



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

We protect the privacy and confidentiality of your health information. We share your health information to provide your medical care, to get payment for services we provide to you, and to support our healthcare operations. We describe how we use your health information in this Notice. Federal law requires that we give you a copy of this Notice to learn about:

- How, when and why we share your health information;
- How the law requires us to protect your health information;
- Your rights to your health information; and,
- What happens if your health information is lost or improperly used or shared.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

AS A PATIENT YOU HAVE THE RIGHT TO:

ASK US TO LIMIT WHAT WE SHARE— You can ask that we not share your health record. If you do not want us to share your record, write a letter and tell us:

- The information you do not want us to share;
- How you want us to limit the sharing of your health record;
- Who you do not want to see your health record; and
- The date when your health information can be shared again.

We are not required to agree to your request. If we do agree with your request, we will not share your information unless we have to for emergency treatment or for legal reasons. You can decide to let us start sharing your information at any time by telling us in writing.

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 insurance company. We must agree not to share this information unless the law requires us to share it.

REQUEST CONFIDENTIAL COMMUNICATIONS – If you want us to contact you in a certain way or at a certain place, you can ask us to do that. For example, you may ask us to call you on your cell phone instead of your home phone. We will do our best to honor your request.

INSPECT AND GET A COPY OF YOUR MEDICAL RECORD – You can look at and request a paper or electronic copy of your health record, billing records and other records we use to make decisions about your healthcare. Just send a letter to us telling us the specific information you are requesting. We will provide the information to you, usually within 30 days. We may charge a fee, as allowed by law, to cover the cost of making copies and providing you the records. We will notify you in advance if there is a charge.

If we think there is information that could put your health and safety in danger, or put the health and safety of others in danger, we can say no to your request to look at and get a copy of your records.

ASK US TO CORRECT YOUR MEDICAL RECORD – If you think something is incorrect or missing in your health record, you can ask us to change it. Write to us and tell us what information you think is incorrect or incomplete. We may not agree to your request, but we will tell you why in writing within 60 days.

REQUEST AN ACCOUNTING OF DISCLOSURES – 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 will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

OBTAIN A COPY OF THE NOTICE – There is a copy of this Notice in the AHCH patient information folder. You may also view and print a copy from our website, ahch.org. You can ask our staff for a copy of the Notice. You can also ask us to mail you a copy. We may change our privacy practices and this Notice at any time. We will provide the new Notice to you upon request.

CHOOSE SOMEONE TO ACT FOR YOU – If you have appointed a 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 may ask you to provide us documentation to make sure the person has this authority and can act for you before we take any actions.

FILE A COMPLAINT – You may call or write to us if you feel we have violated your rights. We will answer your questions about this Notice and look into your concerns. We will not take any action against you for raising a concern. Please address your concerns to AHCH Privacy Officer, Androscoggin Home Care & Hospice, 15 Strawberry Avenue, Lewiston, ME 04240. 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/.

AS YOUR HEALTH CARE PROVIDER, AHCH HAS THE RESPONSIBILITY TO:

PROTECT YOUR INFORMATION – We are required by law to maintain the privacy and security of your protected health information.

NOTIFY YOU OF A BREACH – Under certain circumstances the law requires us to notify you if your health information is lost or if it is improperly used or shared. If this happens, we will send a letter to you to let you know what happened and how we are addressing the problem.

FOLLOW THIS NOTICE – We must follow the duties and privacy practices describe 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. Let us know in writing if you change your mind.

HOW AHCH MAY USE OR DISCLOSE (SHARE) YOUR HEALTH INFORMATION

Here are some of the ways that we may share your health information. We do not need to ask you for permission to do the things listed in this section. Other uses and disclosures not described in this Notice will be made only with your written permission.

FOR YOUR TREATMENT – We will share your health information to provide you with healthcare services. This means we can talk with healthcare providers about your care. For example, we will share your health information with your doctor or hospital to coordinate your care.

AHCH participates with HealthInfoNet, Maine's health information exchange. HealthInfoNet combines information from separate healthcare sites to create a single electronic patient health record. This allows approved healthcare providers to quickly access the information they need to make better decisions about their patients' care, especially in an emergency. HealthInfoNet is a Maine-based nonprofit company. Only health care providers see your information in the system; employers, insurance companies, and government do not.

If you prefer not to have your information available to your healthcare providers using the health information exchange, you may complete the Opt-Out form included in the AHCH patient information folder or access the form via the HealthInfoNet website at www.hinfont.org. Send the completed form to HealthInfoNet.

PAYMENT FOR SERVICES YOU RECEIVE – We will use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for services.

FOR OUR HEALTHCARE OPERATIONS – We may use your health information to improve the quality of care we provide to patients. Your information can also be shared to review the qualifications of healthcare professionals and to train students. We sometimes share your health information with contracted staff who do work for us. These contractors are also referred to as our Business Associates. The law requires Business Associates to protect your health information the same way we do.

OTHER USES AND DISCLOSURES

WHEN REQUIRED BY LAW – We may share your health information if a law or regulation requires us to do so.

FOR PUBLIC HEALTH ACTIVITIES – We may share your health information with a public health agency or to law enforcement when required by law. For example, we may share your health information to prevent a threat to the health and safety of any person; tell a person who may have been exposed to a communicable disease or who could get or spread a disease or condition; or tell the appropriate government agency if we believe a patient has been the victim of abuse, neglect, or domestic violence. We may also share your health information to help with product recalls or report adverse reactions to medication.

FOR HEALTH OVERSIGHT ACTIVITIES – We may share your health information with federal or state government. The government may need your health information for audits, investigations, inspections, and to make sure we follow regulations and laws.

FOR LEGAL PROCEEDINGS – We may share your health information to respond to a court administrative order, subpoena or some other legal process.

FOR LAW ENFORCEMENT– We may share your health information for law enforcement purposes or with a law enforcement official. Examples include information to identify or locate a victim or suspect of a crime; information about deaths caused by suspected criminal conduct; or information about crimes that occur at any of our locations. If you are an inmate, we may share your protected health information with a prison or jail or with a law enforcement official to provide healthcare to you, protect your health and safety and the health and safety of others, or to ensure the safety and security of the prison or jail.

TO CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS – We may share health information with a coroner or medical examiner to identify a person who has died, or to determine a cause of death. We may share health information with a funeral director to do his or her work.

FOR ORGAN AND TISSUE DONATION – We may share your health information to organ procurement organizations to respond to requests for organ, eye and tissue donation.

FOR MEDICAL RESEARCH – We may share your health information for research, such as studying how well a treatment worked. All research must protect the confidentiality of your health information. In most cases, we must ask you to allow us to use your health information.

FOR APPOINTMENT REMINDERS – We may use your health information to remind you of an appointment.

AHCH-RELATED FUNDRAISING ACTIVITIES – We use limited health information to tell you about our fundraising efforts. Any fundraising request you receive will tell you how you can ask us to stop sending you these requests.

TO THE MILITARY OR VA – If you are a member of the Armed Forces, we may share your health information as required by the military or with the Department of Veterans Affairs.

FOR NATIONAL SECURITY – We may share your health information with the government for national security reasons.

FOR WORKERS' COMPENSATION – We may share your health information for workers' compensation and other programs that provide benefits for work-related illnesses and injuries.

PARENTAL ACCESS – Some Maine laws about minors limit, allow, or require the sharing of health information with parents, guardians, and persons in a similar legal status. We will follow Maine law.

USES AND DISCLOSURES YOU MAY LIMIT OR ASK NOT BE MADE AT ALL.

This section lists some situations where you can agree to, or not allow, the sharing of your health information. If you allow us to share your health information in these situations, you always have the right to take back your permission at any time.

PATIENT DIRECTORY – To help family members and caregivers communicate with us regarding your care, we will list your name in our directory. Only information regarding whether you are active with our services will be listed. We will not discuss your care with anyone unless you have given us permission to do so. You can ask us not to list you in the directory.

For Hospice House patients: Your room number will be shared with people who ask for you by name.

TO FAMILY MEMBERS AND OTHERS INVOLVED IN YOUR CARE – We may share health information with a family member or friend who cares for you or who helps pay for your healthcare. We may share your health information during disasters so your family can find out about your condition and location. If you do not want us to share your health information with family members or others, please let us know.

If you are in an emergency condition and cannot make your wishes known, or if we cannot understand your wishes due to a communication difficulty, we will use our best judgment when deciding to share your health information with family members and others involved in your care.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

There are some situations when we will ask for your written permission before we share your health information. You have the right to ask us to stop sharing your health information at any time. This does not affect health information that you already allowed us to share. Types of situations that require your written permission include sharing your protected health information for marketing purposes, communications with you that we are paid to make; selling health information; and psychotherapy notes. AHCH does not sell health information.

Some types of health information have special protections under law. Examples include health information about HIV/AIDS and information from mental health and substance abuse treatment programs. In most situations we must have your written permission to share that information. One exception is in an emergency to provide you with the treatment you need.

CHANGES TO 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 at www.ahch.org.

Revised Effective Date: October 6, 2016