

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

This notice describes the privacy practices of Kennebec Region Health Alliance (KRHA) and its subsidiaries. It also applies to all health professionals authorized to enter information into your medical record and all employees, staff, trainees, volunteers and other members of our workforce. These health organizations and staff members may share protected information about you with each other, as needed, to carry out treatment, payment or health care operations. If you have any questions, call the KRHA Compliance Helpline at 621-9870.

I. Our Pledge Regarding Your Protected Health Information

We know your protected health information is personal. We are committed to protecting the privacy of this information. This notice applies to all protected health information we maintain about you, whether generated by KRHA staff or other health care providers or facilities. This notice will inform you about the ways we use and share your protected health information. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

II. Our Privacy Obligations

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with this notice of our legal duties and privacy practices regarding your protected health information. This notice also is available at www.krhamaine.com;
- Notify affected individuals of a breach of unsecured protected health information; and
- Follow the terms of the Notice of Privacy Practices now in effect.

III. Permitted Uses and Disclosures of Your Protected Health Information

The following categories describe different ways we may use and disclose your protected health information. For each category, we explain what we mean and give examples.

We may use and disclose your protected health information without your authorization for purposes of treatment, payment and health care operations.

- **Treatment:** We may use and disclose your protected health information to provide you with medical treatment or services. We may disclose your protected health information to doctors, nurses, technicians, medical students or others involved with your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow healing. Different departments within KRHA also may share your protected health information in order to coordinate the services you need, such as medications, lab work and X-rays. We also may disclose your protected health information to providers involved in your treatment outside of KRHA.
- **Payment:** We may use and disclose your protected health information to obtain payment for services we provide to you. For example, we may need to give your insurance plan, Medicare or MaineCare information about a surgical procedure you had so we can receive payment. We also may tell your insurance company about a treatment you will receive to obtain approval or to find out if your insurance plan will cover the cost of the treatment.
- **Marketing:** We will not disclose your protected health information to third-party payors about services we provide to you if: (1) you have already paid for such services out-of-pocket and in full, and (2) you request in writing that we not disclose your protected health information to third-party payors for such services.
- **Health Care Operations:** We may use and disclose your information for our own operations. For example, we may use your protected health information to evaluate how well doctors, nurses, technicians, medical students and other KRHA staff took care of you. We also may combine protected health information about many patients to decide what other services we should offer, what services may not be needed and whether certain new treatments are effective.

- **HealthInfoNet:** We participate in a statewide, state-designated health information exchange called HealthInfoNet ("HIN"). This is a group of health care organizations that have agreed to work with each other to share electronic health information that may be relevant to your care. For example, if you are admitted to a different hospital on an emergency basis and cannot provide information about your health condition, HIN will help the caregivers at that hospital to see your health information held by us. When it is needed, ready access to your health information means better care for you. You may choose to not make your protected health information available to other providers through HIN by completing an "opt out" election form available upon request and sending it to HIN at the address designated on the form.

The following information is not shared through HIN: (1) substance abuse information maintained by substance abuse treatment programs, (2) mental health information maintained by licensed mental health facilities or mental health specialists, (3) HIV information, and (4) genetic test results.

If you do not want to participate in HIN: You may choose not to have your information shared through HIN by completing an "opt out" election form at www.hinonet.org. If you opt out, HIN will delete your information except for certain demographic information to make sure your information is not shared through HIN. If you choose to opt out, health care providers may not have access to the most current and complete information about you when they need to treat you or to coordinate your care in an urgent situation. Choosing to opt out could also affect the efficiency of the health care services you receive because it takes time to get copies of your medical records to your treating health care providers. If you choose not to participate now, you can always choose to start participating at a later time. However, if you choose to participate later, HIN providers will only have access to the health care information created after the time you choose to participate.

Risks of participating in HIN: If you choose to participate, HIN staff and participating HIN providers could conclude that you receive mental health, substance abuse or HIV services, based on other information available to them through HIN. For example, a HIN provider might think you are receiving mental health, substance abuse or HIV services based on the type of medications you take. Other risks of participating include: (1) an unauthorized person might access the information disclosed to HIN; and (2) inaccurate information about you might be accidentally disclosed to HIN, which could result in misdiagnoses or medication errors.

We may also use and disclose your protected health information without your authorization for the following purposes:

- **Appointment Reminders:** We may use and disclose your protected health information to contact you to remind you about an appointment you have with us.
- **Treatment Alternatives:** We may use and disclose your protected health information to inform you of treatment options that may be of interest or benefit to you.
- **Health-Related Benefits and Services:** We may use and disclose your protected health information to inform you about health-related benefits and services that may be of interest to you.
- **Fundraising Activities:** We may use, or disclose to a business associate, information about you, including your name, address and date of birth, for KRHA's fundraising activities. If you do not want to receive fundraising communications from us, please call the KRHA Compliance Helpline at 207-621-9870 or send a letter to 10 Water St, Waterville, ME 04901.
- **Facility Directory:** When you are a patient or a resident, we may use and disclose your protected health information for our patient directory. This information may include your name, whether you're in the facility, your location or room number within the facility, your general condition (e.g., fair, good) and your religion. The directory information, except for your religion, also may be given to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi, even if he or she does not ask for you by name. You may choose not to list some or all of this information in the directory, but you may not be able to receive visitors or calls.
- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose to a friend, family member, or someone else identified by you your protected health information directly relevant to such person's involvement in your care or in arranging payment of your care. If you are hospitalized for a psychiatric condition, we may disclose to your spouse or next of kin your physical presence in the facility and your general physical and mental condition if such persons ask about you. If you are involuntarily hospitalized for a mental health condition, we will notify your guardian, spouse, parent, adult child, next of kin or friend of your hospitalization unless such notification poses a risk of harm to you.
- **After a patient dies,** we may disclose that patient's protected health information to a friend, family member, or certain other persons who were involved in that patient's care or payment for care before the patient's death.
- **In a Disaster:** If you are a disaster victim, we may disclose your protected health information to public or private entities authorized by law involved in disaster relief so your family member, personal representative or another person responsible for your care can be notified about your general condition and location.
- **Personal Representatives Authorized by Law to Act on Your Behalf:** We may disclose your protected health information to persons authorized by law to act on your behalf, such as a guardian, health care power of attorney or health care surrogate.
- **Research:** We may use and disclose protected health information about you for research purposes without your authorization when a waiver of the authorization requirement has been approved by an Institutional Review Board (IRB) or Privacy Board and no identifying information is disclosed in any report arising from the research.
- **As Required by Law:** We may use and disclose your protected health information as required by federal, state or local law.
- **Risk of Imminent Harm to Self or Others:** We may use or disclose your protected health information to a person or persons reasonably able to prevent or lessen a serious, direct and imminent threat to your health or safety or the health or safety of the public or another person.
- **Business Associates:** We may disclose your protected health information to business associates that perform services on our behalf and have agreed in writing to maintain the privacy of your protected health information.
- **Organ and Tissue Donation:** We may use and disclose your protected health information for organ, eye or tissue procurement, banking or transplantation purposes.

- **Military, Veterans, National Security and Other Government Purposes:** We may disclose your protected health information for specialized government functions relating to the military, veterans, national security, intelligence, secret service activities, medical suitability determinations and inmates in law enforcement custody.

- **Workers' Compensation:** We may disclose your protected health information for workers' compensation or similar programs established by law in connection with claims for benefits for work-related illness or injuries without regard to fault.

- **Public Health Activities:** We may use and disclose your protected health information for certain public health activities. Such activities include, but are not limited to, required reports to public health authorities to prevent or control disease, injury or disability; to report births or deaths; to report child abuse and neglect; and to report reactions to medications or safety problems with products.

- **Abuse and Neglect Reporting:** We may disclose your protected health information to a public health authority authorized by law to receive reports of abuse, neglect and exploitation of children and incapacitated or dependent adults.

- **Health Oversight Activities:** We may use your protected health information, and disclose your protected health information to certain health agencies, to ensure regulatory compliance with state and federal laws and the rules of government programs such as Medicare and Medicaid. Oversight activities include, but are not limited to, audits, investigations and inspections.

- **Legal Proceedings:** We may disclose your protected health information for judicial or administrative proceedings when required or authorized by law.

- **Law Enforcement Officials:** We may disclose your protected health information to law enforcement officials when permitted by law. These circumstances include, but are not limited to, responding to a court order, reporting a suspected crime committed within our facilities, or reporting a death resulting from a suspected crime.

- **Coroners, Medical Examiners and Funeral Directors:** Consistent with law, we may disclose your protected health information about deceased patients or residents to funeral directors, coroners and medical examiners, to help them carry out their duties.

- **Inmates:** If you are a prison inmate or under the custody of a law enforcement official, we may disclose your protected health information that is necessary for the prison or law enforcement official to provide you with health care or to protect your health and safety or the health and safety of others or the correctional institution.

IV. Uses and Disclosures of Your Protected Health Information Requiring Your Written Authorization

Uses and disclosures of your health information not otherwise addressed in this notice will be made only with your (or your personal representative's) written authorization, which you may revoke at any time to the extent that it has not already been relied upon. To revoke your authorization, please contact your provider's medical records department.

Among the types of uses and disclosures that require written authorization include:

- **Psychotherapy Notes:** We must have written authorization to disclose psychotherapy notes that we may maintain, except when:
 - » The creator of the psychotherapy notes uses them for treatment;
 - » We use or disclose the psychotherapy notes for our professional training programs for students, trainees or practitioners in mental health; or
 - » We use or disclose psychotherapy notes in defense of a legal action brought by the individual who is the subject of the psychotherapy notes.
- **Marketing:** We must obtain written authorization before using or disclosing your protected health information to communicate with and encourage you to purchase or use a product or service. This does not include communications about a health-related product or service or about entities participating in a health care/plan network. We may use your protected health information, without getting written authorization, to provide you with marketing materials in a face-to-face encounter or give you a promotional gift of nominal value. We may communicate with you about products or services relating to your treatment, case management, care coordination or alternative treatments, without getting written authorization.
- **Sale of Protected Health Information:** We will not sell your protected health information without written authorization, except as allowed by law.

V. Special Privacy Protections

Federal and state law affords special privacy protections for certain highly-confidential health information about you.

- **Mental Health Information:** If we maintain information about mental health services provided to you by a licensed mental health professional or licensed mental health agency, we will not disclose such information to anyone outside of MaineGeneral Health without your written authorization, unless we are authorized by law.
- **Substance Abuse Program Information:** If we maintain certain substance abuse program information about you that is protected by a special federal privacy law (42 C.F.R. Part 2), we will not use or disclose such information except as specifically allowed by the federal privacy law. If we obtain or maintain substance abuse information about you that is not from a substance abuse program covered by the federal privacy law, we will protect such information about you in the same way we protect other protected health information.
- **HIV Information:** If we maintain any information about your HIV status (including HIV test results or medical records containing HIV information), this information is given extra protections under Maine law. We will not use or disclose such information except as allowed by law.

VI. Your Rights Concerning Your Protected Health Information

- **Right to Request Confidential Communications:** We will accommodate any reasonable written request for you to receive your protected health information by another means of communication or at other locations.
- **Right to Inspect and Copy:** You have the right to inspect and get copies of your protected health information. Usually, this includes medical and billing records. To receive copies of your records, you must submit a written request to the Medical Records Department at the location where you were treated. You will be responsible for reasonable costs associated with providing copies of your medical records. Payment may be requested before providing the requested copies. In certain circumstances, we may not allow you to review or provide you with copies of your medical records. If this happens, you may ask that this decision be reviewed. Another licensed health care professional will review your request and our denial. The person doing the review will not be the individual who denied the request. We will comply with the result of this review.
- **Right to Amend:** You have the right to request that we amend protected health information maintained in your medical record file or billing records. If you want to amend your records, please obtain an amendment request form from the Medical Records Department at the facility you were treated and submit the completed form to the Medical Records Department. Your request will be added to your record, which may include any responses provided to you from the facility.
- **Right to an Accounting of Disclosures:** Upon written request to the Medical Records Department at the facility you were treated, you may obtain an accounting of certain disclosures of your protected health information made within the six years prior to the date of your request. This excludes disclosures made for treatment, payment or health care operations, disclosures made directly to you, disclosures pursuant to an authorization and certain other types of disclosures. If you ask for an additional accounting of disclosures within a 12-month period, we may charge you a reasonable fee.
- **Right to Request Restrictions:** You have the right to ask us to restrict disclosures of your protected health information. We will consider your request carefully, but we are not required to approve it. We are only required to restrict certain disclosures to third-party payors for payment and health care operations purposes if you pay out-of-pocket and in full (please see Section III – Payment). If you wish to request a restriction on disclosures of your health information, you must notify the health care provider primarily responsible for your care or the office or department where you register for care. You must state what information you want to limit and to whom it applies.

Right to a Paper Copy of this Notice: A copy of this notice is available to you when you register for services even if you have previously agreed to receive this notice electronically. Patients are encouraged to keep the notice for future reference. A copy of this notice is kept on our website: www.krhamaine.com.

VII. Changes to This Notice

We reserve the right to change the terms of this notice at any time, and to add notice provisions effective for all protected health information we maintain. We have the right to make the changes effective for medical information we already have about you as well as information we receive in the future. If our Notice of Privacy Practices changes, the revised notice will be posted in all facility registration areas and on our website: www.maine-general.org. Each time you register or are admitted for services, you will also be offered a copy of the notice in effect. The effective date of the notice is on the bottom right-hand corner of the first page.

VIII. Complaints

To learn more about your privacy rights, or if you feel we may have violated your privacy rights, please call the KRHA Compliance Helpline at 207-621-9870. You may submit a complaint in writing to:

Kennebec Region Health Alliance, Ethics & Compliance Office, 6 East Chestnut St, Suite LL150, Augusta, ME 04330

You also may file a complaint with the Secretary, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Effective: Oct. 2016