

We are required by law to:

- **Make sure that medical information that identifies you is kept private;**
- **Give you notice of our legal duties and privacy practices with respect to medical information about you;**
- **Follow the terms of the notice that is currently in effect.**

**MICMAC HEALTH DEPARTMENT
NOTICE OF PRIVACY PRACTICES**

Uses and Disclosures of Health Information

Limiting disclosures to those with a need to know and giving them no more information than necessary for routine and non-routine disclosures. This will help the Micmac Health Department comply with the privacy regulation's "**minimum necessary**" rule.

Health information is recorded every time you seek treatment from a physician or other health care provider or visit the health department. Typically, health information contains your health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. **We use health information about you primarily for treatment, payment and operations of this health care facility** which includes the Micmac Family Clinic, Behavioral Health, Contract Health Services, Environmental Health, Community Health and Injury Prevention.

Treatment involves examining your health information to treat you. For example:

- We may ask you to take a blood or urine test the results of which might be used for diagnostic purposes.
- We may disclose your health information to others that may assist with your care such as consultations with other physicians, nurses, therapists, etc.
- We may disclose this information to notify or assist in the notification of your family member, relative, close personal friend, or any other person you identify to us who may be responsible for your care, general condition or your location.
- In certain situations we may disclose information to a public or private entity that is authorized to assist in disaster relief efforts to notify or assist in the notification of your family member, relative, close personal friend, or any other person you identify to us who may be responsible for your care, location, general condition or death. In this event we will exercise our professional judgment regarding what information is released and for what purposes.

Payment involves disclosing some of your health information in order to be paid for our services. For example, to obtain payment from your insurance provider. We may also disclose this information to a third party who is responsible for payment such as family members on a family insurance policy.

We may also disclose this information to your family member, relative, close personal friend, or any other person you identify to us as having responsibility for your care or being responsible for the payment of your care.

Operations that are necessary to carry out the activities of this health center might also be exposed to your health information. For example, an audit of the facility might be conducted for cost management review or for a review of quality of your care.

Other Instances When We Might Reveal Health Information

We are obligated by law to reveal health information in certain situations.

- Public health issues frequently involve reporting of health information. This includes:
 - Incidents of cancer to the Maine cancer registry
 - Records of births and deaths
 - Notification of sexually transmitted disease
 - Reporting child abuse or incidents of intimate partner violence
 - Reactions to drugs or other devices for your treatment
 - Other incidents the state or federal government deems significant to protect the health of the community
 - Mandatory communicable disease reporting
- Health oversight activities sometimes involve reviewing health information of patients. These activities include:
 - Licensure
 - Accreditation
 - site review and audits
 - compliance with state and federal laws
- A civil or criminal proceeding involving you can require us to disclose health information by a court or administrative order. If the action does not directly involve you, we will attempt to contact you to inform you of your rights to keeping your information confidential.
- Law enforcement officials also have broad rights to examine health information in certain situations such as:
 - Regarding a crime victim
 - Death from criminal conduct
 - Other criminal conduct effecting this health center

- In response to a warrant or court order
- To identify individuals
- To report a crime
- We may be required to report or disclose health information to Workers' Compensation.

We may use health information to increase the efficiency of this health center and the delivery of care. For example we might use health information to:

- Provide appointment reminders
- Provide information on alternative treatments or other health related benefits or services
- Raise funds for the organization
- Request your assistance with this community health center by serving on the Board of Directors

We may include health information in a data pool. *This data pool will not contain information that individually identifies you.* This data pool is a source of information that we use to identify the overall services that this health center provides to the community. This data pool provides us with:

- A source of data for grant research focused on community health
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning
- A tool which will enable us to assess and continually work to improve the care we render and the outcomes we achieve

This data pool is subject to the oversight of an Institutional Review Board or a Privacy Board. These boards ensure that any information in this data pool is necessary to improve the delivery of health to the community and carries only a minimal risk of identification to any individual patient of this health center.

Your Rights

You have the right to request restriction on uses and disclosures of your information.

Although your health record is the physical property of this health center, the information contained in it belongs to you.

To request a restriction you must complete a "Request for Restriction" form and submit to the Medical Records Department of this health center (forms available in Medical Records Department). The request MUST state what information you wish restricted and who you want this information restricted from.

Although we shall work with you to protect your information we cannot accommodate all requests. Therefore we reserve the right to reject a request for a restriction. Unless we have specifically agreed to your request we will not be able to accommodate it. If we do agree to the restriction we will be bound by our agreement except in the case of a legal requirement, emergencies or if the information is otherwise necessary to treat you. Also we will adhere to it unless you request otherwise or we give you advance notice.

You have a right to inspect and obtain a copy of your health records.

- There may be a fee for copies.
- The request must be made in writing Release of Information Form and sent to the Medical Records Department of the Micmac Family Clinic. A response to your request will be given within 30 days.
- This only pertains to only information generated from clinic
- If we deny all or part of your request we will provide the reason for doing so in writing. You may be entitled to request a review of this denial and if so, how and where to request a review.
- We are permitted to withhold certain information from your records, such as psychotherapy notes. In certain other limited situations we may deny your request as well.
- Withhold if detrimental to your health.

You have a right to request an amendment to your health record.

- The person that created your records should amend them. We may not be able to modify records that we did not create unless you provide a reasonable basis for us to believe that the person who created your records is no longer available.
- We may not be able to amend your records if they are not part of our records or could otherwise not be made available to you for your inspection.
- We also may not choose to amend your records if we believe that your records are already accurate and complete.
- Requests for amendment must be made in writing on the “Request for Correction/Amendment” form and submitted to Medical Records Departments
- If we agree to amend the record you shall receive written notice of the amendment.
- If we deny your request to make an amendment we will inform you of the denial in writing. With this notice of denial, you will be instructed where and how to file a written statement disagreeing with the denial.

You have a right to obtain an accounting of disclosures of your health information. To obtain a copy, submit a completed “Request of an Accounting of Disclosure” form to the “appropriate healthcare component.” Forms can be obtained at the Medical Records Department.

You have a right to provide an authorization for the use of your health information not otherwise described in this notice. Furthermore, any authorization you grant to us to use your health information may be withdrawn at any time so long as notice is given in writing. Further details of your rights in regard to an authorization will be detailed in the authorization form itself.

You have the ultimate right to reject or abide by the terms of notice.

Changes, Amendments and Modifications to this Notice

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, you shall be notified in the manner and at the place you wish to be contacted.

We will not use or disclose your health information without your authorization, except as described in this notice.

Do You Have Complaints/Questions?

If you have any questions, concerns or complaints about how Micmac Health Department may use or disclose your medical information, please contact the Privacy Officer at:

Micmac Health Department
8 Northern Road
Presque Isle, ME 04769
764-7219

Or the Secretary of the Department of Human Services (DHHS).