

# DOWN EAST COMMUNITY HOSPITAL 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.**

## **Our Legal Duty**

*Under State and Federal law, we are required to protect and maintain your patient health information and keep it confidential, to provide this Notice about our legal duties and privacy practices regarding patient health information, and to abide by the terms of the Notice in effect.*

## **Who Must Comply with this Notice**

This Notice of Privacy Practice applies to Down East Community Hospital, its departments, units, all employees, staff and other hospital personnel. This notice applies to volunteers whom we allow to help you while you are at the hospital. It also applies to all health care professionals authorized to enter information in your medical record.

## **Patient Health Information**

We create records of the care and service you receive at Down East Community Hospital. These records contain your patient health information which is needed to provide you with quality care and comply with certain legal requirements. Your patient health information includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your health information also includes payment, billing and insurance information. We will not disclose your health information other than what is outlined in this Notice without your authorization.

## **How We May Use Your Patient Information**

We use health information about you for *treatment*, to obtain *payment*, and for *health care operations*, including administrative purposes and evaluation of the quality of care you receive. Under some circumstances, we may be required to use or disclose the information without your authorization. Examples of these are:

**Treatment:** We will use and disclose your information to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, or to people outside of the hospital who may be involved in your medical care after you leave the hospital, such as home health nursing or family members.

**Payment:** We may use and disclose your health information about you so that treatment and services you received at the hospital may be billed and payment may be collected from you,

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Medicare, MaineCare or other insurance company. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay or reimburse us for the surgery. 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.

**Health Care Operations:** We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to assess the care given to you. Examples include: sharing information with doctors, nurses, technicians, medical students and other hospital personnel for review and learning purposes and for combining medical information about many hospital patients to decide what additional services the hospital should offer.

### **Other Uses and Disclosures:**

- *Appointment Reminders:* We may use and disclose your information to contact you with appointment reminders.
- *Fundraising:* We may use your information for Down East Community Hospital fundraising activities.
- *Treatment Alternatives:* We may use and disclose your information to contact you so that we may inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- *Hospital Directory:* We may include certain limited information about you in the hospital directory while you are a patient at the hospital, such as: name, location in the hospital, general condition, and your religious affiliation to members of the clergy. You do not have to be included in the directory; you may tell us this when you are admitted to the hospital.
- *Family members and Others involved with your care:* We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps pay for your care. If you do not want us to disclose this information, you may let us know this when you register at the hospital. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster.
- *Required by Law:* As required by law, we will disclose gunshot wounds, suspected abuse or neglect or similar injuries or events.
- *Public Health Activities:* As required by law, we will disclose vital statistics (such as births and deaths). We will disclose information to prevent or control disease, injury or disability or information related to recalls of dangerous products.
- *Public Safety:* We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or grand jury subpoena. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to your health and safety.
- *Health Oversight Activities:* We may disclose information to a health oversight agency for activities as authorized by law, such as inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

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- *Research:* We may disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.
- *Deaths:* We may disclose information regarding deaths to coroners, medical examiners, funeral directors and organ donation agencies.
- *Military and Special Government Functions:* If you are a member of the armed forces, we may disclose information as required by military command authorities. We may also disclose information for national security purposes.
- *Worker's Compensation:* We may disclose information about you for worker's compensation or similar programs providing benefits for work-related injuries or illness.
- *Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services, accountants and transcription services. When these services are contracted, we may disclose your health information to them so that they can perform the job that we have asked them to do. Business associates are required by law to safeguard your information.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy such medical information, your request must be submitted in writing. There may be a charge for photocopies.
- **Right to Revoke Authorization:** You may revoke an authorization for use or disclosure of your health care information to the extent that we have not already taken action based on the original authorization. Any request for revocation must be done in writing.
- **Right to Amend:** If you believe that information in your record is incorrect or incomplete, you have the right to request that we amend the existing information or add the missing information. All amendment requests must be submitted in writing.
- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures". This is a list of instances where we have disclosed health information without your authorization for reasons other than treatment, payment or operations. To request this list, you must submit the request in writing. Your request must state a time period which may be not longer than six years and may not include dates prior to April 14, 2003. The first list is free, but there may be a charge for additional lists that you request in the same year.
- **Right to Request Restriction:** You have the right to request restrictions or limitations on the medical information we use or disclose about you for treatment, payment or health care operations. *We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.* This request must be in writing and should include: (1) what information you wish to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply.

You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. You may indicate this to us when you register at the Hospital.

- **Right to Request Confidential Communications:** You have the right to ask that we communicate with you about medical matters in a certain way or at a certain location. For

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example, you may wish us to contact you by mail only. To request confidential communications, you must make your request in writing.

- **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask that we give you a copy of this notice at any time. You may also obtain a copy of this notice at our web site: [www.dech.org](http://www.dech.org)

All correspondence should be addressed to:  
Health Information Director  
Down East Community Hospital  
11 Hospital Drive  
Machias, Maine 04654

**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 medical 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 hospital. In addition, each time you register at or are admitted to the hospital we will offer you a copy of the current notice in effect.

**Concerns or Complaints**

Please contact us about any problems or concerns you have with your privacy rights or how the Hospital uses or discloses your medical information.

- You may contact the Privacy Officer of Down East Community Hospital at 255-3356
- You may use Down East Community Hospital's Compliance hotline: 1-800-273-8452
- You may file a complaint with the hospital or the Secretary of the Department of Health and Human Services.

**You will not be penalized for filing a complaint.**

**If you have any questions about this Notice, please call the Health Information Department at: (207) 255-0272 or the Privacy Officer at: (207) 255-3356**