



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care, paper or in electronic format, generated by your health care provider.

Our Responsibilities

Health Access Network is required by law to maintain the privacy of your protected health information (PHI), to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. The current notice will be posted in the reception area. We ask that you acknowledge this notice with your signature. If we change our notice, it will be posted in the reception area and on our website. You may request that a revised notice be sent to you in the mail or you may ask for one at your next appointment or appropriate visit. This notice will also serve to advise you as to your rights with regard to your medical information.

How we may use and disclose medical information about you.

The following categories describe examples of the way we use and disclose medical information:

1. **Treatment.** We may use medical information about you to provide, coordinate and manage your treatment or services. We may disclose medical information about you to other doctors, nurses, technicians (e.g. clinical laboratories or imaging companies), medical students, or other personnel who are involved in your care. We may communicate your information either orally or in writing

by mail or facsimile. We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. For example, your medical information may be provided to a physician to whom you have been referred so as to ensure that the physician has appropriate information regarding your previous treatment and diagnosis.

2. **Payment.** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need
3. **Health Care Operations.** We may use or disclose, as needed, your health information in order to support our business activities. These activities may include, but are not limited to, quality assessment activities, employee review activities, licensing, legal advice, accounting support, information systems support and conducting or arranging for other business activities. In addition, we may also call you by name in the waiting room when your health care provider 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 by telephone or reminder card.
4. **Business Associates.** There are some services provided in our organization through contracts with business associates. If these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or third-party payers for services rendered. To protect your health information, we require the business associate to appropriately safeguard your information through a written contract.
5. **HealthInfoNet (HIE).** We participate in HIE, a statewide information exchange. If you are admitted to a health care facility other than ours, health care providers there will be able to see important health information about you held in our electronic medical record. You are not required to participate in HIE. To opt out of the HIE, go to www.hinfonyet.org or ask one of our staff members for an opt-out form.

Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object.

We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

1. **As required by law.**
 - Public Health or Legal Authorities charged with managing disease, injury or disability
 - Correctional institutions
 - Workers Compensation Agents
 - Organ and tissue donation organizations
 - Health Oversight Agencies
 - Funeral Directors, Coroners and Medical Directors
 - Reporting on abuse and neglect

2. **Law Enforcement/Legal Proceedings.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

3. **State-Specific Requirements.** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

Uses and Disclosures with Your Authorization

Except as described above, other uses of your health information will only be made with your written authorization. The types of uses and disclosures of your health information that require your authorization include the following: (i) any use or disclosure of psychotherapy notes, except to carry out treatment, payment or health care operations, or use by the originator of the notes for treatment; (ii) for marketing, except if the communication is in the form of a face-to-face communication between us and an individual or involves a promotional gift of nominal value; and (iii) the sale of protected health information.

Revocation.

You may revoke an authorization in writing at any time, provided the revocation is in writing, except to the extent we have taken action in reliance on your authorization, or the authorization was obtained as a condition of obtaining insurance coverage, or other law provides the insurer with the right to contest a claim under the policy or the policy itself. If you revoke an authorization, we will no longer use or disclose your health information for the purposes covered by that authorization, except where we have already relied on the authorization.

Your health information rights.

Although your health record is the property of Health Access Network, you have the right to:

1. **Inspect and Copy.** You have the right to inspect and copy medical information that may be used

to make decisions about your care. We ask that you submit these requests in writing. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Requests for access to and copies of your medical information must be submitted to Health Access Network in writing. Health Access Network reserves the right to charge a reasonable fee for copying releases of PHI.

2. **Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
3. **Accounting of Disclosures.** You have the right to request an accounting of our disclosures of medical information about you except for certain circumstances, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure. Health Access Network will provide the first accounting to you in any 12-month period without charge and reserves the right to charge for subsequent requests. We ask that you submit these requests in writing.
4. **Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing. *We are not required to agree to your request,* except if you ask us to restrict disclosure about you to a health plan, and (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (ii) the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
5. **Request Confidential Communications.** You have the right to request that we communicate

with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We ask that you submit these requests in writing.

6. **A Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Questions and Complaints

For questions, or to complain that your privacy rights have been violated, call our Privacy Officer at (207) 794-6700 or toll free 1-866-426-4584. You can contact the Secretary of the Federal Department of Health and Human Services. All complaints must also be submitted in writing. You will not be penalized for filling a complaint.

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