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| **Caring and serving since 1883®**  **Community Health and Counseling Services**  **Notice of Privacy Practices** | | ***Elizabeth Steele, RHIT, CHPS***  ***Privacy & Security Officer***  ***(207) 922-4600 ext. 6359*** [**esteele@chcs-me.org**](mailto:esteele@chcs-me.org)  ***PO Box* 425 *Bangor, ME 04402-0425*** [***https://www.chcs-me.org***](https://www.chcs-me.org) |
|  | | **Your Information.**  **Your Rights.**  **Our Responsibilities.**  This notice describes how health information about you may be used and disclosed and how you can get access to this information.  **Please review it carefully.** |
| **When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. | | |
| **Get an electronic or paper copy of your medical record.** | You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 of your request. | |
| **Ask us to correct your medical record.** | You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days. | |
| **Request confidential communications.** | You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests. | |
| **Ask us to limit what we use or share.** | 1. You can ask us **not** to use or share certain health information for treatment, payment, or our operations.    1. We are not required to agree to your request, and we may say "no" if it would affect your care. 2. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.    1. We will say "yes" unless a law requires us to share that information. | |

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| **Get a list of those with whom we've shared information.** | * You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. * We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| **Get a copy of this privacy notice.** | * You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. |
| **Choose someone to act for you.** | * If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. * We will make sure the person has this authority and can act for you before we take any action. |
| **File a complaint if you feel your rights are violated.** | * You can complain if you feel we have violated your rights by contacting us using the information on page 1. * You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [**www.hhs.gov/ocr/privacy/hipaa/complaints/.**](http://www.hhs.gov/ocr/privacy/hipaa/complaints/.) * We will not retaliate against you for filing a complaint. |

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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| **In these cases, you have both the right and choice to tell us to:** | * Share information with your family, close friends, or others involved in your care * Share information in a disaster relief situation * Include your information in a hospital directory * Contact you for fundraising efforts   *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.* |
| **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 and SUD Counseling Notes |
| **In the case of fundraising:** | We may contact you for fundraising efforts, but you can tell us not to contact you again. |

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| **Our Uses and Disclosures** |
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| **How do we typically use or share your health information?** We typically use or share your health information in the following ways. | | | |
| **Treat you (treatment)** | * We can use your health information and share it with other professionals who are treating you. | ***Example:*** *A provider treating you*  *for an injury asks another provider*  *about your overall health condition.* |
| **Bill for your services (payment)** | * We can use and share your health information to bill and get payment from health plans or other entities | ***Example:*** *We give information about you to your health insurance plan so it will pay for your services.* |
| **Run our organization (healthcare operations)** | * We can use and share your health information to run our practice, improve your care, and contact you when necessary. | ***Example:*** We *use health information about you to manage your treatment and services.* |
| **HealthInfoNet:**  We participate in a state-wide health information exchange called HealthInfoNet. This means that certain aspects of your health information, maintained electronically, may be shared with other doctors and hospitals to care for you. For example, if you were injured in an accident and were treated by a hospital or provider that is part of HealthInfoNet, that new provider would have access to your electronic medical information, including your allergies, medications, and certain test results and diagnoses. Specially protected information, including substance abuse treatment program records, mental health treatment facility records, HIV/AIDS information and genetic test results are not automatically included in HealthInfoNet. However, your mental health, substance abuse or HIV status may be learned by other HealthInfoNet providers based upon the listing of your medications, or through your services received by this office. If you do not wish to be included in HealthInfoNet, you may “opt-out” by filling out a form found online at [http://www.hinfonet.org/patients/your-choices or by calling 866-592-4352](http://www.hinfonet.org/patients/your-choices%20or%20by%20calling%20866-592-4352). You can also complete a paper form with one of our CHCS staff members and we can fax it to HealthInfoNet for you. If you later change your mind and want to share your health information with HealthInfoNet again, you may choose to join again but your previous health information will not be included. | | | |
| **How else can we use or share your health information?** We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [**www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.) | | |
| **Help with public health and safety issues** | * We can share health information about you for certain situations such as:   + Preventing disease   + Helping with product recalls   + Reporting adverse reactions to medications   + Reporting suspected abuse, neglect, or domestic violence   + Preventing or reducing a serious threat or anyone’s health or safety | | |
| **Do research** | * We can use or share your information for health research. | | |
| **Comply with the law** | * We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. | | |
| **Respond to organ and tissue donation requests** | * We can share health information about you with organ procurement organizations. | | |

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| **Work with a medical examiner or funeral director** | * We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| **Address workers' compensation, law enforcement, and other government requests** | * We can use or share health information about you:   + For Workers’ Compensation claims   + For law enforcement purposes or with a law enforcement official   + With health oversight agencies for activities authorized by law   + For special government functions such as military, national security, and presidential protective services |
| **Respond to lawsuits and legal actions** | * We can share health information about you in response to a court or administrative order, or in response to a subpoena. * Note: Records containing Substance Use information protected under 42 CFR Regulations are restricted from use in civil, criminal, administrative, and legislative proceedings against patients, absent patient consent or a court order, this includes staff testimony regarding record content and treatment.D |

**Notice of Privacy Practices for**

**Community Health and Counseling Services’**

**Substance Use Disorder Services - Part 2 Programs**

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| In addition to the information outlined above, this section of the CHCS Notice of Privacy Practices is specific to the Federal Regulations outlined in 42 CFR Part 2; *also known as the Confidentiality of Substance Use Disorder Patient Records.* This federal regulation protects the privacy of individuals receiving treatment for substance use disorders (SUD). It imposes restrictions on the use and disclosure of substance use disorder patient records unless certain circumstances exist.  If you are receiving substance use services with Community Health and Counseling services, this notice describes how health information about you may be used and disclosed, your rights with respect to your health information, how you can file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.  **Please review it carefully.** | |
| **When it comes to your substance use disorder health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. | |
| **Copy of this Notice** | You have a right to a copy of this notice in paper or electronic form and to discuss it with the CHCS Privacy & Security Officer. The contact information is located on page one of this notice. |
| **Your Information is protected under Federal Regulations 42 CFR Part 2** | If you are receiving substance use disorder (SUD) services with Community Health and Counseling Services covered under the federal regulations 42 CFR Part 2, CHCS is required to maintain the privacy of your records under the Confidentiality of Substance Use Disorder Patient Records listed in 42 CFR Part 2 (“Part 2”). Should a breach of your unsecured substance use disorder records occur, CHCS is required to notify you. | |
| **How your information will be used and disclosed** | CHCS will only use or disclose your substance use disorder records with your written consent. There are some circumstances when Part 2 permits CHCS to disclose your substance use disorder records without your written consent. Those circumstances are indicated below. | |

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| **Permitted Uses and Disclosures Without a Consent** |
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| **Medical Emergency** | We may use or disclose your substance use disorder records with health care providers when it is necessary to meet a bona fide medical emergency and your prior written consent cannot be obtained, or when your health may be threatened by an error in the manufacture, labeling, or sale of a product under the control of the United States Food and Drug Administration (FDA). |
| **Court Order with Compulsory Process** | We may disclose your substance use disorder records in response to a special court order that complies with the requirements of 42 CFR Part 2, Subpart E and is accompanied by a subpoena or similar legal mandate that requires the use or disclosure. |
| **Research** | We may use or disclose your substance use disorder records for research purposes if it is determined that one or any combination of the following is true:   * The recipient of the information is a covered entity or business associate as those terms are defined under HIPAA and a patient authorization has been obtained or the authorization requirement has been waived under HIPAA; or * The research is conducted in accordance with the Department of Health and Human Subjects policy on the protection of human subject’s research (45 CFR Part 46); or * The research is conducted in accordance with the FDA requirements regarding the protection of human subject’s research (21 CFR Parts 50 and 56). |
| **Audit & Evaluation Activities** | We may use and/or disclose your substance use disorder records for auditing or evaluation activities that are performed on behalf of:   * Any federal, state or local government * Any third-party payer or health plan that provides insurance coverage to patients in a CHCS Part 2 program * A Quality improvement organization or their contractors * Or any entity with direct administrative control over a CHCS Part 2 program.   These disclosures must be made in accordance with the requirements of 42 CFR Part 2, Subpart D. |
| **Public Health** | We may disclose your de-identified substance use disorder records for public health purposes to a public health authority pursuant to 42 CFR Part 2, Subpart D. |
| **Commission of a Crime** | We may disclose your substance use disorder records to law enforcement if your records are related to your commission of a crime on CHCS property, against a CHCS employee, or a threat to do either. Any disclosure for this purpose will be limited to the circumstances of the incident, your name, address, and the last known whereabouts. |
| **Child Abuse/Neglect** | We may disclose your substance use disorder records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities. However, we may not disclose your substance use disorder records as part of any civil or criminal proceeding against you that may arise from report of suspected child abuse or neglect. |

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| **Uses and Disclosures with a Consent** |
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| **With a Valid Consent** | We may use and/or disclose your substance use disorder records to a person or class of persons you identify or designate in your written consent, so long as the consent doesn’t obligate us to disclose your records to persons within the criminal justice system and central registries who do not have a need for the information. For example, a consent may authorize us to disclose your substance use disorder records to a family member or a friend. |
| **Treatment, Payment, or Healthcare Operations** | * We may use and/or disclose your substance use disorder records for treatment, payment, or healthcare operations purposes, in the same manner as described with regards to your protected health information on page 3. * When your substance use disorder records are disclosed to another Part 2 program, covered entity, or business associate pursuant to your written consent, they may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent to the extent the HIPAA regulations permit such disclosure. * In addition, to reduce the number of consent forms you must sign, you may choose to provide a single consent for all future uses and/or disclosures of your substance use disorder records that we may make for treatment, payment or healthcare operations purposes. |
| **Fundraising** | CHCS may use or disclose your substance use disorder information to fundraise for the benefit of the Part 2 program only if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications. |
| **Civil, Criminal, Administrative Proceedings** | With your consent or pursuant to a court order, we may use and/or disclose your substance use disorder records in connection with any civil, criminal, or administrative proceeding brought against you. Any consent to use and/or disclose substance use disorder records in a civil, criminal or administrative proceeding may not be combined with a consent for any other purpose.   * Your records shall only be used or disclosed based on a court order after notice and opportunity to object is provided to the patient or the holder of the records; and * A court order authorizing the use or disclosure must be accompanied by a subpoena or similar order compelling the disclosure before your substance use disorder may be used or disclosed. |
| **Substance Use Disorder Counseling Notes** | Substance use disorder counseling notes are notes recorded by a substance use disorder provider or mental health professional that document or analyze the content of a conversation with you, whether during a private conversation or a group, joint or family substance use disorder counseling session. These notes are kept separate from your medical record. Substance use disorder counseling notes may not be used or disclosed without your written permission except in the following circumstances:   * Use by the substance use disorder provider or mental health professional who created the counseling notes for your treatment. * Use or disclosure by CHCS for your own training programs in which students, trainees, or practitioners in substance use disorder treatment or mental health learn under supervision to practice or improve their skills in group, joint, family or individual substance use disorder counseling. * Use or disclosure by CHCS to defend itself in a legal action or other proceeding brought against it by you. * Pursuant to a valid court order authorized by 42 CFR Part 2 |

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| **When it comes to your substance use disorder treatment records, you have certain rights.** This section explains your rights and some of our responsibilities to help you. | |
| **Get a list of those with whom we've shared information.** | You can request a list of all those CHCS has disclosed your substance use disorder information to under a valid consent over the past three years. Your request must be in writing. Your request for disclosures can go back a maximum of three years from the date of the written request, but you can ask for less information as well.  You can also request a list of all the disclosures of your substance use disorder information that CHCS has made for treatment, payment and healthcare operations, but only where these disclosures were made through an electronic health record. Your request for disclosures can go back a maximum of three years from the date of the written request, but you can ask for less information as well.  Right to a list of disclosures made by an intermediary for the last three years. |

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| **Our Responsibilities to all our clients/patients** |
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* We are required by law to maintain the privacy and security of your health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time except to the extent that we have already relied upon it. Let us know in writing if you change your mind or contact the HIM Department at (207) 922-4707.

For more information see: [**www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.)

***Please Note:***

1. ***It is our expectation that staff do not create or maintain psychotherapy notes or SUD counseling notes at CHCS.***
2. ***Unless otherwise permitted or required by law, we will not share your mental health, substance use or HIV/AIDS treatment records without your written authorization.***

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The

new notice will be available upon request, in our office, and on our web site [www.chcs-me.org](http://www.chcs-me.org)

***Notice of Privacy Practices Revised: September 5, 2025***