



## 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.

Catholic Charities Maine (also referred hereafter as the organization, we, us or our) is committed to maintaining the privacy of your protected health information while providing you with high quality care. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the regulations thereunder, and the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (the "HITECH Act") and the regulations thereunder, the following is a summary notice of our privacy practices, followed by the full written notice.

We are required by law to protect the privacy of your protected health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our agency, programs and any affiliated health care providers that jointly perform payment activities and business operations with us. A copy of our current notice will always be posted in our reception area. You will also be able to obtain your own copies by accessing our website at [www.ccmaine.org](http://www.ccmaine.org) or by calling (207) 620-3224, or toll free 1-800-781-8550, or asking for one at the time of your next visit.

### Summary Notice

The Notice of Privacy Practices explains:

- How we may use and disclose your protected health information
- Your privacy rights regarding your protected health information and how you can exercise these rights, including how you may file a complaint to us
- Our obligations concerning the use and disclosure of your protected health information
- Whom you may contact for further information

We may use and disclose your protected health information for treatment, payment and health care operations (TPO) as well as other times in order to provide you with the best possible services.

You have the right to inspect, copy and amend your protected health information. You have the right to request restrictions on the use of your protected health information. You have the right to an accounting of disclosures of your protected health information as described herein.

You have the right to complain about alleged violations to this agency's privacy officer (Director of Quality & Compliance) and the US Department of Health and Human Services.

If you have any questions about this notice, please contact our designated Privacy Officer:

**Director of Quality and Compliance**  
**Tel (207) 620-3224 or Toll Free 1-800-781-8550**



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## **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE.**

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and healthcare operations.

## **WHO WILL FOLLOW THIS NOTICE.**

This notice describes Catholic Charities Maine's practices and that of:

- Any health care professional authorized to enter information into your personal or health chart.
- All departments and programs of the organization.
- Any member of a volunteer group we allow to help you while you are a client of the organization.
- All employees, staff and other program personnel.
- St. Joseph's Child Development Center, a subsidiary of Catholic Charities Maine. This center may share protected health information with the organization or any of its programs for TPO purposes described in this notice.

## **We are required by law to:**

- Maintain the confidentiality of your protected health information;
- Give you this notice of our legal duties and privacy practices with respect to the information about you; and
- Follow the terms of the notice that is currently in effect.

**Requirement For Written Authorization.** We will generally obtain your written authorization before using your protected health information or sharing it with others outside our organization. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please contact the CCM program employee providing services.

**Exceptions To Authorization Requirement.** There are some situations when we do not need your written authorization before using your protected health information or sharing it with others.

- **Exception For Treatment, Payment And Business Operations.** We are allowed to use and disclose your protected health information without your consent to treat your condition, collect payment for that treatment, or run our practice's normal business operations.
- **Exception For Disclosure To Friends And Family Involved In Your Care.** We will ask you whether you have any objection to sharing information about your health with your friends and family involved in your care. More information about this exception is provided below.
- **Exception In Emergencies Or Public Need.** We may use or disclose your protected health information in an emergency or for important public needs. For example, we may share your information with public health officials who are authorized to investigate and control the spread of diseases. Additional examples of potential exceptions are detailed below.
- **Exception If Information Does Not Identify You.** We may use or disclose your protected health information if we have removed any information that might reveal who you are.

***Please read the following Full Notice of Privacy Practices***



**WHAT HEALTH INFORMATION IS PROTECTED**

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information about your health condition (such as the reason you are receiving our services);
- information about health care services you have received or may receive in the future (such as a specific therapy);
- information about your health care benefits under an insurance plan (such as whether a service is covered);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and
- other types of information that may identify who you are (such as where you live or work, your race, gender, ethnicity, or marital status).

**How We May Use or Disclose Your Protected Health Information**

Your protected health information is contained in a personal record that is the physical property of Catholic Charities Maine. Catholic Charities Maine uses this information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use protected health information about you to provide you with care, treatment and/or services. We may disclose protected health information about you to counselors, foster parents, case managers, dentist, interns/students, or other personnel who are involved in taking care of you while you are a client of the organization. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. The health care providers may also disclose information to other departments or programs of the organization in order to coordinate the different things you need, such as case management services, food assistance or foster support. We also may disclose protected health information about you to people outside the organization who may be involved in your care after you leave the program, such as family members, clergy or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose protected health information about you so that the treatment and services you receive at the organization or any of its programs may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a treatment you received at the organization so your health plan will pay us or reimburse you. The bill sent to you or your health plan may contain information about you, your diagnosis, and treatment and supplies used in the course of treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose protected health information about you for the programs' or organization's operations. These uses and disclosures are necessary to run the organization and make sure that all of our clients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many program



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clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to staff, interns/students, and other personnel for review and learning purposes.

- **Appointment Reminders.** We may use your protected health information to contact you as a reminder that you have an appointment for treatment or care with us.
- **Treatment Alternatives and Health-Related Benefits and Services.** We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care.** We may disclose to a friend or family member that protected health information directly relevant to that person's involvement in your health care without your written authorization. We may also tell your family or friends your general condition and location. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.
- **Communication Barriers.** We may use and disclose your protected health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- **Research.** Under certain circumstances, we may use and disclose protected health information about you for research purposes. Before we use or disclose the information for research, the project will have been approved through a special research approval process, but we may, however, disclose protected health information about you to people preparing to conduct a research project, for example, to help them look for clients with specific medical needs, so long as the protected health information they review does not leave the organization. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **Fundraising Activities.** We may use demographic information about you to contact you in an effort to raise money for the organization or disclose such information to a foundation related to the organization. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services with us. If you do not want to be contacted for fundraising efforts, you may notify us in writing. Please address your request to the Director of Development, P.O. Box 10660, Portland, ME 04104-6060.
- **Facility Directory.** We may include health information about you in a facility directory. This information may include your name, location in the facility, your general condition and religious affiliation. We may release location and general condition information to individuals who ask for you by name. We are allowed to release all facility directory information to members of the clergy even if they do not ask for you by name. If you do not want us to make these disclosures, you may notify us in writing. Please address your request to the CCM program employee providing services.
- **As Required By Law.** We may use and disclose protected health information as required by State and Federal laws. Examples include:
  - reporting vital records such as births and deaths;
  - disclosing information for judicial and administrative proceedings when authorized by law;
  - reporting abuse and neglect when authorized by law;
  - releasing a crime victim's records to a prosecutor when authorized by law;



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- reporting criminal conduct at our offices;
  - responding to a court order, warrant or lawful subpoena.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. In such cases, we will only share your information with someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

- **Organ and Tissue Donation.** If you are an organ donor, we may disclose protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose protected health information about you as required by military command authorities or to determine whether you are eligible for certain benefits.
- **Workers' Compensation.** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** When permitted or required by law, we may disclose protected health information to public health authorities:
- to prevent or control infectious disease, injury or 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.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order.
- **Decedents.** We may disclose protected health information to a medical examiner or funeral director as required by law to enable them to carry out their lawful duties.
- **Specialized Government Functions.** If required by law, we may disclose protected health information for specialized governmental functions, including protection of public officials or reporting to various branches of the armed services.
- **Inmates.** We may disclose protected health information to a correctional institution if you are an inmate or under the custody of law enforcement.

## **YOUR RIGHTS**

- **Confidential Communications.** You have the right to request that we 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 CCM program employee providing services. The request must specify the alternative address or method of contact, and when



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appropriate, how payment, if any, will be handled.

- **Right to Restrict Certain Disclosures for Payment.** You have the right to request that CCM restrict disclosures of protected health information pertaining to an item or services that you have paid for out-of-pocket to a health plan for the purposes of carrying out payment or health care operations. CCM is required to honor your request in this circumstance.
- **Additional Restrictions.** You have the right to request an additional restriction of our use or disclosure of your protected health information. ***Except as noted in the preceding paragraph, we are not required to agree to your request.*** However, if we do agree to the restriction, 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. All requests for additional restrictions must be submitted in writing to the CCM program employee providing services. The request must specify: (1) the information you wish to restrict; (2) whether the restriction applies to our 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 protected 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 CCM program employee providing services. 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 the Director of Quality & Compliance 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 protected 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 the CCM program employee providing services. 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 protected health information is accurate and complete. In addition, 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 protected health information kept by or for the organization;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your protected health information. All requests for an accounting must be submitted in writing to the Director of Quality & Compliance. The request must specify a time period, which may not be longer than six (6) years from the date of disclosure for all disclosures that were not through an electronic health record and may not be longer than three (3) years from the date of disclosure for disclosures through any electronic health record for treatment, payment or healthcare operations. The accounting may not include dates before April 14, 2003 for disclosures that were not through an electronic health record and may not include dates before a later date that will be established by the U.S. Department of Health and Human Services for disclosures through an electronic health record. The first accounting you request within a twelve (12) month period will be free, but we may charge a fee for additional lists within the same twelve (12) month period.
- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by e-



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mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, not later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the Department of Health and Human Services to render the PHI unusable, unreadable, and indecipherable to unauthorized users. The notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves ten (10) or more patients whose contact information is out-of-date we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media. If the breach involves more than five hundred (500) patients in the state or jurisdiction, we are required to immediately notify the Secretary of the U.S. Department of Health and Human Services. We are also required to submit an annual report to the Secretary of the U.S. Department of Health and Human Services of a breach that involved less than five (500) patients during the year and will maintain a written log of breaches involving less than 500 patients.

- **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. You may obtain a copy of this notice at our website, [www.ccmaine.org](http://www.ccmaine.org). To obtain a paper copy of this Notice, contact the CCM program employee providing services.

#### **OTHER USES OF PROTECTED HEALTH INFORMATION.**

- Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization.
- Revocation of Authorization. You may revoke your authorization at any time by sending a written revocation to the CCM program employee providing services or the Program Director (you may obtain the Program Director's name and address from any staff person). 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.

#### **CHANGES TO THIS NOTICE**

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected 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 in the organization. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the organization for treatment or health care services as an inpatient or outpatient, you may ask for a copy of the current notice in effect.

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This Notice was last updated on March 17, 2010. Please note that changes in law affecting your privacy rights may take effect at different times.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the organization or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our organization, contact the Director of Quality & Compliance at Catholic Charities Maine, P.O. Box 10660, Portland ME 04104-6060; (207)620-3224, or toll free 1-800-781-8550. You may file an anonymous complaint by calling our Director of Quality and Compliance at (207) 620-3224 or by visiting our web site at [www.ccmaine.org](http://www.ccmaine.org).

*No one will retaliate or take action against you for filing a complaint.*

**FEDERAL AND STATE PRIVACY LAWS**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. Special privacy protections apply to HIV-related information, substance-abuse information, and mental health information. These laws have not been superseded and will be taken into consideration when making decisions about how we will use and disclose your protected health information.