

Northern Maine Medical Center Forest Hill Notice of Privacy Practices

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our organization's practices and that of:

- Any healthcare professional authorized to enter information into your hospital chart.
- All departments and units of the organization.
- Any member or volunteer group we allow to help you while you are in our organization.
- All employees, staff, and other organization personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the organization and its personnel.

We are required by law to maintain the privacy of your health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; to notify affected individuals following a breach of unsecured protected health information; and to abide by the terms of the Notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures 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.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other organization personnel who are involved in taking care of you in the organization. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the organization may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the organization who may be involved in your medical care after you leave the hospital, such as family members, clergy, or others we use to provide services that are part of your care.

FOR PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive at this organization may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose medical information about you for organization operations. These uses and disclosures are necessary to run the organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many organization patients to decide what additional services the organization should offer, what services are not needed, and whether new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other organization personnel for review and learning purposes. We may also combine the medical information we have with medical information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

OTHER SPECIAL SITUATIONS:

Appointment Reminders : We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our organization.

Treatment Alternatives : We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services : We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities : We may use medical information about you to contact you for the purposes of raising funds to support the organization's operations, but you have the right to opt out of receiving such communications. Only demographic information and the dates health care was provided to you will be used or disclosed in connection with fundraising efforts. The money raised will be used to expand and improve the services and programs we provide the community.

Hospital Directory : Unless you object, we may include certain limited information about you in the organization directory while you are a patient at the hospital or nursing home. This information may include your name, location in the hospital or nursing home, your general condition, and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital or nursing home and generally know how you are doing. This will also allow you to receive card, gifts, and flowers while you are in the hospital or nursing home.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital or nursing home. In addition, we may disclose medical information about you to an entity assisting in disaster relief effort so that your family can be notified about your condition, status, and location.

As Required By Law. We will disclose medical information about you 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 medical information about you when 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 only be to someone able to help prevent the threat.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, 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 medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births or deaths;
- To report child or elder abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, 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 medical information about you in response to a court order or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release 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 a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital or nursing home; 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, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital or nursing home to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or 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. 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 AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as described above, other uses and disclosures of your health information will only be made with your written Authorization. The types of uses and disclosures of your health information that require your Authorization include the following: (i) any use or disclosure of psychotherapy notes, except to carry out treatment, payment or health care operations, or use by the originator of the notes for treatment; (ii) for marketing, except if the communication is in the form of a face-to-face communication between us and an individual or involves a promotional gift of nominal value; and (iii) the sale of protected health information.

You may revoke an Authorization in writing at any time, provided the revocation is in writing, except to the extent we have taken action in reliance on your Authorization, or the Authorization was obtained as a condition of obtaining insurance coverage, or other law provides the insurer with the right to contest a claim under the policy or the policy itself. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

Right to Inspect and Receive Copies. You have the right to inspect and receive copies of medical information that may be used to make decisions about your care. Usually, this includes medical, psychological, and billing records. To inspect and receive copies of medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. 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 inspect and receive copies in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital 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 outcome of the review.

Right to Amend. If you feel that 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 for as long as the information is kept by or for the hospital or nursing home.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

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

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital or nursing home;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you.

To request this list or an accounting of disclosures, you must submit your request in writing to the Privacy Officer.

Your request must state a time period which may not be longer than six years and may not include dates before April

14, 2003. The first list you request within a 12-month period will be free. 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.

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 disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except if the request is to restrict disclosure of personal health information to a health plan if (i) the disclosure is for purposes of carrying out payment or health care operations (not treatment) and is not otherwise required by law and (ii) the personal health information pertains solely to an item or service for which you or a person on your behalf other than the health plan has paid the organization in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. 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 only contact you 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. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Health Info Net. We participate in HealthInfoNet, the statewide health information exchange (HIE) designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a health care facility not affiliated with Northern Maine Medical Center, health care providers there will be able to see important health information held in our electronic medical record systems.

Your record in the HIE includes prescriptions, lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, may also included are your full name, social security number and birth date. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations.

You do not have to participate in the HIE to receive care. For more information about HealthInfoNet and your choices regarding participation, visit www.hinfonyet.org or call toll-free 1-866-592-4352.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may also view a copy of this notice on our website at: www.nmmc.org.

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 the hospital, nursing home, and any off-site facilities. The notice will contain on the last page, in the lower right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital, the nursing home, or off-site facilities for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. You will not be penalized for filing a complaint.

For questions, further information about this Privacy Notice, obtain a copy, or to file a complaint with the hospital, contact:

Carolyn Taggett, RHIT, CDIP
Privacy Officer
Northern Maine Medical Center
194 East Main Street
Fort Kent, Maine 04743
(207) 834-1455

HIPAA Privacy Notice

Approved: 3/18/2003, Revised 12/4/2008, 1/28/2009 (name change of privacy officer only), 7/9/09 (name change of privacy officer only)

7/2/13 (Omnibus Rule changes); 3/20/14 (Health Info Net addition)