



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, in paper or 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. This privacy notice will be posted in the reception area. We ask that you acknowledge receipt of 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 share medical information about you.

We typically use or disclose your medical information in the following ways:

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 them in treating you. For example, your medical information may be provided to a physician to whom you have been referred 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 to give your insurance company information before it approves or pays for health care services.
3. **Health Care Operations.** We may use or disclose, as needed, your health information 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. 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.hinfont.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.



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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.** We will share your health information if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
2. **Lawsuits/Legal Proceedings.** We may disclose health information in response to a court or administrative order, or in response to a subpoena.
3. **State-Specific Requirements.** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs and we comply with these requirements.

If we maintain information about you derived from mental health services provided to you by a psychiatrist, psychologist, clinical nurse specialist, social worker or counseling professional, we will not disclose such mental health information to another health practitioner or facility outside of HAN or its organizational affiliates for a diagnostic, treatment or continuity of care purpose, without your written authorization, unless such disclosure is necessary in an emergency or is otherwise authorized or required by law.

If we maintain any information regarding your HIV status (such as HIV test results or medical records containing HIV information), such information is afforded heightened protection under Maine law and HAN will maintain the confidentiality and privacy of such information, and will not use or disclose such information, except as specifically authorized or required by Maine's HIV confidentiality laws.

4. **Public Health and Safety.** We may share your health information in certain situations, such as:
 - a. Preventing disease;
 - b. Helping with product recalls
 - c. Reporting adverse reactions to medications
 - d. Reporting suspected abuse, neglect, or domestic violence
 - e. Preventing or reducing a serious threat to anyone's health or safety
5. **Research.** We may use or disclose your health information for health research.
6. **Organ and Tissue Donation Requests.** We may share your health information with organ procurement organizations.
7. **Medical Examiner or Funeral Director.** We may share your health information with a coroner, medical examiner, or funeral director when an individual dies.
8. **Workers' Compensation, Law Enforcement, and Other Government.** We may use or disclose your health information:
 - a. For workers' compensation claims
 - b. For law enforcement purposes or with a law enforcement official
 - c. With health oversight agencies for activities authorized by law
 - d. For special government functions such as military, national security, and presidential protective services

Uses and Disclosures with Your Authorization

Except as described above, other uses or disclosures of your health information will only be made with your written authorization.



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Revocation of Authorization.

You may revoke an authorization in writing at any time except to the extent we have taken action in reliance on your authorization. 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 or when the use of disclosure is otherwise permitted by law.

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 may ask to see or receive a copy of your medical record and other health information we have about you. If your request is granted, we will provide you with access to or a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. 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. Requests for access to and copies of your medical information must be submitted to Health Access Network in writing.
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 within 60 days.
3. **Accounting of Disclosures.** You have the right to request an accounting of our disclosures of medical information about you, up to 6 years prior to the date of your request, 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 you, or someone other than the health plan on your behalf, has paid us 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.
7. **Choosing 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 that the person has this authority and can act for you before we take any action.



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Your Health Information Choices.

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

In the following cases, you have the right and choice to tell us to do the following:

- a. Share information with your family, close friends, or others involved in your care
- b. Share information in a disaster relief situation
- c. Include your information in a hospital directory
- d. Contact you for fundraising efforts

***Note that if you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interests. We may also share your information when needed to lessen a serious or imminent threat to health or safety. ***

In the following cases we *never* share your information unless you give us written permission:

- a. Marketing purposes
- b. Sale of your information
- c. Most sharing of psychotherapy notes (we do share this information for treatment, payment, and health care operations purposes)

We may contact you for fundraising efforts, but you can tell us not to contact you again.

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 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/. You will not be retaliated against for filing a complaint.

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