



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.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

I. OUR OBLIGATIONS TO YOU

This Notice of Privacy Practices ("Notice") tells you about the Goodwill Industries of Northern New England ("Goodwill") may use and disclose your Protected Health Information, also known as "PHI." We also describe your rights and certain duties we have concerning the use and disclosure of PHI. Your PHI includes information that identifies you and the health care you receive. We may use or disclose your PHI to provide treatment to you, to seek payment for the treatment provided, to support our health care operations, and for other purposes that are permitted or required by law.

We are required by the Federal Privacy Rules to:

- Maintain the privacy of your PHI.
- Provide you with this Notice.
- Tell you about our legal duties and privacy practices concerning PHI we collect and maintain.
- Agree to the terms of this Notice, subject to the following: We reserve the right to change our PHI practices and the terms of this Notice. If our PHI practices change, we will post and/or provide a revised Notice. We will not use or disclose your PHI without your consent or permission, except as described in this Notice.

II. WAYS WE MAY USE AND DISCLOSE INFORMATION: Listed below are the ways that we use and disclose PHI. For each use or disclosure, we will explain what we mean and give some examples. Please note that not every type of use or disclosure is listed in this Notice, but all of the ways we can use and disclose information fall within one of these areas.

For TREATMENT. Treatment means the provision, coordination, or management of your health care and related services by us and other health care providers involved in your care. It includes the coordination or management of health care by us with a third party, consultation between our practice and other health care providers relating to your care, or our practice's referral of you to another health care provider or facility, such as a laboratory.

- For example, we will disclose your PHI to a specialist to whom you have been referred to ensure that the specialist has the necessary information he or she needs to diagnose and/or treat you.
- For example, a health care provider treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

Other departments may also share health information about you in order to arrange for the things you need, such as medicines, lab work, and x-rays. We also may disclose health information about you to people outside the facility or practice who may be involved in your care after you leave us, such as family, your health care provider, clergy, or others who provide services as part of your care.

For PAYMENT. Payment means our activities to obtain reimbursement for the health care treatment provided to you, including billing, claims management, and collection activities. Payment also may include your insurance company's work to determine eligibility, for claims processing, to assess medical necessity, and for utilization review. We may use and disclose health information about you to obtain payment for our services.

- For example, prior to providing treatment, we may use your PHI to confirm that your health insurer will pay for the treatment.
- For example, we may use and disclose your payment information to a laboratory that provided treatment in order for the laboratory to bill for its services.

EFFECTIVE DATE: April 14, 2003

For HEALTH CARE OPERATIONS. Health care operations refer to our business activities that are necessary to run our office and to make sure patients receive quality care. These activities include, but are not limited to, quality assessment and improvement activities, including outcome evaluations and development of clinical guidelines, patient safety activities, activities to improve health or reduce health care costs, protocol development, and case management and care coordination. Health care operations also include peer review of health care professionals; medical review, legal services and auditing functions; business planning and development; and business management and general administrative activities.

- For example, we may use your PHI to review the treatment by our health care providers;
- We may also combine health information about many patients to decide what other services we should offer, what services are not needed, and whether certain new treatments are effective;

To PERSONS INVOLVED IN YOUR CARE OR INVOLVED IN PAYMENT FOR YOUR CARE, AND NOTIFICATION.

- We may disclose PHI about you to a friend or family member who is involved in your care.
- We may also tell your family and friends your condition and that you are in our facility.
- We may use or disclose your PHI to notify, or assist in the notification of a family member, personal representative, or another person responsible for your care of your location, general condition, or death.
- We may give information to someone who helps pay for your care.
- We may disclose PHI about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Please let a staff person or your health care provider know if you would not like us to disclose information to a family member or friend.

For APPOINTMENTS AND SERVICES. We may use or disclose your PHI to notify or remind you of an appointment. We may call your home or business, leave a message for you, or mail a post-card. We may also use or disclose your PHI to contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

For FUNDRAISING. We may use and disclose information related to your demographic information, dates of care, department of service, treating physician, outcome information, and health insurance status to a business associate or institutionally related foundation for purposes of our fundraising efforts. For example, you could be contacted about our efforts to raise money to construct a new health facility. You will be told how you may request not to be contacted in the future if we do contact you. We will not condition our care of you on your agreement to receive fundraising communications. You have the right to opt out of receiving fundraising communications by submitting a written request to our Privacy Officer.

To BUSINESS ASSOCIATES. We may disclose PHI to other persons and companies who perform services related to our treatment, payment or health care operations for you, such as billing or transcription services. These third-parties are our "Business Associates," and we require them to appropriately safeguard your information.

III. USES AND DISCLOSURES WITH YOUR WRITTEN AUTHORIZATION.

Except as otherwise described in this Notice, we may not use or disclose PHI without your written authorization, which you may revoke. You may request that we use or disclose all or part of your PHI. Use and disclosure may be authorized to specified individuals or other recipients for a defined purpose over a particular timeframe. While most authorizations must be in writing, in certain circumstances, we will accept oral authorizations to the extent permitted by Maine law. The minimum necessary amount of your PHI will be disclosed to comply with your authorization.

You may revoke your authorization at any time, but only regarding future uses or disclosures and only to the extent we have not already used or disclosed your PHI in reliance on your authorization. If your authorization was provided as a condition of your obtaining insurance coverage, then if the insurer has a right to contest a claim, the revocation may be ineffective. We may also accept oral revocations and certain electronic revocations of authorizations, but we request that you follow this with a revocation in writing.

Authorizations may be required to disclose certain types of PHI:

For PSYCHOTHERAPY NOTES. We will not disclose your PHI related to Psychotherapy Notes without your written authorization except in a few limited situations.

For MENTAL HEALTH RECORDS. Mental health information often has an even higher level of protection than other types of information. We may be required to obtain your written permission before sharing this information in some circumstances.

For HIV INFORMATION. In many cases, we may ask for written permission before disclosing information concerning HIV. For instance, we may ask you to identify each health care provider to whom you would like us to disclose this information.

For ALCOHOL AND DRUG ABUSE RECORDS. Federal law protects the confidentiality of alcohol and drug abuse patient records maintained by us. With few limited exceptions, we may not tell anyone outside of our system or disclose any information identifying a patient as an alcohol or drug abuser.

For MARKETING. We will not disclose your PHI for any marketing purposes without your written authorization except if the communication is in the form of a face-to-face communication made to you personally, or a promotional gift of nominal value. Marketing does not include sending you information related to your individual treatment, case management, care coordination or directing you to alternative treatment therapies, healthcare providers or settings of care. If the marketing is to result in financial remuneration by a third-party we will state this on the authorization.

For THE SALE OF PROTECTED HEALTH INFORMATION. We will not sell your protected health information without your written authorization. If the marketing is to result in financial remuneration by a third-party we will state this on the authorization.

For IMMUNIZATIONS. We may use or disclose information regarding proof of immunization of an individual who is a student or prospective student of a school if a parent, guardian, other person acting in loco parentis of the individual, or the individual themselves agrees to the disclosure.

IV. USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR WRITTEN AUTHORIZATION

There are particular situations in which your PHI can be used or disclosed without your authorization, including but not limited to the following situations:

As REQUIRED BY LAW. We will use and disclose information about you when required to do so by federal, state, or local law.

In EMERGENCIES. If you are unable to provide an authorization or are otherwise incapacitated, and require emergency medical treatment, we will use and disclose your PHI for you to receive health care treatment. We will attempt to obtain your authorization, as soon as practical.

To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY. We may disclose your PHI in a manner that is consistent with applicable laws and professional ethics, to prevent or lessen a serious and imminent threat to the health or safety of any person or the public, and disclose PHI to someone in a position to prevent or lessen the threat, including to the target of the threat. Disclosure may also be made to law enforcement officials to identify or apprehend a person involved in a violent crime involving serious physical harm to a person, or if escape from a correctional institution or lawful custody is believed to have occurred.

To REPORT ADULT ABUSE OR NEGLECT; DOMESTIC VIOLENCE; RISK OF HARM. We may disclose your PHI in connection with reports that we may be required or authorized to make regarding abuse, neglect, or domestic violence. Such disclosure will be limited to the extent required by law, or if disclosure is authorized but not required, will be made as necessary to prevent serious harm to you or others. To the extent that the disclosure will be made, we will promptly inform you or your Personal Representative, unless we believe informing you or your Personal Representative would place you at risk of serious harm.

For HEALTH OVERSIGHT ACTIVITIES. We may disclose health information to a health oversight agency for actions required by law. Actions may include, for example, audits, investigations, inspections, and licensure.

In JUDICIAL OR ADMINISTRATIVE PROCEEDINGS. If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if a court order has been obtained to protect the information requested.

To LAW ENFORCEMENT. We may disclose health information if asked to do so by a law enforcement official:

- In response to a court order, warrant, summons;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- Upon request, to law enforcement officers investigating criminal conduct
- About a death we believe may be the result of a crime;
- About a crime conducted at or on our premises; and
- In an emergency, to report a crime; the location of a crime or victims, or the identity, description or location of the person who committed the crime.

To MEDICAL EXAMINERS AND FUNERAL DIRECTORS. We may disclose health information to medical examiners or coroners. This may be required, for example, to identify a deceased person or to decide the cause of death. We may also disclose health information about patients to funeral directors as needed to carry out their duties.

To ORGAN DONATION ORGANIZATIONS. If you are an organ donor, we may disclose health information to agencies that procure organs, eyes, or tissues for transplantation or donation.

For RESEARCH PURPOSES. We may disclose your PHI for certain medical or scientific research, provided that an institutional review board authorized by law or a privacy board waives the authorization requirement or that measures are being taken to protect your PHI, or that the researcher makes certain representations regarding the use and protection of the PHI to be disclosed. In most circumstances you must sign a separate form specifically authorizing us to use and/or disclose your PHI for research.

For PUBLIC HEALTH RISKS. We may disclose health information about you for public health reasons. They include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- To notify a state agency if we believe a patient has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

To MILITARY AND VETERANS. If you are a member of the armed forces, we may disclose health information about you as required by the military. We may also disclose health information about foreign military staff to the appropriate foreign military agency.

For NATIONAL SECURITY, INTELLIGENCE ACTIVITIES. We may disclose health information about you to federal officials such as the FBI or CIA or any other national security activities authorized by law.

For PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS. We may disclose health information about you to federal officials so they may protect the President, other persons, or foreign heads of state or conduct special investigations.

To CORRECTIONAL FACILITIES. If you are an inmate of a state or local prison or under the custody of a law enforcement official, we may disclose health information about you to the facility or law enforcement official. This disclosure would be necessary (1) to provide you with health care; (2) to protect your health and safety; or (3) for the health, safety, and security of the facility, including the other inmates, law enforcement, and other personnel.

For WORKERS COMPENSATION. We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

V. OTHER USES AND DISCLOSURES

Maine HealthInfoNet (HIN). We send patient health care information to a state-sponsored electronic health information exchange known as Maine HealthInfoNet. Many other health care providers do this. HIN allows participating providers, including

providers not affiliated with us, to access patient health care information from multiple sources when treating patients. We do not control the health information security and privacy policies and practices of HIN, the data submitted by other health care providers to HIN, or the manner in which your health information is linked and disclosed to other providers. If you do not want your information sent to HIN, you must fill out a form that lets HIN know that you do not want to participate. You can obtain this form from us. If you choose not to participate, HIN will delete all health information about you that it has in its system at that time, but maintain basic demographic information about you so that it can honor your choice not to participate. You can also change your mind about participating in HIN's system at any time by filling out a form that we will make available, calling HIN toll free (#866-592-4352), or by going to the website www.hinonet.org and making your wishes known. We will not deny you health care treatment based solely on your decision or a provider's decision not to participate in HIN.

VI. RIGHTS THAT YOU HAVE REGARDING YOUR HEALTH INFORMATION:

To obtain a Copy of this Notice, you may request a paper copy of this Notice or view it electronically from our website at <http://www.goodwillnne.org/download/notice-privacy-practices/>

To Request a Restriction on Certain Uses and Disclosures. You have the right to request a limit on the health information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request, except we are required to agree to your request to not provide your insurance carrier with your health information if the PHI pertains solely to a health care item or service for which you have paid in full. If we do agree with your request for restriction, we will comply with your request unless the information is needed to provide you with emergency treatment or the restriction is terminated. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

To Inspect and Request a Copy of Your Health Record. With limited exceptions, you have the right to inspect and copy health information that may be used to make decisions about your care. This includes health and billing records.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. The request must specify the records or types of records you desire and whether you would like access or copies. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, other supplies needed to support your request, including preparation of a summary of PHI. We also reserve the right to supervise your review of our records

We may deny your request to inspect and copy in certain very limited Circumstances. In these circumstances, we will allow you to designate in writing another person to inspect and copy your medical record. If you are denied access to a non-medical record, you may appeal that denial by submitting your appeal in writing to the Privacy Officer. We will choose another licensed health care professional to review your request and the denial. This person will be different from the person who denied your initial request. We will comply with the decision of the reviewing person.

To Request an Amendment to Your Health Record. If you feel that health information we have about you is incorrect or incomplete, you may ask us to change (amend) the information. You have the right to request a change for as long as the information is kept by or for us. To request a change, your request must be made in writing and should be sent to the Privacy Officer. The request must specify the exact nature of the desired amendment and provide all the reasons that support your request.

If you request a change to your treatment record, we will include your written changes as part of the medical record. We may add to the record a response, and will provide you a copy of our response. If you request a change to a non-treatment record, we may deny your request if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the us;
- Is not part of the information which you would be allowed to inspect and copy; or
- Is accurate and complete.

If your request for an amendment is denied, you may submit a written statement of disagreement that provides the basis for your disagreement and we may prepare a written rebuttal to your statement of disagreement.

To Request an Accounting of Disclosures of Your Protected Health Information. You have the right to request an "accounting of disclosures." This is a list of disclosures we made of medical information about you that are not for treatment, payment, or operations and have not already been authorized by you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period and may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Notification of Breach of Unsecured Protected Health Information. We are required to notify affected individuals following a breach of unsecured protected health information.

Requests Concerning Confidential PHI and Alternative Means of Communication. You have the right to request we communicate with you about medical matters in a certain way or in a certain location. For example, you can ask that we only contact you at work or by mail. To request that we contact you in a particular way, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will support all reasonable requests. Your request must specify how or where you wish to be contacted.

VII. CHANGES TO THIS NOTICE We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at our facility. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, you may request a paper copy of the current Notice in effect.

We will ask that you acknowledge receipt of this Notice, because we are required to make a good faith effort to obtain your signed acknowledgement.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, we encourage you to discuss these issues with our Privacy Officer, whose contact information is provided below. You may file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services.

To file a complaint, contact the Privacy Officer at the facility that treated you. All complaints must be submitted in writing to the Privacy Officer at the address above. You will not be retaliated against for filing a complaint. We support your right to the privacy of your health information.

Contact Officer: Richard Arthur, Privacy Officer

Telephone: (207) 774-6323

Fax: (207) 761-8460

E-mail: richard.arthur@goodwillnne.org

Address: 34 Hutcherson Drive, Gorham. ME 04038

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