



Community Partners

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

This notice will tell you how Community Partners may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or contains information that may be used by someone else to identify you. In the statement above, what we call "health information" is referred to as "medical information." This notice also will tell you about your rights and our duties with respect to health information about you. It will also tell you how to complain to us if you believe we have violated your privacy rights.

How We May Use and Disclose Health Information About You

- 1. For Treatment:** We may use and disclose health information about you to provide or coordinate the services, supports, and health care you receive from us and other providers. We may disclose health information about you to doctors, nurses, psychologists, social workers, direct support staff and other agency staff, volunteers and other persons who are involved in supporting you or providing care. For example, staff may share information to coordinate needed medical or therapy services.
- 2. For Payment:** We may use and disclose information about you so we can be paid for the services we provide to you. For instance, this can include billing Medicaid or another state agency.
- 3. For Health Care Operations:** We may use and disclose information about you to operate Community Partners and to maintain quality for the consumers we support. For example, we may use health information about you to review the services we provide and to train our staff and volunteers.
- 4. How We Will Contact You:** Unless you tell us otherwise in writing, we may contact you face-to-face in your home, by telephone, or by mail. We may leave messages for you on the answering machine or voice mail at your home. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" on page 3 of this Notice.
- 5. Disclosures to Family and Others:** We may disclose to a parent, guardian, personal representative, family member, relative, a friend, or any other person identified by you, information about you that is directly relevant to that person's involvement with the services you receive or payment for those services if we have a signed release to do so. We also may use or disclose health information about you to notify those persons of your location, general condition, or death.
- 6. Disaster Relief:** We may use or disclose health information about you to a public or private entity authorized to assist in disaster relief. This will be done to help them notify a parent, guardian, family member or other person identified by you of your location, general condition or death.
- 7. Required by Law:** We may use or disclose health information when we are required to do so by law.
- 8. Public Health Activities:** We may disclose health information about you for public health activities and purposes. This includes reporting information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease.
- 9. Victims of Abuse, Neglect, Mistreatment or Exploitation:** We may disclose health information about you to a government authority to receive reports of abuse, neglect, mistreatment or exploitation.

10. **Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities including audits, investigations, inspections, licensure or disciplinary actions.
11. **Judicial and Administrative Proceedings.** We may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court, a government subpoena or other lawful process.
12. **Coroners and Medical Examiners:** We may disclose health information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.
13. **Funeral Directors:** We may disclose health information about you to funeral directors as necessary for them to carry out their duties.
14. **Research:** We may use or disclose health information about you for research when the study has been approved through a process that evaluates the need for the project and your needs for privacy.
15. **To Avert Serious Threat to Health or Safety:** We may use or disclose protected health information about you if we believe it is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
16. **National Security and Intelligence:** We may disclose health information about you to authorized officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.
17. **Protective Services for the President:** We may disclose health information about you to authorized officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.
18. **Workers Compensation:** We may disclose health information about you to the extent necessary to comply with workers' compensation laws.
19. **Other Uses and Disclosures:** Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the Community Partners Privacy Officer.

Your Rights With Respect to Health Information About You

1. **Right to Request Restrictions:** You have the right to request that we restrict the uses or disclosures of health information about you. To request a restriction, you should do so to the Community Partners Privacy Officer and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply.

We are not required to agree to any requested restriction. It is our policy not to agree to such restriction unless we believe a compelling reason exists to do so.

Right to Receive Confidential Communications: You have the right to request that we communicate health information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. We will accommodate your request. We also may require an alternate address or other method to contact you.

If you want to request confidential communication, you must do so in writing to the Community Partners Privacy Officer. Your request must state how or where you can be contacted.

2. **Right to Inspect and Copy:** With a few very limited exceptions, you have the right to inspect and obtain a copy of health information about you. To inspect or copy health information about you, you must submit your request in writing to the Community Partners Privacy Officer. Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge reasonable costs and, if you ask that it be mailed to you, the cost of mailing. We will act on your request within thirty (30) calendar days after we receive your request.

We may deny your request to inspect and copy health information if the health information involved is information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding.

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

3. **Right to Amend:** You have the right to ask us to amend health information about you as long as we maintain that information. To request an amendment, you must submit your request in writing to the Community Partners Privacy Officer. Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request.

If we grant the request we will seek your agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend health information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the health information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is not accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial. Your statement may not exceed three (3) pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the health information involved. All of that will then be included with any disclosure of the information in the future or we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any later disclosure of the health information involved. You also will have the right to complain about our denial of your request.

4. **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of health information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are **not included** in such an accounting:

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| <ul style="list-style-type: none">a. Disclosures to carry out treatment, payment and health care operations;b. Disclosures of your health information made to you;c. Incidental disclosures;d. Disclosures that you have authorized;e. Disclosures to persons involved in your support;f. Disclosures for disaster relief purposes; | <ul style="list-style-type: none">g. Disclosures for national security or intelligence purposes;h. Disclosures to correctional institutions or law enforcement officials;i. Disclosures that are part of a limited data set for research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed.)j. Disclosures made prior to April 14, 2003. |
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To request an accounting of disclosures, submit your request in writing to the Community Partners Privacy Officer. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

We will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list.

5. **Right to Copy of this Notice:** You may request a copy of our Notice of Privacy Practices at any time. To obtain a paper copy of this notice, contact the Community Partners Privacy Officer.

Our Duties

1. **General:** We are required by law to maintain the privacy of health information about you and to provide individuals with notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.
2. **Right to Change Notice:** We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.
3. **Availability of Notice:** A copy of our current Notice of Privacy Practices will be at all Community Partners administrative locations and at each service site. At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting Melissa French, Community Partners Privacy Officer, 443 Main St., PO Box 363, Biddeford, ME 04005.
4. **Effective Date of Notice:** Stated on the first page of the notice.
5. **Complaints:** You may complain to us and to the US Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact Melissa French, Community Partners Privacy Officer, 443 Main St., PO Box 363, Biddeford, ME 04005 (207) 282-7113. All complaints should be submitted in writing.

You can also file a complaint directly with the United States Secretary of Health and Human Services.

You will not be retaliated against for filing a complaint.

6. **Questions and Information:** If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Community Partners Privacy Officer:

Melissa French, Community Partners Privacy Officer
443 Main St., PO Box 363
Biddeford, ME 04005
(207) 282-7113)