



Information Privacy & Security Policy

HIPAA NOTICE OF PRIVACY PRACTICES

Effective May26, 2020

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.

Our Commitment to Your Privacy

At **Hometown Health Center** (“HHC”), we are committed to using and disclosing protected health information (PHI) about you responsibly, and in accordance with federal and state privacy laws. This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment or health care operations (TPO) 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 information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

You have a right to receive a copy of this Notice. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law. We reserve the right to change this notice and to make the revised or changed notice effective for PHI 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 our facility and on our website, and will have a copy available to you in the office or by mail at your request.

Some patients of HHC are minors (i.e., individuals under the age of 18). Under state and federal law, in most cases the minor patient’s parent, guardian, or other legally authorized representative has the same rights as the minor patient does with regard to health information about the minor patient.

In most cases, your PHI may be used or disclosed only with your authorization or an opportunity to object. If you authorize the use or disclosure of your PHI, you may revoke the authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

Uses and Disclosures of PHI Without Authorization or Opportunity to Object

Your protected health information may be used and disclosed by our clinicians, our office staff, and others outside our office who are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to

support the operation of the physician's practice, and any other use required by law. The following describes, and gives some examples, of the different ways that we may use or disclose your health information.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to your physicians to ensure that they have the information they need to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, we may give information to your health plan regarding the services you received from our facility so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to determine whether your health plan will cover the treatment.

Healthcare Operations: We may use or disclose your protected health information in order to support the business activities of HHC. These activities include, but are not limited to, quality assessment, employee review, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your clinician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses or Disclosures Permitted by Law: Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your PHI without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures, which we may make pursuant to these laws and regulations, include the following:

- **Public Health Activities.** HHC may disclose PHI to report suspected or actual abuse, neglect, or domestic violence involving a child or an adult; to report adverse reactions to medications or problems with health care products; to notify individuals of product recalls; or to notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition.
- **Health Oversight Activities.** Certain government agencies which regulate health care practitioners and the health care industry have the right to receive PHI in order to conduct activities such as audits, investigations, inspections, or licensure and certification surveys.

- **Judicial or Administrative Proceedings.** PHI may be disclosed pursuant to a court order, warrant, or other lawful process issued by a judge or administrative agency. PHI may also sometimes be disclosed in response to a subpoena issued by a person involved in a dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
- **Worker's Compensation.** We may disclose your PHI to worker's compensation programs when your health condition arises out of a work-related illness or injury.
- **Law Enforcement.** HHC may disclose PHI to law enforcement officials in certain circumstances: where disclosure is necessary to protect public health or welfare, regarding a victim of a crime; to report criminal conduct at our facility; and, in emergency situations, to report a crime.
- **Research.** We can use or share your information for health research.
- **Military and veterans.** We may use or disclose PHI as necessary to provide a brief confirmation of general health status as required by military command authorities;
- **Health Information Exchange.** HHC participates in a statewide health information exchange (operated by HealthInfoNet) with other providers and hospitals in the State of Maine. This exchange is a secure health information network which makes available certain limited health information that may be relevant to your care, such as allergies, prescription medications, laboratory test results, diagnostic study results, and medical and clinical conditions and diagnoses. For example, if you are hurt in a car accident and treated at a hospital that participates in HealthInfoNet, your care providers will have electronic access to certain information in your HHC medical records.

You may choose to not make your information available through the health information exchange. Please visit <http://hinfonet.org/for-patients/your-choices/> to view all of your options and take immediate action on your choice.

- **Organized Health Care Arrangement.** HHC is a member of Community Care Partnership of Maine, LLC (CCPM). CCPM and its Members are collectively participating in a Joint Healthcare Arrangement, as that is defined in the HIPAA Privacy Rule, which is focused on improving the health of the communities it serves. Members, in collaboration with insurance companies, use population health analytics, utilization review, quality assessment and improvement activities, and other evidence-based strategies to improve the healthcare of those they serve. Members are mutually accountable for the health of all patients served by CCPM. The other entities that make up this Organized Health Care Arrangement include the following community health centers and

hospitals: Cary Medical Center, DFD Russell Medical Center, Fish River Rural Health, Katahdin Valley Health Center, Millinocket Regional Hospital, Nasson Health Care, Sacopee Valley Health Center, Penobscot Community Health Care, Pines Health Services, Greater Portland Health, and St. Joseph Healthcare. CCPM's Organized Health Care Arrangement permits these separate covered entities, including HHC to share PHI with each other as necessary to carry out permissible treatment, payment or health care operations relating to the work of the Organized Health Care Arrangement, unless otherwise limited by law, rule or regulation. The list of entities may be updated to apply to new entities in the future. You can access the most current list at www.ccpmaine.org/members;

- **Organ procurement organizations or tissue banks.** If you are an organ or tissue donor, we may release PHI to organizations that handle organ or tissue procurement, including organ and tissue banks.
- **Deceased Patients.** We may disclose PHI concerning deceased patients to coroners, medical examiners, or funeral directors, to assist them in carrying out their duties.
- **Inmates.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or to the law enforcement official as may be necessary to provide information about immunizations and/or a brief confirmation of general health status;

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Your Rights

The following are statements of your rights with respect to your protected health information.

- You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your PHI for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures that we may have made pursuant to your authorization before its revocation.
- You have the right to inspect and copy your protected health information (fees may apply). We may deny your request to inspect and copy your PHI in certain

limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.

- You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also 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 of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your clinician is not required to agree to your requested restriction. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.
- You have the right to request to receive confidential communications. You have the right to request confidential communication from us by alternative means or at an alternative location. 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 alternatively, i.e. electronically. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and/or where you wish to be contacted.
- You have the right to request an amendment to your protected health information. We may deny your request for an amendment if it is not in writing. In addition, we may deny your request if you ask us to amend information that is not part of the PHI kept by or for our facility and/or information which you would be permitted to inspect and copy. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- You have the right to receive an accounting of certain disclosures. You have the right to receive an accounting of all disclosures except for: disclosures pursuant to an authorization; disclosures for purposes of treatment, payment, healthcare operations; disclosures to a lawyer who is a business associate of HHC; and disclosures that occurred more than six years prior to the date of the request. The first accounting that you request within a twelve (12)-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. 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.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing, with Hometown Health Center, 8 Moosehead Trail, Suite 5, Newport, ME

You may also file a complaint with the Secretary of the Department of Health and Human Services (“HHS”) at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by sending HHS an e-mail.

All complaints must be submitted in writing.

You will NOT be penalized for filing a complaint.