

## 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 IT CAREFULLY.**

This notice applies to those practices of the University of New England (UNE) that provide health care, including: University HealthCare, the Community OT Clinic, and the Dental Hygiene clinic. UNE health care providers, such as physicians, nurses, counselors and therapists, maintain health information about you in a treatment record that belongs to us. This Notice describes the different ways that we use and disclose health information. Not every use or disclosure we make will be listed in the examples. However, all of the ways we are permitted to use and disclose health information will fall into one of these categories.

#### **How UNE May Use or Disclose Your Health Information**

*Treatment:* UNE may use and disclose health information to provide, or arrange for, treatment and care. For example, a UNE health care provider may record information in your record that is related to the treatment you have received. This information may be shared with other UNE providers involved in your care to diagnose health problems or measure the progress of your treatment. We may also share this information with health care providers outside of UNE who are involved in your care so that you can receive additional consultations, tests or treatments.

*Payment:* UNE may use health information and disclose it to others in order to receive payment for the treatment you have received. For example, we may provide information to the person who will pay for your care (such as an insurance company, health plan or relative) in order to confirm your eligibility or receive payment for our services. The information disclosed may include your diagnosis, the type of treatment or supplies used during treatment, and such other information necessary to obtain payment.

*Health Care Operations:* UNE may use and disclose health information for its own operations. For example, we may use your health information to evaluate the quality of care you have received from us, or to conduct cost management and business planning activities for our practice.

*Appointments:* UNE may use and disclose health information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits or services that may be of interest to you. We may leave messages on your answering machine

*Fund Raising:* UNE may use your address to send you general mailings and newsletters that may contain fund-raising requests.

*Required by Law:* UNE may use and disclose health information as required by State and Federal laws. Examples include: (1) reporting vital records such as births and deaths; (2) disclosing information for judicial and administrative proceedings when authorized by law; (3) reporting abuse and neglect when authorized by law; (4) releasing a crime victim's records to a prosecutor when authorized by law; (5) reporting criminal conduct at our offices; and (6) responding to a court order, warrant or lawful subpoena.

*Public Health:* When permitted or required by law, UNE may disclose health information to public health authorities of required notifiable conditions, e.g., to prevent or control infectious disease, injury, disability; to report adverse drug reactions or problems with products or devices; or to assist government authorities with their health oversight activities such as audits, inspections and licensing surveys.

*Decedents:* UNE may disclose health information to a medical examiner or funeral director as required by law to enable them to carry out their lawful duties.

*Organ and Tissue Donation:* If you are an organ donor, UNE may disclose health information to organizations that handle organ, eye or tissue procurement or transplants, as necessary to facilitate organ or

tissue donation.

*Inmates:* UNE may disclose health information to a correctional institution if you are an inmate or under the custody of law enforcement.

*Research:* UNE may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and the research protocols to address the privacy of your protected health information.

*Health and Safety:* UNE may disclose health information to appropriate persons when necessary to avoid a serious threat to your health and safety or the health and safety of others.

*Specialized Government Functions:* If required by law, UNE may disclose health information for specialized governmental functions, including protection of public officials or reporting to various branches of the armed services.

*Workers' Compensation:* UNE may disclose health information to your employer as permitted by Workers' Compensation laws.

*Disclosures to Family and Friends:* UNE may disclose to a family member or close friend health information that is necessary for their involvement in your treatment and care, or to notify them of your location, general condition or death. You may limit such disclosures by notifying us of your objection.

*Other Uses:* UNE may use or disclose your health information for other purposes only with your written authorization.

## **Your Rights**

*Confidential Communications:* You have the right to request that UNE communicate with you about your health-related issues in a particular manner or at a certain location. For example, you may ask that we not disclose information to your spouse, or contact you at work rather than home. All requests for confidential communications must be submitted in writing to the Site Supervisor at the location where you received care. The request must specify the alternative address or method of contact, and when appropriate, how payment, if any, will be handled. UNE does not communicate PHI through E-Mail because our system is neither private nor secure.

*Additional Restriction:* You have the right to request an additional restriction of our use or disclosure of your health information. We are not required to agree to your request; however, if we do agree, we will be bound by our agreement except when otherwise required by law, in emergencies, when the information is necessary to treat you, or until the restriction is terminated. Please submit in writing to the Site Supervisor at the location where you received treatment. The request must specify: (1) the information you wish to restrict; (2) whether the restriction applies to UNE's use, disclosure or both; and (3) to whom you want the restriction to apply.

*Access to Records:* You have the right to inspect and obtain a copy of the health information that we use to make treatment decisions about you. This includes your treatment and billing records, but does not include psychotherapy notes, if any. All requests for access must be submitted in writing to the Site Supervisor. The request must specify the records or types of records you desire and whether you would like access, copies or a narrative summary. We may deny your request in certain limited circumstances; however, you may appeal most denials by notifying our privacy contact in writing. Another licensed health care professional chosen by us will review the decision. We reserve the right to supervise your review of our records, and we may charge a reasonable fee for the costs of the narrative or copies, including mailing and supplies costs.

*Amendment:* You have the right to ask us to amend the health information that we use to make treatment decisions if you believe it is incorrect or incomplete. All requests for amendment must be submitted in writing

to our Site Supervisor. The request must specify the exact nature of the desired amendment, including all reasons that support it. We may deny your request for several reasons, including when we believe the health information is accurate and complete.

*Accounting of Disclosures:* You have the right to receive an accounting of disclosures of your health information. However, this accounting may exclude certain disclosures, including those for treatment, payment and health care operations, or disclosures we made to you or pursuant to your written authorization. All requests for an accounting must be submitted in writing to our Site Supervisor. The request must specify a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free, but we may charge a fee for additional lists within the same 12-month period.

*Paper Copy of this Notice:* You are entitled to receive a paper copy of this Notice at any time, even if you previously agreed to receive it electronically. To obtain a paper copy of this Notice, contact our Site Supervisor.

*Revocation of Authorization:* You may revoke your authorization at any time by sending a written revocation to our Site Supervisor. The revocation will be effective when we receive it, subject to the rights of anyone who took action on your authorization prior to its revocation.

## **Complaints**

We encourage you to discuss issues regarding privacy of your information with UNE Privacy Contact or Site Supervisor. If you believe your privacy rights have been violated, you may file a complaint with UNE Privacy Officer or with the Secretary of the Department of Health and Human Services. All written complaints must be submitted in writing to our Privacy Officer. We will not retaliate against you for filing a complaint.

## **UNE Obligations**

UNE is required by law to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Abide by the terms of the Notice currently in effect.
- Accommodate your reasonable requests for confidential communications.
- Notify you if we are unable to agree to your written request for an additional restriction, access, amendment or confidential communication.
- Obtain your written authorization to use or disclose your health information for reasons other than those categories listed above, or as otherwise authorized or required by law.

UNE reserves the right to change the terms of this Notice and make the new terms effective for all protected health information it maintains. The revised Notice will be posted on our website and in a visible location at each of our offices. In addition, you may request a copy of our most current Notice at any time by contacting our Site Supervisor.

## **Privacy Information**

If you have any questions regarding this Notice or our health information privacy policies, please contact:

Megan Rochelo, MPH  
UNE HIPAA Privacy Officer  
University of New England  
11 Hills Beach Road  
Biddeford, ME 04005  
207-602-3550