR, JULIE	MGH N	1004674	F	10/30/1969	52 Redwolf Ridge Rd, Verona WI 53593	xxx-xx-1953	Mickey
17.82	ACTRESS, JULIE	MGH N	1008221	F	10/30/1969	52 Redwolf Ridge Rd, Verona WI 53593	xxx-xx-7854	Mickey
17.82	AGRONOMIST, JULIE	MGH N	1001768	F	10/30/1969	52 Redwolf Ridge Rd, Verona WI 53593	xxx-xx-8720	Mickey
17.82	ANTELOPE, JULIE	MGH N	1018957	F	7/26/1961	1234 Main St, BOSTON MA 02123	xxx-xx-5538	Physic
17.82	ANTWERP, JULIE	PMRN	<2026568>	F	6/6/1978	210 Newbury Street, BOSTON MA 02115	xxx-xx-3258	Drew A
17.82	ARCHITECT, JULIE	MGH N	1005315	F	10/30/1969	52 Redwolf Ridge Rd, Verona WI 53593	xxx-xx-7758	Mickey
17.82	ARMADILLO, JULIE	MGH N	1012504	F	7/26/1961	1234 Main St, BOSTON MA 02123	xxx-xx-9934	Physic
17.82	ASTRAKHAN, JULIE	PMRN	<2026570>	F	6/6/1978	210 Newbury Street, BOSTON MA 02115	xxx-xx-4174	Drew A
17.82	ASTRONAUT, JULIE	MGH N	1008862	F	10/30/1969	52 Redwolf Ridge Rd, Verona WI 53593	xxx-xx-6509	Mickey

Results loaded: 14

**Aberdeen, Julie - <2026567>**

- Born 6/6/1978  
39 y.o. Female
- 210 Newbury Street  
BOSTON MA 02115
- 617-555-4558 (H)  
617-555-4559 (M)
- email@julie.com
- Drew Aberdeen

SSN: 979-71-6077  
Language: English  
Religion: Declined  
Ethnicity: No Non Hispanic  
Race: Black or African American

Select Go Back





# Break the Glass: Does this count as access? Yes or No

Today's Patients Report - MGH Today's Patients (as of Friday, December 20, 2019 11:39:00 AM)

Refresh Settings Apts Itinerary Patient Station

Yesterday Today Tomorrow 12/20/2019

Search patients

Name	MRN	DOB	Gender	S
Actor, Steve	10126142	11/10/89	M	5
Actress, Igor	10125680	01/29/73	M	5
Actress, Steve	10126316	11/10/89	M	5
Adamite, Colten	10099679	12/07/42	M	2
Adamite, Ingram	10097046	03/15/44	M	4
Adamite, Iona	10096956	07/07/82	F	2
Adamite, Iris	10096519	07/07/82	F	5
Adamite, Irving	10097897	03/15/44	M	5
Adams, Isabelle	<2041549>	12/20/87	F	8
Addison, Chad	10083020	09/10/92	M	8
Addison, Charlotte	10088326	06/30/50	F	3
Adele, Brianna I	<451000000>	12/16/99	F	1
Adele, John	10143634	12/20/49	M	1
Adele, Patrick	10145209	12/20/49	M	7
Aegee, Carlyle-NSG	<2049164>	06/01/54	M	9
Aegee, Carter-GI	<2048967>	12/19/59	M	6
Aegee, Connor-GI	<2048950>	12/19/59	M	4

### Break-the-Glass

The patient file you are attempting to access is restricted. If you have a clinical/business need to access the patient's file, please enter a reason and password and you may proceed.

You need to Break-the-Glass for the following reasons:  
I attest to the need to access this record for the business purpose indicated below. I understand that every access is logged and subject to review and investigation. Inappropriate access is subject to disciplinary action.

Reason:

A. Providing Clinic... B. Research C. Billing  
D. Administrative ... E. Scheduling F. Unspecified (Co...  
G. IS Support H. Precepting/Tea... I. Handoff

Further explanation:

User: BARBER, ERIKA

Password:

Accept Cancel

Yes. Attempting to access is access! Don't need it, don't click it!





# Access

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Which of these is a crime?

- a. Trespassing
- b. Stealing
- c. Accessing PHI without a business need
- d. All of the above



Like all crimes, accessing PHI without a business need has consequences. Access to PHI without a business need will lead to corrective action, up to and including termination of employment





# Access: Yes or NO

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**Situation:** Your mother has signed a Health Care Proxy naming you as her Agent (Health Care Proxy). Your mother is in the hospital (MGH). Can you access your mother's Electronic Health Record (e.g., Epic, CAS, LMR)?



Being a Health Care Proxy does not give you access to the patient's Electronic Health Record (e.g., Epic, CAS, LMR)





# Mobile Devices

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I use my personal computer to check my MGH/Partners email. Does my computer need to be encrypted?

**YES**

*Remember! Any device (ex: desktop, laptop, netbook, smart phone, tablet, USB, etc.) used for any Partners/MGH business *must* be encrypted.*

Questions? Call the IS Service Desk at 617-726-5085





# OKAY or NOT OKAY

I have an important meeting tomorrow. As part of preparing for the meeting, I need to review excel spreadsheets with patient names, MRNs, visit dates, diagnoses, and visit location. I didn't have time to review the spreadsheets while at work today, so I printed out paper copies and am taking them home with me. My supervisor doesn't know, but will be happy I'm preparing for the meeting.



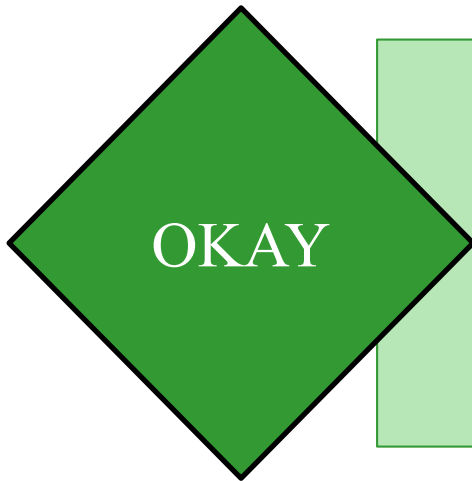
Remember! You may not remove PHI from MGH/MGPO unless you have your supervisor or Principal Investigator's prior approval.





# OKAY or NOT OKAY

I just received an email from one of my coworkers that contains PHI sent from their personal email and not their MGH/Partners email. I will call the Privacy Office to alert them that this happened.



Using personal email for work purposes is a privacy violation and should be reported immediately to the Privacy Office.

To report a potential privacy violation, please call us at 617-726-1098 or email [MGHPrivacyOffice@Partners.org](mailto:MGHPrivacyOffice@Partners.org).





# Email: **OKAY** or **NOT OKAY**

Send

From ▼ SJORDAN0@mgh.harvard.edu

To...

Cc...

**Bcc...** [Subject1@gmail.com](mailto:Subject1@gmail.com), [Subject2@yahoo.com](mailto:Subject2@yahoo.com), [Subject3@aol.com](mailto:Subject3@aol.com), [Sub4@Comcast.net](mailto:Sub4@Comcast.net)

Subject Thank you for enrolling in the study! **SEND SECURE**

Hello:

You are receiving this email because you recently enrolled in our study for individuals with heart disease. Please remember that we have a heart disease support group each month. Please call 123-456-7891 or email me if you are interested in attending.

Thank you,  
Rhonda Research Coordinator



- No Send Secure
- Failure to use Bcc
- Consider: does your study protocol permit emailing with study subjects?







# Photography: **OKAY** or **NOT OKAY**

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There's a famous actress getting treatment on the floor I work on, and her husband (also famous) is visiting. I ask the patient's husband if I can take a selfie with him. He says okay, and so I take a selfie with him.



Staff may not photograph or record patients or visitors unless it is connection with an authorized work purpose.





# Photography/Social Media: **OKAY** or **NOT OKAY**

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I work on an inpatient floor in the hospital. I want my friends and family to see where I work in the hospital, so I take a video of the inpatient floor during rounds and post it on Snapchat.



Keep your personal and professional life separate.

Never take photos or videos on hospital premises that compromise patient/staff privacy.

Never post photos or videos of patients, patient family members, vendors, suppliers, or MGH staff on your private social media account(s).





# Request for media to come on site – Okay or Not Okay?

You get a call from Bob, a Boston News reporter doing an article on healthcare jobs. Bob asks to schedule an interview with you on campus at the hospital. You respond – “Sure, but you need an ID badge to get to my office. Why don’t I meet you in the lobby and take you up to my office?”

**NOT  
OKAY**

- You’re not allowed to invite the media to the hospital on your own.
- All requests for the media to come on site must first be approved by MGH News and Public Affairs Office.



**Proper Response:** I need to check with our News and Public Affairs Office first. Let me check in with them, and then someone will get back to you. Can I get your contact information?



# Why? What's the big deal?

There may be PHI in your office or on papers, whiteboards, patient or prescription labels.

There may be patients in the hallway or waiting rooms.

Before a member of the media can be in a position to access PHI in any of its forms, we must get signed HIPAA authorizations from the patient(s).

MGH Public Affairs office staff will:

- Evaluate the request
- Determine whether there is potential risk for PHI exposure
- Make sure all required HIPAA authorizations are signed and completed
- Escort and manage any filming



**AUTHORIZATION BEFORE ACCESS**





# Social Media: **OKAY** or **NOT OKAY**



Man Vs. 6Train...The After. #lifesaving #EMS  
#NYC #ER #Nurses #Doctors #nymed #trauma  
#realLife



Never talk to or about patients or research subjects, named or unnamed, on social media.

NEWS

**'New York Med' nurse fired for 'insensitive' Instagram shot**





# Questions? Need to report an incident? Contact Us!

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*Have your people call my people.*

- **Intranet:** <http://apollo.massgeneral.org/hipaa/>
- **Phone:** 617-726-1098
- **Email:** [MGHPrivacyOffice@Partners.org](mailto:MGHPrivacyOffice@Partners.org)

