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|  | **Community Health and Counseling Services**  NOTICE OF PRIVACY PRACTICES  **®** |
| **Caring and serving since 1883** |

**Purpose:**

**This notice describes how clinical information about you may be used and disclosed and how**

**you can get access to this information. Please review it carefully.**

This notice takes effect on April 14, 2003. The latest revision was on 4/4/2017 and will remain in effect until we replace it. **A copy of this document MUST be offered to the client and/or the guardian.**

1. **Our Pledge Regarding Clinical Information:**

The privacy of your clinical information is important to us. We understand that your clinical information is personal and we are committed to protecting it. We create a record of the care and services you receive at Community Health and Counseling Services. We need this record to provide you with quality care and to comply with certain legal requirements. This notice describes your rights and our duties under Federal Law and will also tell you about the ways we may use and share clinical information about you.

1. **Our Legal Duty:**The law requires us to:

* Keep your clinical information private.
* Give you this notice describing our legal duties, privacy practices, and your rights regarding your clinical information.
* Follow the terms of the notice now in effect.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes to our privacy practices and the new terms of our notice effective for all clinical information that we keep, including information previously created or received before the changes.

We reserve the right to:

1. Make modifications to our policies and procedures, including this Notice, as necessary and appropriate to comply with applicable law, including standards implementation specifications, and other requirements of the HIPAA Privacy Rule. Before we make an important change in our privacy practices, we will change this notice and make the new notice available 1) upon request; 2) electronically via our website at [www.chcs-me.org](http://www.chcs-me.org) or via other electronic communications and 3) as posted in our place of business.

1. **Use and Disclosure of Your Clinical Information:**

The following section describes different ways that we use and disclose Protected Health Information (PHI). For each kind of use or disclosure, we will explain what we mean and give an example. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Protected Health Information (PHI) means information which identifies you (e.g. name, address, Social Security number, etc.) and relates to your past, present, or future physical or mental health condition; the provision of healthcare to you; or the past, present, or future payment for the provision of healthcare to you.

We will not use or disclose your PHI for any purpose not listed in this notice, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by completing a Revocation Form (CHCS #3C).

**For Treatment:**

Treatment means providing, coordinating or managing health care and related services by one or more health care providers. We may use clinical information about you to provide you with clinical/medical treatment or services. Your clinical information will be part of our paper and Electronic Medical Record (EMR) structure. This information will be available to all of our treatment providers, or others involved in your care. For example, we may disclose your clinical information to other healthcare providers for purposes related to your treatment or for referring you to another health care provider for their services.

**For Payment:**

Payment includes activities that are necessary for obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may disclose to your insurance provider the services/treatment that you are looking to receive as well as other clinical information from your record before they will agree to cover your services with us. You have the right to request restriction on use or disclosure of your clinical information related to health plans for services or items that you have privately paid for and have a current $0 balance. This would apply to payment and operations purposes only. You are required to notify all downstream healthcare providers (e.g. a pharmacist) and business associates, including Health Information Exchange(s), of the restriction. We are required by law to honor this restriction and will do so unless terminated by you in writing. Please let us know if you would prefer to pay for your services privately rather than have your clinical information sent to your insurance providers.

**For Health Care Operations:**

Health Care Operations include the business aspects of running our organization, such as conducting quality assessment and improvement activities, personnel training and evaluation, auditing functions, cost management analysis, and getting and maintaining the accreditation, certifications and licenses we need to serve you. For example, we may combine clinical information about several clients in order to see if there are other valuable services we should be offering, or what treatments are or are not effective. We may also use and disclose your clinical information to conduct quality assessment and improvement activities, evaluate the health care professionals, train students, and engage in business planning and development and other general administrative activities.

**Health Information Exchanges:**

We participate in HealthInfoNet, the statewide health information exchange (HIE) designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a health care facility not affiliated with CHCS, health care providers there will be able to see important health information held in our electronic medical record systems.

Your record in the HIE includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are identifiers such as your full name, birth date and social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations such as mandated disease reporting to the Maine Centers for Disease Control and Prevention.

While we believe the use of system’s like HealthInfoNet will improve the care you receive, you can choose to opt-out and have your medical information removed from HealthInfoNet. Some information related to mental health and HIV/AIDS treatment is only available in HealthInfoNet if you give permission or are in a medical emergency. If you are enrolled in a substance abuse treatment program with us, all of your treatment information with all CHCS services will be withheld from HeathInfoNet.

You do not have to participate in the HIE to receive care. For more information about HealthInfoNet and your choices regarding participation, visit [www.hinfonet.org](http://www.hinfonet.org) or call toll-free 1-866-592-4352.

**Business Associates:**

Business associates performing services on CHCS’ behalf related to treatment, payment, or healthcare operations may also have access to your information solely for the purpose of providing such services. Such use or disclosure will only occur after performing due diligence to ensure that the business associate is meeting all statutory and contractual requirements. A written contract will be executed with each business associate, and will be reviewed on a yearly basis, to ensure that the business associate is providing adequate PHI safeguards.

**Additional Uses and Disclosures:**

In addition to using and disclosing your clinical information for treatment, payment, and healthcare operations, we may use and disclose clinical information without your authorization as permitted or required by applicable law including any of the following:

1. **Appointments and Reminders:** We may use your PHI to contact you regarding appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
2. **Disaster Relief:** We may provide necessary information to a public or private organization or person who can legally assist in disaster relief efforts.
3. **Funeral Director, Coroner, and Medical Examiner:** We may share the clinical information of a deceased individual with a coroner, medical examiner, or funeral director to help them carry out their duties.
4. **Court Orders and Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose clinical information about you in response to a court or administrative order. We may also disclose clinical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
5. **Food and Drug Administration (FDA):** We may disclose clinical information to the FDA relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
6. **Public Health Activities:** As required by law, we may disclose your health information to public   
   health or legal authorities charged with preventing or controlling disease, injury or disability.
7. **Mandatory Reporting of Abuse, Neglect or Domestic Violence:** We may disclose your clinical information in connection with state mandatory reporting laws, such as those requiring reporting of suspected abuse and neglect of children and incapacitated adults or domestic violence. We may also disclose your clinical information if we believe you may be the victim of other crimes.
8. **Workers’ Compensation:** We may disclose clinical information when authorized and necessary to comply with laws relating to workers’ compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
9. **Individuals Authorized by Law to ACT on Your Behalf:** We may disclose your medical information to persons authorized by law or designated by you to act on your behalf, such as a guardian, health care power of attorney, or health care surrogate or proxy agent. Parents or guardians generally have the authority to act on behalf of minor clients, unless the law authorizes the minor to act for himself or herself.
10. **Health Oversight Activities:** We may disclose clinical information to an entity providing health oversight activities authorized by law including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
11. **Law Enforcement:** Under certain circumstances, we may disclose clinical information to law enforcement officials. These circumstances include reporting that is required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies. We may share your clinical information when

necessary to help law enforcement officials apprehend a person who has admitted to being a part of a crime or has escaped from legal custody.

1. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release clinical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety and the health and safety of others; or (3) for the safety and security of the correctional institution.
2. **To Avert a Serious Threat to Health or Safety:** We may use and disclose clinical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat and to the individual that is subject to the threat.
3. **Governmental Functions:** We may use or disclose your PHI for the following governmental functions as long as certain specified conditions are met: 1) military and veterans activities; 2) national security and intelligence activities; 3) protective services for the President and others; 4) medical suitability determinations for a covered entity that is a component of the Department of State; and 5) covered entities that are government programs providing public benefits.
4. **As Required by Other Law:** We will disclose clinical information about you when required to do so by other applicable federal, state or local law.

**4. Authorizations:**

You may, at your own discretion, provide us with other Authorizations. For the release of PHI that requires an Authorization, it is our policy to only use and disclose PHI that is consistent with the Authorization as provided by you.

**5. Opportunity to Agree or Object:**

Under certain circumstances, we may only use and disclose your PHI with your permission as directly provided by you, or in a context wherein we can reasonably infer it, unless you are not present, are incapacitated, or an emergency exists. In an emergency situation, we are compelled by law to use our professional judgment to determine when to use your PHI, and the extent to which it is used. The following are examples of when you will have an opportunity to agree or object.

1. **Friends and Family:** In your presence, we may only disclose your PHI to friends and family with your express permission. For example, we will request that you grant us express permission before discussing your PHI in the company of friends and family. If you elect not to proceed, then friends and family will be excluded from any such conversation. In emergency circumstances, or if you are not present to agree or object, then we will use our professional judgment regarding those communications.
2. **Notification:** We may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative, or other person responsible for your care. Any such use or disclosure of your PHI for notification purposes will be made consistent with this policy and applicable law. For example, such notification will only proceed with your permission if you have the capacity to grant it, otherwise the required notification will be guided by our professional judgment.

**6. Your individual Rights:**

You have the following rights with respect to your clinical information, which you can exercise by presenting a written request to the Chief Privacy Officer for Community Health and Counseling Services. Contact information is located in Section 7 of this Notice.

1. The right to adequate notice of the uses and disclosures of your PHI, and our duties and responsibilities regarding the same, as provided herein.
2. The right to request that we place additional restrictions on our use or disclosure of your clinical information for treatment, payment and health care operations, as well as regarding those instances where you have an opportunity to agree or object. We are not required to agree to these additional restrictions for treatment, payment and health care operations except in limited circumstances. If we do agree to a restriction of any kind then we will honor it going forward, unless you revoke it or we believe, in our professional judgment, that an emergency warrants

circumventing the restriction in order to provide the appropriate care. In rare circumstances, we reserve the right to terminate a restriction that we have previously agreed to, but only after providing you notice of the termination.

c) The right to request that we communicate with you about your clinical information by different means or at an alternative location (within reason).

d) The right to request access, inspect and/or obtain a copy of clinical information that is a part of CHCS’ “designated record set”. The “designated record set” includes your clinical and billing records. Psychotherapy notes (notes collected and maintained separately by a psychiatric health care provider) and information compiled for certain civil, criminal, or administrative actions or proceedings are not subject to this right. Under a limited set of circumstances, we may deny your request. Any denial of a request to access will be communicated to you in writing. You have a right to have a denial reviewed by a licensed third party healthcare professional (i.e. one not affiliated with us). We will comply with the decision made by the designated professional. If you request a copy of the information, we may charge a reasonable fee to cover the costs of labor, supplies and postage associated with your request. You may request that we provide the information in a format that you prefer, as long as we are able to accommodate that request.

e) The right to request that we amend information that you feel has been inaccurately or incompletely included in your clinical information. You have a right to request an amendment to such information for as long as the information is retained by CHCS. We may deny your request if you ask us to amend information that:

1. Was not created by CHCS, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the information that you are permitted to inspect or a part of the “designated record set”; or
3. Is accurate and complete.

If we accept the amendment, we will work with you to identify other healthcare stakeholders that require notification and provide the notification. If we deny the amendment, we will provide the rationale for denial to you in writing and afford you the opportunity to submit a statement of disagreement.

f) The right to request an “accounting of non-routine disclosures”. This is a list of disclosures to individuals or organizations that were made:

1. For purposes other than treatment, payment or healthcare operations;
2. Pursuant to legal obligations of CHCS as outlined in this notice; or
3. Without your written authorization to do so.

We will provide you with this information free of charge, however, we may charge you for any

additional requests made within one year.

g) The right to request both a paper and electronic copy of this Notice upon request.

h) The right to control your confidential clinical information for use in marketing, sales and research.

i) The right to be notified of known privacy breaches by Community Health and Counseling Services or by a Business Associate that potentially could cause you financial, reputational or other harm.

1. **Questions and Exercising Your Privacy Rights:**

If you have any questions concerning CHCS’ privacy practices or if you wish to exercise any of the

privacy rights listed in Section 6 of this Notice, contact our Chief Privacy Officer:

**By Mail:**

Community Health and Counseling Services

Office of Health Information Management and Privacy

Attn: Chief Privacy Officer

P.O. Box 425

Bangor, ME 04402-0425

**By Phone:**

(207) 922-4713

1. **Complaints:**

You have a right to complain to CHCS and to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. If you have questions about how to file a complaint with HHS, you may contact the agency via email [at](mailto:at_OCRMail@hhs.gov) OCRMail@hhs.gov or visit the HHS website at [www.hhs.gov](http://www.hhs.gov). To file a complaint, contact our Chief Privacy Officer (contact information listed below). PLEASE NOTE: No one will retaliate against you for filing a complaint.

**By Mail:**

Community Health and Counseling Services

Office of Health Information Management and Privacy

Attn: Chief Privacy Officer

P.O. Box 425

Bangor, ME 04402-0425

**By Phone:**

(207) 922-4713

**By Email:**

[esheridan@chcs-me.org](mailto:esheridan@chcs-me.org)