

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

Updated: September 19, 2013

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PLEASE REVIEW THIS NOTICE CAREFULLY

This notice describes **how health information about you may be used or disclosed** by the Family Planning Association of Maine with other covered entities. Additionally, this notice describes what **your rights are regarding your information** and how you can access and/or control how we share your information. This notice applies to all health centers directly managed by the Family Planning Association of Maine (FPA) and all FPA personnel will follow this notice.

We understand that health information about you is very personal. A federal law, the **Health Insurance Portability and Accountability Act** (HIPAA), was created to support your privacy and rights surrounding your private health information. The Family Planning Association of Maine takes your rights very seriously and has created this form to explain our policies.

HOW WE MAY USE AND DISCLOSE (SHARE) HEALTH INFORMATION ABOUT YOU

Health information is recorded every time you seek treatment from a health care provider or visit a health center. Typically, health information contains your symptoms, examination, and test results, diagnoses, treatment, and plans for future care.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

The following three categories are the most common ways that the FPA uses or shares your health information.

For Treatment:

The Family Planning Association of Maine's general policy is that we may use and disclose health information about you to nurse practitioners, physician assistants, doctors, nurses, health care associates, nursing and medical students, volunteers, or other personnel who work within the FPA health center and administrative office network **without** your written authorization (consent).

We may also disclose health information about you without your written authorization if you are hospitalized under our supervision, sent by us to a lab to perform tests, to a pharmacy to have prescriptions filled, to the hospital for x-rays or for other treatment purposes.

However, if we need to refer you to a specialist for treatment or if another healthcare provider calls us for information about you, we will not release any information unless we have your authorization to do so.

For Payment: If you choose to bill your insurance company we may use and disclose health information about you without your written authorization so that the services you received from us may be billed for and payment collected. For example, we may need to give your health insurance plan information about your office visit so they will pay us or reimburse you.

You can request a restriction of disclosure of PHI to a health plan and the FPA must agree if the restriction applies to PHI that pertains solely to a health care item or service for which the health care provider has been paid out of pocket in full (unless such disclosure is otherwise required by law).

For Healthcare Operations: We may use and disclose health information about you without your written authorization to make sure that all of our patients receive quality care. For example, we may use health information to review our services, to evaluate the performance of our staff, or to review your records if you file a complaint.

OTHER WAYS WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- 1) In addition to the situations listed above, here are more examples of times when the FPA will **not** release your health information without your written authorization to do so:
 - For a Worker's Compensation claim;
 - Before sending out an appointment reminder to you;
 - Before you enter into a research study;
 - If your records are requested for a common legal proceeding (e.g. a local lawyer or local police unit requests your records).
 - We will not use your PHI for marketing and fundraising purposes and we do not sell PHI.
- 2) There may be times when someone **outside** of the FPA network requests your records, and because of a timing conflict, an inability to locate you or an over-riding state or federal law, we are unable to gain your consent, but still need to release health information about you. A few examples of those times are:
 - Serious legal situations. This is a large category, but a few examples are:
 - If we receive a court order or subpoena to produce your health information;
 - If your health information could help to identify or locate a suspect, fugitive, material witness, or missing person;
 - If you are the victim of a crime and we are unable to obtain your consent.
 - If you are an inmate at a correctional facility and your records are necessary to protect the health or safety of other people in the institution.

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- 3) Lastly, there may also be times other than those listed in the first section of this Notice (under treatment, payment, and operations) when the FPA may release your health information **without** your written authorization. Some examples of those times are:
- Public Health Information (these are all required by state or federal law):
 - To report birth, deaths and abortions (names are **not** used when reporting abortion data);
 - To report abuse or neglect of minors;
 - To report reactions to medications or problems with products, such as when a product is recalled (called back in to the manufacturer);
 - To report certain diseases to the health department, such as confirmed cases of chlamydia, gonorrhea, syphilis, or hepatitis.
 - Health Oversight Activities: We may disclose health information to a health oversight agency for them to make sure we are following the law. These activities might include audits and inspections, investigations, accreditation or licensure.
 - In an Emergency Situation: If an emergency were to happen to you while you were in our care that required us, for example, to call an ambulance we might need to release health information about you without your consent in order for the emergency personnel to care for you. Similarly, we may disclose health information about you if we feel it could prevent someone else from being hurt by you.
 - As Required By Law: We may disclose health information about you in situations not already mentioned when required to do so by federal, state, or local law.

DISCLOSURES TO OTHER COVERED ENTITIES

We may disclose personal information to other covered entities (a "covered entity" is another organization that also has to follow HIPAA privacy laws), or business associates of those entities (business associates includes a person who "creates, receives, maintains, or transmits" PHI on behalf of a CE), for treatment, payment, and certain health care operations purposes. For example, we may disclose personal information to a laboratory as it relates to test or blood work results.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights to your health information:

- **Right to Inspect and Copy** your health care and billing records.
- **Right to Access** an electronic copy of your health records via the Patient Portal.
- **Right to Amend** your records if you feel that health information we have about you is incorrect or incomplete. Any amendment will become a permanent part of your medical record.
- **Right to request a list of how we shared** your health information except for treatment, payment, and health care operations, as previously described on the first page of this notice.
- *The above three requests must be made in writing on a form provided by us. In some cases, we may deny your requests.*
- **Right to Request Restrictions** on uses or sharing of your health care information. For example, you could ask that a staff person you know personally not view your healthcare information. In some cases we may need to deny your request.
- **Right to Request Confidential Communications**: You have the right to ask that we contact you in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. We will try to agree with all reasonable requests.
- **Right to a Paper Copy of This Notice**: You have the right to obtain a paper copy of this Notice at any time upon request. You may also obtain a copy of this Notice at our website www.mainefamilyplanning.org.

MINORS AND PERSONS WITH GUARDIANS

Minors have all the rights outlined in this Notice with respect to health information relating to reproductive healthcare, except for emergency situations or when the law requires reporting of abuse and neglect. If you are a minor or a person with a guardian obtaining healthcare that is not related to reproductive health, your parent or legal guardian may have the right to access your medical record and make certain decisions regarding the uses and disclosures of your health information.

CHANGES TO THIS NOTICE

We reserve the right to revise or change this Notice. A dated copy of the revised Notice will be posted.

OTHER USES OF HEALTH INFORMATION

Other uses and sharing of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you give us permission you may change your mind, in writing, at any time, and we will no longer use or share that health information in the future. Information already used or shared cannot be taken back. We are required to keep the records of the care that we have given to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us. Please contact:

Family Planning Association of Maine, Privacy Officer
P.O. Box 587, Augusta, Maine 04330
Tel: 207-622-7524

or

The Secretary of the Department of Health and Human Services.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**