



# Community Health and Counseling Services

## NOTICE OF PRIVACY PRACTICES

### 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. It was revised on September 13, 2013 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 will tell you about the ways we may use and share clinical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of clinical information.

### 2. Our Legal Duty:

*The Law Requires Us to:*

1. Keep your clinical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your clinical information.
3. 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.

*Notice of Changes to Privacy Practices:*

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available on our website at [www.chcs-me.org](http://www.chcs-me.org) or upon request.

### 3. Use and Disclosure of Your Clinical Information:

The following section describes different ways that we use and disclose clinical information. 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.

We will not use or disclose your medical information 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. 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, 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.

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.

Presently, we are only viewing your information. This is only done when clinically necessary to do so, and with your consent. At this time, we are not sharing any of your healthcare information from our facility with the Health Information Exchange. If this changes and we elect to exchange information with the HIE, we will notify you in advance of this change, and obtain your permission to share your health information with the exchange. You do not have to participate in the HIE to receive care. For more information about HealthInfoNet and your choices regarding participation, visit [www.hinfont.org](http://www.hinfont.org) or call toll-free 1-866-592-4352.

**Fundraising:** We may use limited information (name, address, telephone number) to contact you about CHCS' fundraising activities. If you do not want to be contacted about fundraising activities, please contact the Community Relations and Development Manager at (207) 922-4703.

**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, provided that the business associate has agreed in writing to maintain the confidentiality of such information.

**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:

- **Disaster Relief:** We may provide necessary information to a public or private organization or person who can legally assist in disaster relief efforts.
- **Funeral Director, Coroner, Medical Examiner:** To help them carry out their duties, we may share the clinical information of a person who has died with a coroner, medical examiner, or funeral director.
- **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.
- **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.
- **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.
- **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. 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.
- **Workers' Compensation:** We may disclose clinical information when authorized and necessary to comply with laws relating to workers' compensation or other similar programs.
- **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.
- **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.
- **Law Enforcement:** Under certain circumstances, we may disclose clinical information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

- **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 of others; or (3) for the safety and security of the correctional institution.
- **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.
- **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. Your individual Rights:

You have the following rights with respect to your clinical information, which you can exercise by presenting a written request or by contacting the Chief Privacy Officer for Community Health and Counseling Services. Contact information is located in Section 5 of this Notice.

1. The right to request that we place additional restrictions on our use or disclosure of your clinical information for operational or payment reasons but not for treatment. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
2. The right to request that we communicate with you about your clinical information by different means or at an alternative location (within reason).
3. The right to request to inspect and 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. 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.
4. 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:
  - a. Was not created by CHCS, unless the person or entity that created the information is no longer available to make the amendment;
  - b. Is not part of the information that you are permitted to inspect or a part of the "designated record set"; or
  - c. Is accurate and complete.
5. The right to request an "accounting of non-routine disclosures". This is a list of disclosures to individuals or organizations that were made:
  - a. For purposes other than treatment, payment or healthcare operations;
  - b. Pursuant to legal obligations of CHCS as outlined in this notice; or
  - c. 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.
6. The right to a paper copy of this Notice upon request.
7. The right to control your confidential clinical information for use in marketing, sales and research.
8. 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.

## **5. 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 4 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) 947-0366 Ext. 6359

## **6. 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. 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.

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