



Beth Israel Deaconess
Medical Center



Beth Israel Deaconess Hospital
Milton



Beth Israel Deaconess Hospital
Needham



Beth Israel Deaconess Hospital
Plymouth



Beth Israel Deaconess
HealthCare®

HARVARD MEDICAL FACULTY PHYSICIANS
AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC.

Notice of Privacy Practices





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Effective Date: August 21, 2017

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.

If you have any questions about this notice, please contact the Office of Compliance and Business Conduct at 617-667-2008

This notice describes the practices of:

- Beth Israel Deaconess Medical Center (“BIDMC”), Beth Israel Deaconess Hospital – Needham (“BID-Needham”), Beth Israel Deaconess Hospital - Milton (“BID-Milton”), Community Physicians Associates (“CPA”), Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center (“HMFP”), Associated Physicians of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center (“APHMFP”), Medical Care of Boston Management Corp., d/b/a Beth Israel Deaconess HealthCare a/k/a Affiliated Physicians Group (“APG”), Beth Israel Deaconess Hospital – Plymouth (“BID-Plymouth”) and Jordan Physician Associates (“JPA”).

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment, or health care operations purposes described in this notice.

- Any health care professional authorized to enter information into your medical record on behalf of these entities.
- All departments and units of these entities.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other personnel.

This notice describes the ways we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- ❖ make sure medical information that identifies you is kept private;
- ❖ give you this notice of our legal duties and privacy practices regarding medical information about you;
- ❖ follow the terms of the notice that is currently in effect; and
- ❖ notify you following a breach of unsecured protected health information.

> Understanding Your Health Record / Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. This record usually contains your symptoms, medical history, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information is your health record or medical record. It serves as a:

- ❖ basis for planning your care and treatment;
- ❖ means of communication among the many health professionals who contribute to your care;
- ❖ legal document describing the care you received;
- ❖ way for you or a third-party payer to make sure services billed were actually provided;
- ❖ tool in educating health professionals;
- ❖ source of data for medical research;
- ❖ source of information for public health officials charged with improving the health of the nation;
- ❖ source of data for facility planning and marketing; and
- ❖ tool we can assess and continually use to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ❖ make sure it is correct;
- ❖ better understand who, what, when, where, and why others may get your health information; and
- ❖ make more informed decisions when authorizing disclosure to others.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following describes different ways that we are permitted to use and disclose medical information. For each category we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use your medical information to give you medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other health care personnel who care for you at the hospital or outside the hospital. We may disclose medical information about you to providers at our Affiliates who care for you at the Affiliate facility or office location. A list of our Affiliates can be found at www.bidmc.org. On the website click on About BIDMC and select the Community Network tab. We may also disclose medical information about you to people involved in maintaining your health or well-being during your hospital stay and after discharge. These people include family members, friends, home health services, support agencies, clergy, or others who provide services that are necessary for your well-being. This helps to make sure that everyone caring for you has the information they need.
- **Payment.** We may use and disclose your medical information so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. We may tell your health plan about a treatment you are going to receive in order to get prior approval or to find out if your plan will cover the treatment. We may also give information to someone who helps pay for your care.
- **Health Care Operations.** We may use and disclose your medical information for health care operations. Health care operations are activities that are necessary to run the hospital or physician office and to make sure that all of our patients receive quality care. We may combine medical information about many patients so we can make decisions about what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. When we do this, information that identifies you may be removed so others may use it to study health care and health care delivery without learning who the specific patients are. Finally, if ownership of one of our affiliates changes as a result of sale, transfer, merger or consolidation, your medical information may be disclosed to the new entity.

Examples of health care operations include:

- Monitoring the quality of care and making improvements where needed.
- Making sure health care providers are qualified to do their jobs.
- Reviewing medical records for completeness and accuracy.
- Meeting standards set by regulating agencies, such as The Joint Commission.
- Teaching health professionals.
- Using outside business services, such as, transcription, storage, auditing, legal or other consulting services.
- Storing your health information on computers.
- Managing and analyzing medical information.

Other Examples of Health Care Operations.

- **Communication with You.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care. We may also use it for registration/insurance updates, billing or payment matters, pre-procedure assessment or test results.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or health related benefits that may interest you.
- **Workers' Compensation.** We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Activities.** When requested, we may disclose your medical information for public health activities.
 - ❖ to prevent or control disease, injury or disability;
 - ❖ to report births and deaths;
 - ❖ to report abuse and/or neglect of a child, elder or disabled person;
 - ❖ to report reactions to medications or problems with products;
 - ❖ to notify people of recalls of products they may be using; or
 - ❖ to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Fundraising Activities.** We may use your demographic information, such as name, address, phone number, age, gender, dates of service, department of service, treating physician or outcome information to contact you in an effort to raise money. We would release only the above information. If you do not want us to contact you as part of our fundraising efforts, you must call, email or send a written notice to the appropriate hospital listed below:

For **BIDMC and BID - Needham**: Call: 866-254-4455
Mail: Office of Development - 330 Brookline Avenue Boston, MA 02215
Email: developmentoptout@bidmc.harvard.edu

For **BID - Milton and CPA**: Call: 617-313-1311
Mail: Philanthropy Office - 199 Reedsdale Road Milton, MA 02186
Email: philanthropy-optout@bidmilton.org

For **BID - Plymouth and JPA**: Call: 508-830-2420
Mail: Philanthropy Office - 275 Sandwich Street Plymouth, MA 02360
Email: philanthropy@bidplymouth.org

- **Hospital Directories**. We may include certain limited information about you in the hospital directory while you are an inpatient at one of our hospitals. This information may include your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be given to members of your family, friends, and to others who ask for you by name. Your name may be given to a member of the clergy, even if they do not ask for you by name. If you do not want to be listed in the hospital directory, please tell your nurse. You may also ask to limit the information that is given out about you. If you are in an emergency situation and are not able to make your wishes known, we will put this information in the directory if we think it is in your best interest. In disaster situations involving multiple casualties, we may release general information, such as: the hospital is treating four individuals from the accident.
- **Disclosures to Family, Friends or Others**. We may share relevant health information about you with a family member or other person close to you if they are involved in your care or payment for your care. We may use or share your health information to notify a family member or other person responsible for you of your location, general medical condition or death. If you are present and are able to make health care decisions, we will try to find out if you want us to share this information with your family members or others. If you are in an emergency situation and not able to make your wishes known, we will use our best judgment to decide whether to share information. If we think it is in your best interest, we will only share information that others really need to know. We also may use or share your health information with a public or private agency assisting in disaster relief. This is to coordinate efforts to notify someone on your behalf. If we can reasonably do so during the emergency, we will try to get your permission before sharing this information.
- **Research**. We may disclose information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. This also may

include preparing for research or telling you about research studies that might interest you.

- **As Required By Law.** We will disclose your medical information when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your medical information when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threatened harm.
- **Special Situations.** We may give medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Organ and Tissue Donation.** If you are a potential organ donor, we may release medical information to organ procurement organizations or eye or tissue banks, as necessary, to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release your medical information as required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law.
- **Health Oversight Activities.** We may, when requested, give your medical information to a health oversight agency for activities authorized by law. These activities include audits, certifications, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court order. Under certain circumstances, we may also disclose your medical information in response to a subpoena or other lawful process. We will do so only if efforts have been made to tell you about the request or to get an order protecting the information requested or if you or a court have given written authorization.
- **Law Enforcement.** If permitted by law, we may release your medical information if asked to do so by a law enforcement official,
 - ❖ in response to a court order, subpoena, warrant, summons or similar process;
 - ❖ to identify or locate a suspect, fugitive, material witness or missing person;
 - ❖ about the victim of a crime if, under certain limited

- ❖ circumstances, we are unable to obtain the person's agreement;
 - ❖ about a death we believe may be the result of criminal conduct;
 - ❖ about criminal conduct at one of our facilities; and
 - ❖ in emergency circumstances: to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors or designees as necessary to carry out their duties.
- **National Security and Intelligence Activities.** If permitted by law, we may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities, as authorized by law.
- **Protective Services for the President and Others.** If permitted by law, we may give your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official, under certain circumstances if permitted by law. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Uses or Disclosures (Sharing) of Information that Require Your Written Permission (Authorization)

Using and/or disclosing health information for most purposes other than treatment, payment, or health care operations requires your specific authorization. The following uses and disclosures will be made only with authorization from the individual: most uses and disclosures of psychotherapy notes (if recorded by a covered entity); uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; disclosures that constitute a sale of PHI; and other uses and disclosures not described in the NPP. Certain information that may be contained in your medical record is considered by state and federal law to be highly confidential sensitive information. This includes, for example, HIV testing or test results,

mental/behavioral documentation and certain genetic information. This type of sensitive information gets additional protection from disclosure, often requiring your written authorization even before disclosure for treatment, payment or health care operations. There are some limited exceptions to these rules when your permission is not necessary before the use/disclosure of sensitive information. Examples include, but are not limited to, disclosure for research purposes when the Research Committee that oversees the research determines that written permission is not required by federal law or state law, and clinical therapy documentation used for oversight or legal defense of the therapist.

If you are asked to and give written permission for the use and/or disclosure of your health information, you may withdraw such consent at any time in writing or, in certain limited cases, orally, except when the providers have already acted upon your previously provided consent.

Your Rights With Respect To Your Health Information and How To Exercise Them

You have the following rights regarding medical information we maintain about you:

➤ **Right to Inspect and Obtain a Copy.** You have the right to see and get a copy of your medical information that may be used to make decisions about your care. This request usually includes medical and billing records but does not include psychotherapy notes.

To see and get a copy of your medical information that may be used to make decisions about you, you must ask in writing. For hospital records, please send your request to the appropriate hospital listed at the end of this notice.

For copies of your physician's office records, please contact your physician's office directly.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to see and get a copy in certain very limited circumstances. If you are denied access to your medical information, you may ask that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the result of the review. We may offer to give you a summary or explanation of the information you requested as long as you agree in advance to this and to any fees that it might cost. If you ask for information that we do not have, but we know where it is, we must tell you where to make your request. Certain information (for example, psychotherapy notes) may be withheld from you in certain circumstances.

➤ **Right to Amend.** If you think that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as we

maintain the information. Your request for an amendment will become a legal part of your medical record, to be sent out along with the rest of the record whenever a request for copies is received. No part of the original documentation in the medical record can be destroyed or changed.

To ask for an amendment of your medical record, your request must be made in writing. For hospital records, please send your request to the appropriate hospital listed at the end of this notice.

To request an amendment of your physician office record, contact your physician's office directly.

You must make your request in writing and give the reason you want the change. We have 60 days to respond to your request. If we are not able to act on the request within the 60 days, we will notify you that we are extending the response time by 30 days. If we extend the response time, we will explain the delay to you in writing and give you a new date to expect a response.

We may deny your request for an amendment if it is not in writing or it does not include a reason to support the request. We may also deny your request if you ask us to change information that:

- ❖ we did not create or the person or entity that created the information is no longer available to make the amendment;
- ❖ is not part of the medical record we maintain;
- ❖ is not part of the information you would be permitted to inspect and copy; or
- ❖ is accurate and complete.

If we grant the request, we will ask you to tell us the persons you want to receive the changes. You need to agree to have us notify them along with any others who received the information before corrections were made, and who may have relied on the incorrect information to give you treatment.

➤ **Right to Request an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your medical information without getting an authorization, or which were not made for purposes of treatment, payment, or health care operations. To ask for this list or accounting of disclosures, you must submit your request in writing. For hospital records, please send your request to the appropriate hospital listed at the end of this notice.

To request a list of disclosures of your physician office record, contact your physician's office directly.

Your request must state a time period not longer than six years and not before April 14, 2003. Your request should state whether you want the list on paper or electronically. We have 60 days to respond to your request. If we are not able to act on the request within the 60 days, we will notify you

that we are extending the response time by 30 days. If we extend the response time, we will explain the delay to you in writing and give you a new date to expect a response. The first list you request within a 12-month period will be free. The list will include the date, name, and address (if known) of the person or organization receiving your information. It will also include a brief description of the information given, and a brief statement of why the information was shared.

For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The following will not be included in a list of disclosures:

- ❖ sharing your medical information for the purpose of treatment, payment, or health care operations;
- ❖ sharing your medical information if you gave permission in writing (signed an authorization form);
- ❖ sharing information in facility directories;
- ❖ sharing information with persons involved in your care;
- ❖ using your information to communicate with you about your health condition;
- ❖ sharing information for national security intelligence purposes or to correctional institutions or law enforcement officials who have custody of you; or
- ❖ sharing information that occurred before April 14, 2003.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we share about you with someone who is involved in your care or the payment for your care, such as a family member or friend.

We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. You may not ask us to restrict uses and sharing of information that we are legally required to make.

However the following exception may apply:

If you yourself pay for a health care product or service in full (out of pocket), you may request that we not share any information about that product or service with your health plan for purposes of carrying out payment or health care operations (note, however, that this restriction will not apply to disclosures for purposes of carrying out treatment). If we do agree, we must put the restriction in writing and abide by it unless you need to be treated in an emergency. However, we cannot agree with any request that would prevent us from disclosing information when we are legally required to disclose it.

To request restrictions on your medical records, you must make your request in writing. For hospital records, please send your request to the appropriate hospital listed at the end of this notice.

To request restrictions on your physician office records, contact your physician's office directly.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

➤ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request and we must agree to any reasonable request. At our discretion, we will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. Please send your request to the appropriate hospital listed at the end of this notice.

➤ **Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this notice. You may ask us at any time to give you a copy of this notice. Even if you have agreed to receive this notice electronically, you are entitled to a paper copy. You may also view a copy of this notice at our website, www.bidmc.org

To request a paper copy of this notice, please contact:
Beth Israel Deaconess Medical Center
Office of Compliance and Business Conduct
109 Brookline Avenue Suite 200 Boston, MA 02215
617-667-2008

➤ **Changes to this Notice.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our hospitals and our physician offices. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register or are admitted to one of our hospitals for treatment or health care services as an inpatient or outpatient, you may ask for a copy of the notice currently in effect.

➤ **Complaints.** If you believe your privacy rights have been violated, or you disagree with any action we have taken with regard to your health information, we want you, your family, or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. It is our goal to give you the best care while respecting your privacy.

You may file a complaint with the hospital, physician practice, or with the Secretary of the Department of Health and Human Services.

Mail: Secretary of the Department of Health and Human Services
 J.F.K. Federal Building, Room 1875, Boston, MA 02203
 Telephone: 617-565-1340 or email to OCRComplaint@hhs.gov.

Please send your complaint, preferably in writing, to the appropriate hospital listed at the end of this notice.

You will not be penalized for filing a complaint. We will take no retaliatory (punishing) action against you if you file a complaint about our privacy practices.

➤ **Other Uses of Medical Information.** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission. We are required to keep our records of the care that we gave you.

HOSPITAL CONTACT INFORMATION

Right to Request and Obtain a Copy of Medical Information			
BIDMC	Beth Israel Deaconess Medical Center	Health Information Management	330 Brookline Avenue Boston, MA 02215
BID-Milton and CPA	Beth Israel Deaconess Hospital - Milton	Health Information Management Services	199 Reedsdale Road Milton, MA 02186
BID-Needham	Beth Israel Deaconess Hospital - Needham	Health Information Management Office	148 Chestnut Street Needham, MA 02492
BID-Plymouth and JPA	Beth Israel Deaconess Hospital - Plymouth	Health Information Management	275 Sandwich Street Plymouth, MA 02360

Right to Request an Amendment to Medical Information

BIDMC	Beth Israel Deaconess Medical Center	Health Information Management	330 Brookline Avenue Boston, MA 02215
BID-Milton and CPA	Beth Israel Deaconess Hospital - Milton	Health Information Management Services	199 Reedsdale Road Milton, MA 02186
BID-Needham	Beth Israel Deaconess Hospital - Needham	Health Information Management Office	148 Chestnut Street Needham, MA 02492
BID-Plymouth and JPA	Beth Israel Deaconess Hospital - Plymouth	Health Information Management	275 Sandwich Street Plymouth, MA 02360

Right to Request an Accounting of Disclosures

BIDMC	Beth Israel Deaconess Medical Center	Health Information Management	330 Brookline Avenue Boston, MA 02215
BID-Milton and CPA	Beth Israel Deaconess Hospital - Milton	Health Information Management Services	199 Reedsdale Road Milton, MA 02186
BID-Needham	Beth Israel Deaconess Hospital - Needham	Health Information Management Office	148 Chestnut Street Needham, MA 02492
BID-Plymouth and JPA	Beth Israel Deaconess Hospital - Plymouth	Health Information Management	275 Sandwich Street Plymouth, MA 02360

Right to Request Restrictions			
BIDMC	Beth Israel Deaconess Medical Center	Health Information Management	330 Brookline Avenue Boston, MA 02215
BID-Milton and CPA	Beth Israel Deaconess Hospital - Milton	Health Information Management Services	199 Reedsdale Road Milton, MA 02186
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Right to Request Confidential Communications			
BIDMC	Beth Israel Deaconess Medical Center	Health Information Management	330 Brookline Avenue Boston, MA 02215
Harvard Medical Faculty Physicians (HMFP)	Harvard Medical Faculty Physicians	Attn: Compliance	375 Longwood Avenue Boston, MA 02215 Or email request to: HMFPCompliance@caregroup.harvard.edu
BID-Milton and CPA	Beth Israel Deaconess Hospital - Milton	Health Information Management Services	199 Reedsdale Road Milton, MA 02186
BID-Needham	Beth Israel Deaconess Hospital - Needham	Health Information Management Office	148 Chestnut Street Needham, MA 02492
BID-Plymouth and JPA	Beth Israel Deaconess Hospital - Plymouth	Health Information Management	275 Sandwich Street Plymouth, MA 02360

Complaints			
BIDMC	Beth Israel Deaconess Medical Center	Office of Compliance and Business Conduct	109 Brookline Avenue Suite 200 Boston, MA 02215 617-667-2008
Harvard Medical Faculty Physicians (HMFP)	Harvard Medical Faculty Physicians	Attn: Compliance	375 Longwood Avenue Boston, MA 02215 Or email request to: HMFPCompliance@caregroup.harvard.edu
Medical Care of Boston Management, Corp. d/b/a Beth Israel Deaconess HealthCare a/k/a Affiliated Physicians Group (“APG”)	Affiliated Physicians Group	Compliance Officer	464 Hillside Avenue Needham, MA 02492

This Notice is effective as of Effective Date: August 21, 2017

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