



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.

EFFECTIVE DATE: September 23, 2013

Pines Health Services' Duties With Respect to Your Protected Health Information

Pines Health Services ("Pines") is required by law to maintain the privacy of your protected health information, and to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information, and to notify affected patients following a breach of unsecured protected health information. Although we are required to abide by the terms of the Notice that is currently in effect, we reserve the right to change our privacy practices at any time and to make the new Notice provisions effective for all protected health information that we maintain. If our privacy practices change, we will provide you with a revised Notice during your next visit. If you have any questions about this Notice, or would like more information about our privacy practices or your privacy rights, please contact our Privacy Officer at:

Privacy Officer
Pines Health Services
74 Access Highway
Caribou, Maine 04736
207-498-2359

This Notice describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic and genetic information, that personally identifies you and relates to your past, present, or future physical or mental health or condition and related health care services. Protected health

information also includes any health information and records provided to Pines by other health care providers and facilities who have provided care to you or are involved in your care.

Authorized Uses and Disclosures of Your Protected Health Information

Pines may use and disclose your protected health information for purposes of treatment, payment, and healthcare operations, without your authorization. For example:

- **Treatment:** We may use or disclose your protected health information to other healthcare providers, including pharmacists and durable medical equipment supplies, for treatment purposes and to arrange for the provision, coordination, and management of healthcare services for you.
- **Payment:** We may use or disclose protected health information about you to your insurance carrier or other third-party payor health plans such as Medicare or MaineCare (Medicaid) to obtain payment or reimbursement for healthcare services provided to you, or to determine your eligibility for coverage and benefits, unless you pay in full out of pocket for services provided to you and request in writing that your health information not be disclosed to a third-party payor health plan for payment purposes.
- **Healthcare Operations:** We may use or disclose your protected health information for healthcare operations purposes, such as to evaluate the quality of the care and services provided to you.

Pines may also use and disclose your protected health information without your authorization in the circumstances described below.

- **As Required or Authorized by Law:** We may use and disclose your protected health information when required or authorized by state and federal law.
- **Business Associates:** We may disclose your protected health information to business associate contractors

performing services for or on behalf of Pines who have agreed in writing to protect and maintain the privacy of your protected health information.

- **Personal Representatives:** We may disclose your protected health information to your personal representatives, such as your legal guardian, healthcare power of attorney agent, or healthcare surrogate, who are authorized to make healthcare decisions on your behalf when you lack the capacity to make your own healthcare decisions.

- **Persons Involved in Your Care and for Notification Purposes:** We may disclose your protected health information to family members, relatives, or close personal friends involved in your care, involved in securing payment for your care, or for notification purposes, unless you (or your authorized representative) notify us that you object to and wish to prohibit or restrict such disclosures.

- **Fundraising:** We may use limited protected health information about you—namely, your name, address, contact information, age, gender, date of birth, dates of service, department of service, treating physician, outcome information, and health insurance status—to contact you for Pines fundraising activities in furtherance of Pines’ mission. However, you have the right to opt out of receiving Pines fundraising communications by notifying Pines’ Privacy Officer that you do not wish to receive such communications. We may also disclose such limited information to an institutionally-related foundation to conduct fundraising activities for the benefit of Pines.

- **Disaster Relief:** We may use and disclose your protected health information to public or private entities authorized by law to assist in disaster relief efforts, provided you have been given the opportunity to agree or to object to such uses and disclosures.

- **Public Health Activities:** We may use and disclose your protected health information to public health authorities for public health activities, such as to comply with mandatory communicable disease and vital statistics reporting laws.

- **Abuse, Neglect, and Exploitation Reporting:** We may disclose your protected health information to a public health authority (such as Child Protective Services or Adult Protective Services within Maine’s Department of Health and Human Services) that is authorized by law to receive reports of actual or suspected cases of abuse, neglect, and exploitation of children and incapacitated or dependent adults.

- **Health Oversight Activities:** We may use and disclose your protected health information to a health oversight agency for activities authorized by law such as compliance with health oversight audits,

investigations, and inspections. Oversight agencies authorized to receive your information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs, including the Maine Department of Health and Human Services, the federal Medicare program, Maine’s MaineCare program, and Maine health care professional licensing boards.

- **Legal and Administrative Proceedings:** We may disclose your protected health information in judicial or administrative proceedings when required or authorized by law, for example, in response to an order of a court or pursuant to a subpoena served by a governmental entity authorized by law to access your health information.

- **Law Enforcement:** We may disclose your protected health information for certain law enforcement purposes so long as applicable legal requirements are met, such as to report crimes on Pines’ premises or against Pines’ personnel.

- **Coroners, Medical Examiners and Funeral Directors Regarding Decedents:** We may use and disclose protected health information to coroners and medical examiners regarding a decedent for identification purposes, or for a coroner or medical examiner to determine the cause of death or to perform other duties authorized by law. We may also use and disclose protected health information concerning decedents to funeral directors consistent with applicable law as necessary to carry out their duties with respect to making funeral arrangements for a deceased patient. If necessary to carry out such duties, we may also disclose such information to a funeral director prior to and in reasonable anticipation of a patient’s death.

- **Organ, Eye or Tissue Donation:** We may use and disclose protected health information to organ procurement organizations or other entities for cadaveric, organ, eye, or tissue donation purposes.

- **Research:** We may use and disclose your protected health information for research purposes so long as the research and any uses and disclosures related to such research are approved by an Institutional Review Board or a Privacy Board and no identifying information is disclosed in any report arising from or published in connection with the research.

- **Uses and Disclosures to Avert Threats of Harm or Safety:** We may use and disclose your protected health information when necessary to avert or lessen a direct threat of serious imminent harm to health or safety.

- **Specialized Government Functions:** We may disclose your protected health information for the following

specialized government functions when such disclosures are authorized or required by applicable law:

(i) **Armed Forces and Foreign Military Personnel:** We may disclose the protected health information of persons who are members of the Armed Forces and of foreign military personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.

(ii) **National Security and Intelligence Activities:** We may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and related Executive Orders.

(iii) **Protective Services for the President and Others:** We may disclose your protected health information to authorized federal officials for the provision of protective services to the President or other persons, or for the conduct of investigations, authorized under applicable federal law.

(iv) **Correctional Institutions and Law Enforcement Custodians:** We may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual, protected health information about the inmate or other person when necessary (i) to provide health care to the inmate or person in custody, (ii) for the health and safety of the inmate or person in custody, (iii) for the health and safety of correctional personnel, (iv) for the health and safety of persons responsible for transporting the inmate or person in custody, (v) for law enforcement on correctional facility premises, and (vi) for administering and maintaining the safety, security and good order of the correctional institution.

• **Workers' Compensation:** We may disclose your protected health information when authorized by and to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

• **Health Information Exchange:** We may disclose your protected health information to a health information exchange that makes your healthcare information available electronically to other healthcare practitioners and facilities involved in your care for treatment and other lawful purposes. However, if you do not want your information disclosed to a health information exchange, you will be given the opportunity to opt out of having your information shared with other healthcare providers and facilities through the health information exchange.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Written Authorization: Other uses and disclosures of your protected health information not described above will be made only with your written authorization. For example, the following uses and disclosures require your written authorization:

• **Psychotherapy Notes:** In the event that we maintain psychotherapy notes about you that are kept separate from the rest of your Pines medical record, we will obtain your written authorization to use or disclose such psychotherapy notes unless an exception to the authorization requirement applies under applicable law.

• **Marketing:** We will obtain your written authorization for any use or disclosure of your protected health information to sell or market services or products, except in limited authorized circumstances (for example, face-to-face marketing communications with you).

• **Sale of Health Information:** We will obtain your written authorization for any disclosure of your protected health information that involves a sale of, or any direct or indirect payment to Pines for, your protected health information, unless an exception applies under applicable law.

Right to Revoke Authorization: You may revoke your authorization at any time, to the extent that Pines or others have not already relied upon your authorization, by giving written notice of your revocation to Pines' Privacy Officer.

Special Privacy Protections for Certain Sensitive Types of Protected Health Information

Confidentiality of Certain Mental Health Information: If Pines maintains information about you derived from mental health services provided to you by a psychiatrist, psychologist, clinical nurse specialist, social worker or counseling professional, Pines will not disclose such mental health information to anyone outside of Pines or its organizational affiliates for a diagnostic, treatment or continuity of care purpose, without your written authorization, unless such disclosure is necessary in an emergency or is otherwise authorized or required by law.

Confidentiality of HIV Information: If any information regarding your HIV status (such as HIV test results or medical records containing HIV information) is maintained by Pines, such information is afforded heightened protection under Maine law and we will maintain the confidentiality and privacy of such information, and will not use or disclose such

information, except as specifically authorized or required by Maine's HIV confidentiality laws.

Confidentiality of Substance Abuse Program Information: If Pines maintains, or acquires from a substance abuse program any information about you that is subject to the heightened federal confidentiality protections afforded to certain substance abuse program records under 42 C.F.R. Part 2, Pines will maintain the confidentiality and privacy of such information, and will not use or disclose such information, except as specifically authorized or required by 42 C.F.R. Part 2. If Pines maintains or acquires any substance abuse program information about you that is not from a Part 2 substance abuse program or subject to the Part 2 protections, Pines will protect the confidentiality of such information in the same way in which it protects your other protected health information.

Your Rights Regarding Your Protected Health Information

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your protected health information. You may inspect at reasonable times and obtain a copy of your clinical records within thirty (30) days of receipt of your written request. You have the right to receive your health information in the form and format of your choosing, if such information can be easily produced in such form and format, or in a readable hardcopy form, or in another format agreed to between you and Pines. If Pines maintains your health information in an electronic health record, you have the right to obtain a copy of your health information in an electronic format and to direct Pines to transmit an electronic copy of your protected health information directly to another clearly specified entity or person of your choice. You may be charged reasonable costs (including labor and supplies) associated with providing copies of your records, or of preparing any summaries that you request. In certain limited circumstances, you may be denied access to your health information and records. However, a decision to deny you access to your information and records may be reviewed. Please contact our Privacy Officer if you have questions about access to your medical records.
- You have the right to request a restriction on certain uses and disclosures of your protected health information. For example, you may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as

described in this Notice. If you request that Pines not disclose your health information to a third-party payor health plan for purposes of carrying out payment or healthcare operations, and you have paid Pines in full out of pocket for services provided to you, Pines is required to honor your requested restriction. Otherwise, Pines is not required to agree to a requested restriction and has sole discretion to decide whether to honor a requested restriction on a case-by-case basis. If Pines agrees to a requested restriction, Pines will not use or disclose your information in violation of the agreed upon restriction, unless the use or disclosure is needed to provide emergency treatment. Your request for a restriction must state the specific restriction requested and to whom you want the restriction to apply. Disclosures of protected health information authorized by you or permitted or required by law as described in this Notice, may include disclosures of health information Pines has received from other health care providers and facilities, unless you request and Pines agrees to a requested restriction on the disclosure of such information.

- You have the right to request to receive confidential communications of protected health information from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may place conditions on such accommodations, for example, by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make such requests to us in writing to our Privacy Officer.
- You have the right to submit corrections and clarifications to your protected health information. You may request amendments, corrections and clarifications to health care information contained in your medical records. Please send your request to our Privacy Officer. Your request must be in writing and you must provide a reason supporting your request. If you are requesting a change to the information in your treatment record, we will place your requested amendment, correction or clarification in your record. We may add a response to your record, and will provide to you a copy of our response. If you are requesting a change in other records (that are neither medical nor billing records), we may deny your request. If your request is denied, we will notify you in writing and provide our reasons for the denial. You have the right to file a statement of disagreement with our Privacy Officer and we may prepare a response to your statement. We will provide you with a copy of our response. Please contact our Privacy Officer if you have questions about changing your health information.

- You have the right to receive an accounting of certain disclosures. You have the right to receive an accounting of certain disclosures of your health information made by Pines in the six years prior to the date of your request. The accounting will not include disclosures made directly to you, disclosures made to others pursuant to your written authorization, disclosures made to carry out treatment, payment, and healthcare operations for which your written authorization was not required, incidental uses and disclosures, and uses and disclosures for which an accounting is not required by law. However, disclosures made for purposes of treatment, payment, or healthcare operations through an electronic health record during the three years prior to your request will be included in an accounting. To request an accounting of disclosures of your health information, contact our Privacy Officer.

- Important Notice to Minors Regarding Minors' Privacy Rights: If you are a minor authorized by law to consent to health care services on your own behalf, and you in fact consent to such services on your own behalf, Pines is required to protect the privacy of your protected health information with respect to health care services you have consented to on your own behalf, in the same way that Pines protects the privacy of an adult's protected health information, unless a special exception applies under the law. For example, Pines is authorized by law to notify your parent or guardian if, in the judgment of your Pines provider, failure to inform your parent or guardian would seriously jeopardize your health or would seriously limit the ability of your Pines provider to provide treatment to you. Additionally, if you are covered under a parent's health insurance plan and want Pines to bill your parent's insurance for services provided to you, your parent(s) will receive from their insurance company an Explanation of Benefits regarding the services provided to you by Pines. As a result, the fact that you received services from Pines will not be confidential from your parent(s). However, if you do not want your parents to know that you are receiving services from Pines, you must notify Pines of that fact at the time services are provided to you so that arrangements can be made for payment of such services privately or out-of-pocket, or to determine your eligibility for free or discounted care.

- You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically.

- You have the right to file a complaint. You have the right to file a complaint with Pines or the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with Pines by notifying our Privacy Officer using the contact information provided on this Notice. Pines will not retaliate against you in any way for filing a complaint.