

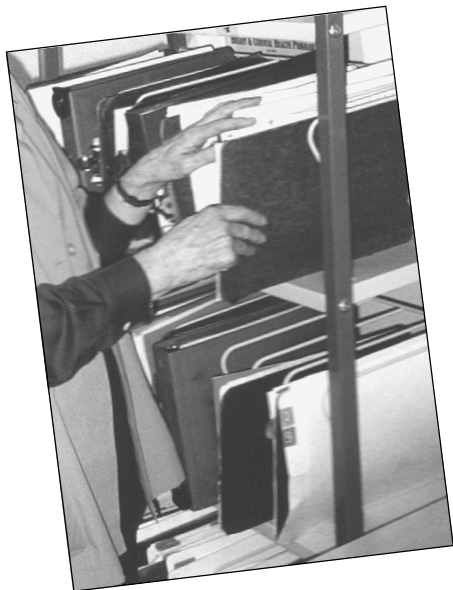
*For a lifetime of caring*



MID COAST  
HEALTH SERVICES

# *Assuring your Privacy*

## Notice of Privacy Practices



*Who has access to  
your medical information  
and how we protect it*

www.midcoasthealth.com

## **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 this notice carefully.**

### **I. Who We Are**

This Notice describes the privacy practices of Mid Coast Health Services, including Mid Coast Hospital, Mid Coast Medical Group, Mid Coast Senior Health Center, and CHANS Home Health Care; and that of its doctors and group medical practices who treat you while a patient of Mid Coast Health Services; physician assistants, nurses, technicians, social workers, and healthcare providers who treat you while a patient of Mid Coast Health Services; and Mid Coast Health Services employees and volunteers.

It applies to services furnished to you at Mid Coast Hospital, 123 Medical Center Drive, Brunswick, Maine 04011; its Medical Office Buildings at 81 and 121 Medical Center Drive, Brunswick, Maine 04011; its Professional Building, 66 Baribeau Drive, Brunswick, Maine 04011; its Outpatient Rehabilitation Department, 310 Bath Road, Brunswick, Maine 04011; Health & Wellness Services provided at 11 Medical Center Drive; Mid Coast Medical Group—*Adult Care* (Bath), 1356A Washington Street, Bath, Maine 04530; Mid Coast Medical Group—*Adult Care* (Topsham), The Bowdoin Mill, One Main Street, Topsham, Maine 04086; Mid Coast Medical Group—*Neurology*, 81 Medical Center Drive, Suite 2300, Brunswick, Maine 04011; Mid Coast Medical Group—*Primary Care Center*, 81 Medical Center Drive, Suite 2200, Brunswick, Maine 04011; Mid Coast Medical Group—*Pulmonology, Critical Care & Sleep Medicine*, 121 Medical Center Drive, Suite 3300, Brunswick, Maine 04011; Mid Coast Medical Group—*Surgical Care*, 121 Medical Center Drive, Suite 2550, Brunswick, Maine 04011; Mid Coast Medical Group—*Urology*, 81 Medical Center Drive, Suite 2350, Brunswick, Maine 04011; Mid Coast Medical Group—*Women's Health Care* (Ob/Gyn), 121 Medical Center Drive, Suite 2700, Brunswick, Maine 04011; Mid Coast Medical Group—*Wound Care Center*, 81 Medical Center Drive, Suite 2150, Brunswick, Maine 04011; Mid Coast Senior Health Center, 58 Baribeau Drive, Brunswick, Maine 04011; and CHANS Home Health Care, 60 Baribeau Drive, Brunswick, Maine 04011.

### **II. Our Privacy Obligations**

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

This Notice is provided under HIPAA Privacy Standards. There are other laws and rules that provide additional protections for health information related to treatment for mental health, alcohol and other substance abuse, and HIV/AIDS. To the extent that State or Federal laws and rules are more stringent than the HIPAA Privacy Standards, we will continue to follow these laws and rules.

### III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

**A. Uses and Disclosures For Treatment, Payment and Health Care Operations.** We may use and disclose PHI, but not your “Highly Confidential Information” (defined in Section IV.C below), in order to treat you, obtain payment for services provided to you, and conduct our “healthcare operations” as detailed below:

**Treatment.** We use and disclose your PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

**Payment.** We may use and disclose your PHI to obtain payment for services that we provide to you—for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your healthcare (“Your Payor”) to verify that Your Payor will pay for healthcare.

**Healthcare Operations.** We may use and disclose your PHI for our healthcare operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other healthcare workers. We may disclose PHI to our Patient Relations Coordinator in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

We may also disclose PHI to your other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations, such as quality assessment and improvement activities, reviewing the quality and competence of healthcare professionals, or for healthcare fraud and abuse detection or compliance.

**B. Use or Disclosure for Directory of Individuals in Mid Coast Health Services.** We may include your name, location in Mid Coast Health Services, general health condition, and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that religious affiliation will only be disclosed to members of the clergy. If you choose not to be in the directory, this may mean that you will not be able to receive all visitors or telephone calls.

**C. Disclosure to Relatives, Close Friends, and Other Caregivers.** We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person’s involvement with your healthcare or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

**D. Fund-raising Communications.** With your written authorization, we may use and disclose to our Development Office contact information and dates of your care, but not your treatment information, to contact you for fund-raising. For example, we may contact you to request a tax-deductible contribution to support important activities of Mid Coast Health Services. If you do not want to receive any fund-raising requests in the future, you may contact our Development Office, Mid Coast Health Services, MOB Suite 2400, 123 Medical Center Drive, Brunswick, Maine 04011, at (207) 373-6064 or <development@midcoasthealth.com>.

**E. Public Health Activities.** We may disclose your PHI for public health activities including: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5)

to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

**F. Victims of Abuse, Neglect, or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

**G. Health Oversight Activities.** We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

**H. Judicial and Administrative Proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**I. Law Enforcement Officials.** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**J. Decedents.** We may disclose PHI to a coroner, medical examiner, or funeral director as authorized by law.

**K. Organ and Tissue Procurement.** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking, or transplantation.

**L. Research.** We may use or disclose your PHI without your consent or authorization if our Ethics Committee Board approves a waiver of authorization for disclosure.

**M. Health or Safety.** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

**N. Specialized Government Functions.** We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

**O. Workers' Compensation.** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

**P. Correctional Facilities.** Regarding inmates, we may disclose your PHI to a correctional institution or law enforcement official to the extent required by law, by court order, or as authorized by law or rule.

**Q. Third Parties.** We may disclose your PHI to other persons and companies who perform services related to our treatment, payment, or healthcare operations for you, such as for auditing or software management services. These third parties are our *Business Associates*. We require these third

parties to protect your privacy on the same legal standards that we follow.

**R. As required by law.** We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

## IV. Uses and Disclosures Requiring Your Written Authorization

**A. Use or Disclosure with Your Authorization.** For any purpose other than the ones described above in Section III, we only may use or disclose your PHI when you grant us your written authorization on our authorization form ("Your Authorization"). For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved. While most authorizations must be in writing, in certain circumstances, we will accept oral authorizations to the extent permitted by Maine law. The minimum necessary amount of your PHI will be disclosed to comply with your authorization.

**B. Marketing.** We must also obtain your written *Marketing Authorization* prior to using your PHI to send you any marketing materials. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers, or care settings without your *Marketing Authorization*.

**C. Uses and Disclosures of Your Highly Confidential Information.** Certain types of medical information have additional protection under state and federal law. For instance, medical information about HIV/AIDS, mental health, and alcohol and drug abuse treatment information has more protection in Maine. For those types of information, we are required to get your written authorization before disclosing that information to others in many circumstances.

Federal law also protects the confidentiality of alcohol and drug abuse patient records maintained by Mid Coast Health Services. We may not tell or release to anyone not part of Mid Coast Health Services any information identifying a patient as an alcohol or drug abuser, unless (1) the patient authorizes such release in writing; (2) the release is allowed by a court order; or (3) the release is made to Mid Coast Health Services staff providing the patient medical emergency treatment or to qualified personnel for research, audit, or program evaluation. Violation of federal law dealing with alcohol and drug abuse patients is a crime and suspected violations may be reported to appropriate authorities in accordance with federal regulations. [42 U.S.C. 290dd-3, 42 U.S.C. 290ee-3, and 42 C.F.R. part 2]

## V. Your Rights Regarding Your Protected Health Information

**A. For Further Information; Complaints.** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office at the address or phone number listed at the end of this notice. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

**B. Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment, and healthcare operations, (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.

**C. Right to Receive Confidential Communications.** You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

**D. Right to Revoke Your Authorization.** You may revoke your *Authorization*, your *Marketing Authorization*, or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below. A form of Written Revocation is available upon request from the Privacy Office. We may also accept oral revocations and certain electronic revocations of authorizations, but we request that you follow this with a revocation in writing.

**E. Right to Inspect and Copy Your Health Information.** You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Medical Records Department and submit the completed form to the Medical Records Department. If you request copies, the first copy will be provided at no cost. We reserve the right to charge a reasonable fee for additional

copies. You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to abortion, contraception, and/or family planning services).

**F. Right to Amend Your Records.** You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Medical Records Department and submit the completed form to the Medical Records Department. We will add your request to the record and may also add a response, a copy of which we will provide you.

**G. Right to Receive An Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting, the first copy will be provided at no cost. We reserve the right to charge a reasonable fee for each additional accounting statement requested during the same twelve (12) month period.

**H. Right to Receive Paper Copy of this Notice.** Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

## VI. Effective Date and Duration of This Notice

**A. Effective Date.** This Notice is effective on April 14, 2003.

**B. Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around Mid Coast Health Services and on our Internet site at [www.midcoasthealth.com](http://www.midcoasthealth.com). You also may obtain any new notice by contacting the Privacy Office.

## VII. Privacy Office

You may contact Mid Coast Health Services Privacy Officer with questions relating to our Privacy Notice or with any other questions relating to our privacy practices.

Privacy Office  
Mid Coast Health Services—MOB Suite G300  
123 Medical Center Drive, Brunswick, Maine 04011  
(207) 373-6443 E-mail: [privacy@midcoasthealth.com](mailto:privacy@midcoasthealth.com)



**MID COAST HEALTH SERVICES**

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