



## NOTICE OF PRIVACY PRACTICES

Maine Department of Health and Human Services  
Riverview Psychiatric Center

**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.**

*At the Maine Department of Health and Human (DHHS), not all of our work involves personal information. When it does, we are required to protect it. Our facilities or offices that provide you with health care services or pay for your care are required to provide you with a Notice of Privacy Practices to tell you about your rights, our legal duties, and how those offices are permitted to use and share your protected health information. We give a small number of examples to explain what we mean, but not every use or disclosure can be listed on this Notice. Please let us know if you have any questions about this form.*

### **How We May Use and Disclose Protected Health Information:**

For Treatment: When you receive healthcare services from our hospitals or providers, we will use and disclose your protected health information to take care of you, and to coordinate or manage your healthcare and related services in our offices or with a third party. For example, we may share your protected health information with a laboratory or imaging center, with a specialist who needs information to properly treat you, or with a home health agency that provides care to you. We may share information with persons involved in your care unless you object.

For Payment: When we provide treatment, we will use your protected health information to get paid for services we provide you. We may share information with your insurance company to obtain pre-approval for a hospital stay or surgical procedure.

If you are receiving this Notice as a member of MaineCare, we will use your information and talk to your providers to determine if you are eligible for services or benefits, to help coordinate your care, review your use of services, and to tell you about program changes and updates.

For Our Healthcare or Business Operations: We may use or disclose your protected health information to review the care we provided you, for education and training, or for legal, accounting or payment matters. We may share information with others who help us do our work and who promise to follow the law and keep your information confidential, including those who help us process MaineCare claims or provide us with business reports we need. We may use a sign-in sheet at the registration desk so that we may call you by name when we are ready to see you and we may contact you to remind you of your appointment.

***If you are a patient of Dorothea Dix Psychiatric Center or Riverview Psychiatric Center, we will ask for your written permission to share information to treat you and be paid, unless you need emergency care.***

HealthInfoNet: Maine has a statewide health information exchange called HealthInfoNet that is able to receive certain limited health information from MaineCare and our facilities. If your information is included, you have the right to “opt out” if you choose. Mental health and HIV treatment data will never be included unless you ask to “opt in.” More information is available from your provider or program.

The law provides that we may use or disclose your protected health information in certain situations, including:

When required by state or federal law;	To report abuse or neglect;
In an emergency or for disaster relief purposes, such as to notify family about your whereabouts and condition;	To persons authorized by law to act on your behalf, such as a guardian, health care power of attorney or surrogate;
For public health activities such as health interventions and reporting on or preventing certain diseases;	To comply with Food and Drug Administration requirements;
For health oversight purposes such as reporting to the Center for Medicare and Medicaid Services or for licensing audits, investigations or inspections;	Where required by U.S. Department of Health and Human Services to determine our compliance;
In connection with Workers’ Compensation claims for benefits;	To assist coroners or funeral directors in carrying out their duties;
For research where your information has been de-identified or we have received permission from a special review board;	To comply with a valid court order, subpoena or other appropriate administrative, judicial or legal request;
We may share your information with appropriate military entities if you are a member or veteran of the armed forces. We may be required to disclose information for national security or intelligence purposes. If you are an inmate, we may release your information for your health or safety in the correctional facility.	To assist law enforcement where there was a possible crime on the premises. We may also share your information where necessary to prevent or lessen a serious or imminent threat to you or another person.

Other uses and disclosures will be made only with your written authorization. If you sign an authorization, you may revoke it at any time, except to the extent that we have already shared your information based upon your permission.

**Your Rights**: Following is a statement of your rights with respect to your protected health information:

**You have the right to inspect and copy your protected health information.** This usually includes medical and/or billing records. You must ask us in writing and agree to be responsible for a reasonable fee before we provide you with your copy. You may ask us to provide your electronic record in electronic format. If we are unable to provide you with the record in the format you request, we will provide it in a form that works for you and our office. You may also ask us to transmit your record to a specific person or entity via email if a) you provide the email address in writing and b) sign a statement that you fully understand that email comes with inherent risks that we cannot prevent and for which our offices are not responsible. Under certain circumstances, your provider may not allow you to see certain parts of your record. You may ask that this decision be reviewed by another licensed professional.

**You have the right to ask us to contact you in a way and in a place that you believe will keep your information private**, for example, to contact you at a different address or telephone number.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose all or part of your protected health information for the purpose of treatment, payment or healthcare operations. We will consider your request carefully, and may honor reasonable requests where possible. We are not required to honor all requests.

If you have received services from our healthcare providers or hospitals and do not wish to share your health information with your insurer, we must honor your request if you have paid out of pocket in full for your services and as long as sharing your claim is not required by law. Please discuss this request with us.

You may also ask that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must tell us the specific restriction requested and to whom you want the restriction to apply.

**You have the right to receive an accounting of disclosures** we have made of your protected health information. This essentially means you may receive a listing of certain uses or disclosures made for *other than* treatment, payment or business operations, and which you have not received or authorized, such as where we have shared information for public health purposes.

**You may ask us to amend your record.** While we cannot erase your record, we will add your written statement to your protected health information to correct or clarify the record. Your provider may submit a response to the new correction, which will be provided to you.

**Breach Notification.** We are required to have safeguards in place that protect your health information. In the event there is a breach of those protections, we will notify you, government officials, and others, as the law requires.

**Complaints.** You may make a complaint to the Privacy or Security Official at the DHHS office where you receive services at; Tlxgtxkgy "Medical Records Administrator: 624-3953], or to the Office of Civil Rights at the Department of Health and Human Services (OCR) if you believe your privacy rights have been violated by us. You may contact the OCR in writing at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> or to:

Region I Regional Manager  
Office for Civil Rights, U.S. Department of Health and Human Services  
Government Center  
John F. Kennedy Federal Building - Room 1875  
Boston, MA 02203  
Voice phone (800) 368-1019  
FAX (617) 565-3809  
TDD (800) 537-7697

DHHS and its offices will not retaliate against you for making a complaint.

You have a right to a paper copy of this Notice of Privacy Practices, even if you have received this Notice electronically.

We reserve the right to change the terms of this Notice, but will comply with the Notice that is in effect. We will post the current notice on our website and in our treatment facilities, and provide you with the newest notice as the law requires. This updated notice is effective as of [September 23, 2013].

**For Use by DHHS Facilities  
Acknowledgement of Notice of Privacy Practices**

Your signature acknowledges that you have received this Notice of Privacy Practices.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

Individual chooses not to sign:

\_\_\_\_\_  
Name/Title of DHHS Employee

Date: \_\_\_\_\_