

## PRIVACY PRACTICES NOTICE

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.

CMH makes available language assistance services and auxiliary aids. CMH will provide you with a copy of this notice in your primary language upon request.

**All Central Maine Healthcare (CMH) hospitals, service delivery sites, physician practices, long term care facilities, healthcare workers and staff will use and disclose personal medical information about you in accordance with this Privacy Practices Notice (Notice).**

CMH is committed to protecting the confidentiality of your medical information, and are required by law to do so. This Notice describes how we may use your medical information and how we may disclose it to others. The Notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions. We will ask you to sign a form acknowledging that you received this Notice.

We regard the safeguarding of your personal identifiable information as an important duty. The elements of this notice and the consents and/or authorizations you sign are required by state and federal law for your protection. We have in place safeguards to protect the privacy of your information. Our staff is regularly trained on the obligation to protect the privacy of our patients. We hold medical records in a secure area. Only staff members that have a “need to know” are permitted access to your medical records or other information. Our staff understands the legal and ethical obligation to protect your information. A violation of this Notice of Privacy Practices will result in disciplinary action.

### **HOW WILL WE USE YOUR MEDICAL INFORMATION AND SHARE IT WITH OTHERS?**

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also share your medical information with others who need to treat you. This includes; doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, medical imaging technologists, and others involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment and for follow-up care. We will use and share your medical records in an emergency to ensure you receive the necessary medical services.

**HealthInfoNet (HIN):** We participate in a state-wide arrangement of healthcare organizations who have agreed to work with each other to make available electronic health information that may be relevant to your care. This is called HealthInfoNet (HIN) and allows Maine hospitals, doctors and other health care providers to quickly share certain health information about their patients. For example, if you are admitted to a hospital participating in HealthInfoNet on an emergency basis and cannot provide important information about your health condition, this arrangement will help those who need to treat you at the hospital to see your health information held by another participating provider. 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 this state-wide arrangement by completing an “opt-out” election form available online, or from your provider’s office. Upon request, CMH will submit the opt-out form to HealthInfoNet for you, at 60 Pineland Drive, Auburn Hall, Suite 305 New Gloucester, ME 04260. For further information you can visit their website at [www.hinfonyet.org](http://www.hinfonyet.org) or give them a call at (207) 541-9250 or 1-866-592-4352.

**Patient Directory:** To help family members and visitors locate you while you are in the Hospital, the Hospital has a patient directory. This directory includes your name, your general condition, where you are in the Hospital, and religion (if any) to be given to the clergy. This information is only given out to those who ask for you by name. You have the option, at registration, to limit who has access to this information.

**You, Your Family Members and Others Involved in Your Care:** We may share your medical information with you. We may also share your medical information with a family member or friend who is involved in your medical care or someone who is involved in payment for your care. For example, when a patient is not present or without capacity, we may allow a third party to pick up prescriptions, supplies, or x-rays. We also may share your medical information with disaster relief organizations to help locate a family member or friend in a disaster. You have a right to request that we do not share your medical information with one (or more) family members or friends. Please let us know if this is your wish.

**Decedent Information:** Surviving family members or other persons involved in your care will have continued access to your personal medical information, unless you previously expressed preferences to the contrary. We may also share your personal medical information with the executor, administrator, or other person who has authority to act on behalf of your estate. Otherwise, you will be protected by these privacy rules for a period of 50 years following the date of death.

**Payment:** We may use and share your medical information to get paid for the medical services and supplies we provide to you. For example, we may submit claims to your health plan or health insurance company and it may ask to see parts of your medical record (chart) before they will pay us for your treatment.

**Health Care Operations:** We may use and share your medical information if it is necessary to improve the quality of care we provide to patients or to run the facility. We may use your medical information to look for ways to improve your care. For example, we may look at your medical record (chart) to evaluate whether staff, your doctors, or other health care professionals did a good job.

**Research:** We may use or share your medical information for research projects, such as studying how well a type of treatment worked. These research projects must go through a special process that protects the confidentiality (privacy) of your medical information. We are prohibited from using or disclosing your genetic information for underwriting purposes.

**Required by Law:** Federal, state, or local laws sometimes require us to share patients’ medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the State Workers’ Compensation Program for work-related injuries.

**Public Health:** We may report certain medical information for public health purposes. We may need to report patient problems with medications or medical products to the Food and Drug Administration (FDA) or notify patients of recalls of products they are using. In some circumstances we may need to notify schools of immunization records and once received by the school they are protected by another set of privacy guidelines.

**Public Safety:** We may share medical information for public safety purposes in limited circumstances. We may share medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We may share medical information to assist law enforcement officials in identifying or locating a person. To prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the facility. We may share your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may share medical information with a government agency that oversees the Facility or its staff, such as the State Department of Health & Human Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to watch how well we follow state and federal laws.

**Coroners, Medical Examiners and Funeral Directors:** We may share medical information concerning patients who have died to coroners, medical examiners and funeral directors.

**Organ, Eye, or Tissue Donation.** We may share medical information with groups that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may share medical information to federal officials for intelligence and national security purposes, or for presidential Protective Services.

**Judicial Proceedings:** We may share medical information if a court orders us to, if we receive a search warrant, or a subpoena.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, medical information about HIV/AIDS, mental health, and alcohol and drug abuse treatment has more protection in Maine. We are required in many circumstances to get your permission before sharing this information. We will not use or disclose information to conduct or impose criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care. We will not use or disclose information potentially related to reproductive health care for health oversight activities, for judicial or administrative proceedings, or to law enforcement, or coroners/medical examiners without a signed attestation. For example, any law enforcement request for records which contain information related to reproductive health must be accompanied by or include an attestation, under criminal penalty, that law enforcement are not seeking the records to investigate or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.

**Fundraising.** We may use your personal information (or share it with a related foundation) to contact you for fundraising purposes. You have the right to opt-out of such communications. You may opt-out of any fundraising communications by contacting the appropriate Privacy Contact listed at the end of this notice.

**Other Uses and Disclosures:** If we wish to use or share your medical information for a reason that is not discussed in this Notice, we must have your written permission. You may give us written permission to use your medical information or to disclose it to anyone for any purpose. If you give us written permission, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by your permission while it was in effect. We need your written permission to use or disclose psychotherapy notes, except in limited circumstances such as when the disclosure is required by law. We also must obtain your written permission to sell information about you to a third party or, in most circumstances, to use or disclose your medical information to send

you communications about products and services. We do not need your written permission, however, to send you communications about health-related products or services that are offered by us.

**Redisclosure Outside of CMH:** Information disclosed pursuant to the Privacy Rule may be subject to redisclosure and no longer protected by the Privacy Rule. For example, information we share at your request may not obligate the individual who received the information to protect that information.

## **WHAT ARE YOUR RIGHTS?**

**Right to Request Your Medical Information:** You have the right to look at your own medical information and to get a copy. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other medical records we use to make decisions about your care. To request a copy of your medical information, write to Health Information Management. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. When you request a copy of your information, we will tell you then how much the copy will cost. You can look at your record at no cost. You also have the right to your medical records in an electronic format that is suitable to you at cost.

You do not have the right to access (or receive a copy of) psychotherapy notes or information gathered in reasonable anticipation of a civil, criminal, or administrative proceeding. Your right of access may be limited if providing this information could endanger the health or safety of yourself or others.

**Right to Request Changes to your Medical Information:** If you look at your medical information and believe that some of the information is wrong or incomplete, you may submit a request to fix or amend your record. To request a change, write to Health Information Management. We will respond as soon as possible, but no later than 60 days from the date of your request. If we deny your request, you have the right to submit a written statement of reasonable length disagreeing with the denial which will be added to your record. We then have the right to send a rebuttal statement.

**Right to Get a List of Certain Disclosures of Your Medical Information:** You have the right to request a list of many of the disclosures we make of your medical information. This list does not include information used for treatment, payment, health care operations or any information released with your permission. If you would like to get a copy of the list, write to Health Information Management. We will respond as soon as possible, but no later than 60 days from the date of request. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How We Will Use or Share Your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to request us not to share your medical information for your treatment, payment for care, or to operate the facility. We are required to agree to such requests if the disclosure of information is to a health plan regarding payment or health care operations and the protected health information relates to an item or service that has been paid for out of pocket in full to the provider AND the disclosure is not required by law. We are not required to agree to your requests that do not match these criteria, but if we do agree, we will comply with that agreement. If you want to make a request that we not share your information, you must make this request in writing to Health Information Management and describe your request in detail.

**Right to Request Private Communications:** You have the right to ask us to communicate with you in a way that you feel is more private. For example, you can ask us not to call your home, but to contact you only by mail. To do this, you must make this request in writing of the office at which you receive your care.

**Right to a Paper Copy:** You have the right to a paper copy of this Notice at any time. You may download and print a copy of the notice from our Web site, at [www.cmhc.org](http://www.cmhc.org) or you may obtain a paper copy of the notice at any CMH Office.

## CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or share patient medical information, or how we will protect patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time by stopping in any of CMH locations or from the website.

## WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?

This Notice describes the privacy practices of CMH and our affiliated organizations which include the organizations that make up the CMH Affiliated Covered Entity (“ACE”) and the organizations and health professionals participating in an organized healthcare arrangement (OHCA) with CMH ACE entities.

The CMH ACE is comprised of covered entities under the common ownership or control of CMH System.

CMH ACE includes:

- Central Maine Medical Center
- Bridgton Hospital
- Rumford Hospital
- Central Maine Health Ventures
- Central Maine ACO

An OHCA is an arrangement that allows CMH entities to share health information about our patients to promote the joint operations of the participating entities. The OHCA entities share health information with each other for the treatment, payment and healthcare operations of the OHCA.

OHCA participants include:

- CMH ACE entities
- Affiliated medical groups, professional corporations, independent physicians and allied health professionals contracting with CMH ACE entities to provide services at CMH facilities, unless such healthcare providers give you their own notice of privacy practices that describes how they will protect your medical information. Which include but are not limited to:
  - a. Andwell Health Partners
  - b. BlueWater Health of Lewiston, LLC
  - c. Sevaro Health Inc.
  - d. X-Ray, P.A.
  - e. New England Cancer Specialists
  - f. Shields Imaging
  - g. LifePoint Rehabilitation, LLC
  - h. Spurwink Services, Inc.

The Notice also applies to other health care providers that come to our facility to care for patients, such as physicians, physician assistants, therapists, and other health care providers who are not employed by us, unless these other health care providers give you their own Notice that describes how they will

protect your medical information. We may share your medical information with these providers for treatment purposes, payment and health care operations. This arrangement is solely for sharing information and not for any other purpose.

## DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights or how we use or share your medical information. If you have a concern, please contact the Compliance & Patient Relations Hotline (207) 795- 2398.

If for some reason we cannot resolve your concern, you may also file a complaint with the federal government at New England Region - Office for Civil Rights, U.S. Department of Health and Human Services Government Center J.F.Kennedy Federal Building - Room 1875, Boston, MA 02203; Customer Response Center: (800) 368-1019 or TDD: (800) 537-7697, Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov). We will not penalize you or retaliate against you in any way for filing a complaint with the federal government. U.S. Department of Health and Human Services.

## DO YOU HAVE QUESTIONS?

We are required by law to maintain the privacy of your medical information, to give you this Notice, and to notify you if your unsecured personal health information is breached. It is also our responsibility to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how we may use and share your medical information, please contact the Compliance and Patient Relations Hotline for Central Maine Healthcare at the number listed, or your local practice or department.

## Central Maine Healthcare Corporation Privacy Contact Phone Numbers For

### **Bridgton Hospital**

10 Hospital Drive  
Bridgton, Maine 04009

### **Central Maine Medical Center**

300 Main Street  
Lewiston, Maine 04240

### **Rumford Hospital**

420 Franklin Street  
Rumford, Maine 04276

## **CMH Confidential Compliance & Patient Relations Hotline**

**(207) 795-2398**

### **Privacy Officer**

**(207) 777-8025**