



Mount Desert Island Hospital

10 Wayman Lane, Bar Harbor, ME 04069

website: www.mdihospital.org

Privacy Officer - 207/ 288-5081, x1375

Compliance Officer - 207/ 288-5081, x1361



Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct or amend your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care, or physical or technical constraints.
- If you pay for a service or health care item out-of-pocket in full at the time of service, you can ask us not to share that information with your health insurer.
 - We will say “yes” unless a law requires us to share that information, for example, certain MaineCare regulations.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper or electronic copy of this notice at any time, which will be provided promptly. An electronic version of this notice is available on the MDIH website at www.mdih.org.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- You can also name a personal representative of your choice to receive information and be involved in your care at MDIH each time you receive services.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the Mount Désert Island Hospital, 10 Wayman Lane, Bar Harbor, ME 04609
 - Privacy Officer - 207/ 288-5081, ext. 1375
 - Compliance Officer - 207/ 288-5081, ext. 1361
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.
- We participate in electronic prescribing with your pharmacist, unless you prefer receiving a paper script instead.

Example: A doctor treating you for an injury asks another doctor about your overall health condition. Our inpatient, emergency department, and outpatient electronic medical records systems share your information in order to provide your caregivers a more complete picture of your health status.

Note: Federal law protects the confidentiality of specific treatment records for alcohol and drug abuse. Services you may receive specifically for the treatment of alcohol and drug abuse may not be shared or disclosed, nor may we identify you as an alcohol and drug abuser, unless a) you authorize this in writing; b) the release of this information is allowed by a court order; or c) the release of this information is made to staff involved in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Run our organization

- We can use and share your health information to run our practice, perform reviews for expressed concerns and quality of care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Note: A billing statement must be generated for private (self/other) payment arrangements, and will be sent to the guarantor you have listed in your medical record profile.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, for example, to the Department of Health and Human Services when reviews. completing licensure reviews.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect or domestic violence, or other risk of harm to yourself or others, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

Rights Related to HIV/AIDS or AIDS-Related Records

Federal and Maine State law protects the confidentiality of HIV/AIDS or AIDS-Related patient records maintained by Mount Desert Island Hospital. MDIH may not disclose information about HIV/AIDS or AIDS-Related diagnoses, treatment, or testing without your permission, or as required or allowed by law.

Use or Disclosure for Inpatient Directory

We may include your name, hospital location, general health condition, and religious affiliation in an inpatient directory without obtaining your authorization unless you object to being included in the directory. Directory information may be disclosed to persons who asks for you by name (or by members of the clergy provided that religious affiliation will only be disclosed). If you choose not to be in the directory, this may mean that you will not be able to receive all visitors or telephone calls.

HealthInfoNet.

MDIH participates in a state-wide, state-designated electronic health information sharing network called HealthInfoNet (HIN). HIN allows participating Maine hospitals, physicians, and other healthcare providers to share with each other on an as-needed basis certain limited health information about you for treatment and coordination of care purposes. Health information stored on HIN's network may also be disclosed to governmental entities for certain required public health reporting purposes. Participating healthcare providers may only access your health information if they are involved in your care, need the information in order to provide you with medical care or healthcare services, and have an authorized computer ID and password. HIN's computer system will track all persons who electronically access your health information, and you can request an accounting of all such persons from HIN.

The health information that will be accessible to other participating HIN providers includes: (i) registration information such as your name, address, gender, date of birth and telephone number, (ii) known allergies, (iii) prescription medications, (iv) laboratory, x-ray, and other diagnostic test results, and (v) a brief description of your health conditions and medical diagnoses. However, substance abuse information maintained by the MDIH substance abuse treatment programs and licensed providers, HIV information, and genetic test results will NOT be made accessible to other participating HIN providers. Mental health and substance abuse information derived from services you receive from primary care, general practice, and emergency care providers (i.e. providers other than substance abuse programs and licensed mental health facilities and providers) will be accessible to participating HIN providers.

If You Do Not Want to Participate: If you do not want your health information accessible to other participating HIN providers, you may opt out of participating by contacting HIN (www.hinonet.org) and completing an Opt Out form. If you opt out, HIN will delete your health information from its network except for certain demographic information necessary to ensure that no further information about you is disclosed to HIN, or made accessible to other participating providers.

Risks of Not Participating. If you choose to opt out, your treating healthcare providers may not have access to the most current and complete information about you when they need it to treat you or to coordinate your care in an urgent situation. Choosing to opt out could also affect the efficiency of the healthcare services you receive due to the time it takes to get copies of your medical records to your treating healthcare providers. If you choose not to participate at this time, you can always elect to start participating at a later time.

Risks of Participating: If you choose not to opt out, it is possible that information made available about you, such as medications, may be the basis for a provider to infer that you are a recipient of mental health, substance abuse, or HIV services, or that you are pregnant or have been diagnosed with a sexually transmitted disease. Other risks include the possibility that an unauthorized person might access the information disclosed to HIN, or that inaccurate information about you might be accidentally disclosed to HIN, which could result in misdiagnoses or medication errors on the part of the treating healthcare providers who access and rely upon the information disclosed to HIN.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as allowed or required by law and regulatory mandates, or as authorized by you in writing. Authorizations for disclosure of your information can be revoked by you in writing at any time should you change your mind.
- Additional examples of the business practices which constitute treatment, payment, and operations can be obtained by contacting the Privacy Officer of Mount Desert Island Hospital.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice is effective on 10/28/2014.

This Notice of Privacy Practices applies to the following organization:

Mount Desert Island Hospital, which operates health centers and clinics in Bar Harbor, Southwest Harbor, Northeast Harbor, and Trenton, Maine.

Privacy Officer, MDI Hospital Tel: 207/ 288-5081, x1375 jennifer.abbott@mdihospital.org

MOUNT DESERT ISLAND HOSPITAL
ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF HEALTH INFORMATION
PRIVACY PRACTICES

MR# _____ Last Name _____ First Name _____

Date of Birth _____ Telephone # _____

Mount Desert Island Hospital is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to provide you with a copy of our Notice of Privacy Practices.

Your signature on this form acknowledges that you have received a copy of our Notice of Privacy Practices. This document describes how your health information is used and shared and of your rights with respect to your health information.

Please speak with the person who issued you the Notice if you have any questions about its content. You may also contact the Privacy Officer at (207) 288-5082 ext. 1375, or the Corporate Compliance Officer at (207) 288-5082 ext. 1361, if you have any concerns regarding the privacy of your health information.

Patient's Signature _____ Date _____

OR Authorized Representative's Name _____

Address _____

Authority under Maine Law (e.g., guardian, health care power of attorney) _____

Signature _____ Date _____