

## NOTICE OF PRIVACY PRACTICES

**Mount Desert Island Hospital**  
**10 Wayman Lane**  
**Bar Harbor, Maine 04609**  
**Phone: (207) 288-5081**  
**Website Address: [www.mdihospital.org](http://www.mdihospital.org)**

**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.**

EFFECTIVE DATE: 11/01/2022

This Notice describes how Mount Desert Island Hospital (MDIH) may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

**“Protected health information” or “PHI”** is individually identifiable health information about you, including demographic information collected from you, that is created or received by MDIH and that relates to (i) your past, present, or future physical or mental health or condition, (ii) the provision of health care to you, or (iii) the past, present or future payment of your health care. PHI also includes any health information and records provided to MDIH by other health care providers and facilities who have provided care to you or are involved in your care.

MDIH participates in an organized health care arrangement with its affiliated facilities and providers. Accordingly, this Notice applies to and describes the privacy practices of the following MDIH-affiliated facilities, entities, programs, practices, health centers, clinics, and delivery sites (collectively, “MDIH”):

Mount Desert Island Hospital  
10 Wayman Lane  
Bar Harbor, Maine 04609

### **Our Duties with Respect to Your Protected Health Information**

MDIH is required by law to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify affected individuals following a breach of unsecured PHI. Although MDIH is required to abide by the terms of the Notice that is currently in effect, we reserve the right to change our privacy practices at any time and to make the new Notice provisions effective for all PHI that we maintain about you. If our privacy practices change, we will provide you with a revised Notice during your next visit.

### **Authorized Uses and Disclosures of Your Protected Health Information**

MDIH may use and disclose your PHI, without your authorization, for purposes of treatment, payment, and health care operations. For example:

- *Treatment, Care Management and Coordination of Care:* MDIH may use, or disclose your PHI to other health care providers, for treatment and continuity of care purposes, and to arrange for the provision, coordination, and management of health care services for you. For example, MDIH may disclose information about your hospital stay to your primary care physician to arrange for appropriate post-hospital care to be provided to you following your discharge from the hospital. MDIH may also disclose PHI about you to a pharmacist to process your prescription, or to a medical equipment supplier for medical supplies and equipment necessary for your care. However, if MDIH discloses PHI about you to a health care practitioner or health care facility outside of MDIH or to a payor or person engaged in

payment for health care, for purposes of care management or coordination of care, MDIH will make a reasonable effort to notify you of the disclosure.

- *Payment:* MDIH may use or disclose PHI about you to your health insurance company or other third-party payor health plans, such as Medicare or MaineCare (Medicaid), to obtain payment or reimbursement for health care services provided to you, or to determine your eligibility for coverage and benefits, unless you pay in full out of pocket for services provided to you and request in writing that your PHI not be disclosed to third-party payors.
- *Health Care Operations:* MDIH may use or disclose your PHI for certain health care operations purposes, such as quality review and improvement activities, risk management activities, and to conduct and process patient satisfaction surveys.
- *Organized Health Care Arrangement Purposes:* MDIH entities participating in MDIH's organized health care arrangement listed above may share your PHI with each other as necessary to carry out treatment, payment or health care operations relating to the organized health care arrangement.
- *Disclosures to HealthInfoNet and CommonWell; Option to Opt-Out:* MDIH participates in a state-wide, state-designated electronic health information sharing network called HealthInfoNet (HIN). HealthInfoNet is a secure computer system that is used by participating providers and hospitals to share information with the sole purpose of providing you with better and safer care. Also, MDIH participates in a national health information exchange called CommonWell. The secure CommonWell network provides participating practitioners access to past and present medical information to make better decisions and better coordinate care across your care teams. Through both networks, participating healthcare facilities and providers, including hospitals, long-term care facilities, physicians and other healthcare providers, are able to share with each other, on an as-needed basis, certain health information about you for treatment and coordination of care purposes. For example, if you are involved in a car accident and are being treated at another healthcare facility that also participates, your treating providers will have access to certain PHI in your MDIH medical records to treat you in an emergency. Information stored on HIN/CommonWell's network may also be disclosed to governmental entities for certain required public health reporting purposes. Participating providers may only access your information if they are involved in your care and need the information to provide you with care or services. The information that will be accessible to other providers participating in HIN/CommonWell includes: (i) patient registration information such as your name, address, gender, date of birth and telephone number, (ii) a list of known allergies, (iii) a list of your prescription medications, (iv) laboratory test results, (v) x-ray and other diagnostic test results, and (vi) a brief description of your health conditions and medical diagnoses. However, the following information will not be disclosed to HIN/CommonWell or made accessible to providers participating in HIN/CommonWell without your specific authorization: (i) information maintained by substance use disorder treatment programs, (ii) mental health information maintained by licensed mental health facilities or professionals, (iii) HIV information, and (iv) genetic test results. Mental health and substance abuse information related to services received from primary care and emergency care providers will be accessible unless you elect not to participate in HIN/CommonWell. If you wish to authorize MDIH to disclose mental health and/or HIV information to HIN/CommonWell so that such information is available to other participating providers involved in your care, you can do so by completing and submitting the HIN Opt-In "Form for Sharing Mental Health/HIV Information" available at <https://hinfonet.org/wp-content/uploads/2020/01/HIN-MH-HIV-Opt-In-Form-2018.pdf>.
- *If You Do Not Want to Participate:* If you do not want your MDIH PHI to be accessible to other providers participating in **HealthInfoNet** you may opt out of participating by completing an Opt Out form that MDIH will make available to you upon admission, or that can be obtained directly from HIN at [hinfonet.org](https://hinfonet.org) or contact them electronically at <https://hinfonet.org/contact/>, by local phone at (207) 541-9250 (or toll free at 1-866-592-4352), or by mail at 60 Pineland Drive, Portland Hall, Suite 230, New Gloucester, Maine 04260. 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. To opt out of **CommonWell**, visit

the MDIH hospital website <https://www.mdihospital.org/> to locate the Opt-Out form or contact your MDIH Health Center or Hospital registration.

- **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/CommonWell, or that inaccurate information about you might be accidentally disclosed to HIN/CommonWell, 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/CommonWell.

MDIH may also use and disclose your PHI without your authorization in the following additional circumstances:

- ***Personal or Authorized Representatives:*** MDIH may disclose your PHI to a personal or authorized representative, such as your health care power of attorney agent, guardian, or health care surrogate—or, in the case of minor who has not consented to health care treatment in accordance with Maine law, the minor’s parent, legal guardian, guardian ad litem or surrogate—who is authorized by law to make health care decisions on your behalf when you lack the capacity to make your own health care decisions.
- ***Uses and Disclosures to Persons Involved in Your Care and for Notification Purposes:*** MDIH may disclose your PHI to family members, relatives, or close personal friends involved in your care, involved in securing payment for your care, or for notification purposes, unless you or your personal representative notify us that you object to and wish to prohibit or restrict such disclosures.
- ***Uses and Disclosures for Facility Directory Purposes:*** Unless you or your personal representative notify MDIH that you object to and wish to prohibit or restrict any such uses and disclosures, MDIH may use and disclose the following limited PHI about you for the following facility directory purposes:
  - (i) MDIH may use limited PHI about you to maintain a facility directory—namely, your presence and room location in a MDIH facility, a brief general description of your health status and condition that does not communicate specific medical information about you, and your religious affiliation.
  - (ii) MDIH may disclose such facility directory information about you (except for your religious affiliation) to persons who ask for you by name, including members of the public and law enforcement officials.
  - (iii) MDIH may also disclose such facility directly information about you, including your religious affiliation, to members of the clergy.
  - (iv) MDIH may also disclose a brief confirmation or general description of your health status and condition (but not your room number) that does not communicate specific medical information about you to members of the media who ask for you by name.
- ***Public Health Activities:*** MDIH may use and disclose your PHI to public health authorities for public health activities, such as to comply with mandatory communicable disease and vital statistics reporting laws.

- Child and Dependent or Incapacitated Adult Abuse, Neglect, and Exploitation Reporting: MDIH may disclose your PHI to government authorities, such as Child Protective Services or Adult Protective Services, that are authorized by law to receive reports of actual or suspected cases of abuse, neglect, or exploitation of children and incapacitated or dependent adults.
- Victims of Abuse, Neglect, Domestic Violence, or Sexual Assault Reporting: If MDIH reasonably believes that you are a victim of abuse, neglect, domestic violence or sexual assault, MDIH may, in certain circumstances, disclose your PHI to a federal, state or local government authority, including a social service or protective services agency, authorized by law to receive such reports, e.g., if MDIH believes the disclosure is necessary to prevent serious harm to you or other potential victims.
- Uses and Disclosures to Avert Threats of Harm or Safety: MDIH may use and disclose your PHI when necessary to prevent or lessen a direct threat of serious, imminent harm to health or safety.
- Law Enforcement Purposes: MDIH may disclose your PHI, so long as applicable legal requirements are met, for certain law enforcement purposes such as to report gunshot wounds, crimes committed on MDIH's premises, or crimes committed against MDIH personnel. Upon request from law enforcement, MDIH may also (i) provide law enforcement access to hospital patients for the purpose of serving protection from abuse orders, and (ii) notify law enforcement of a hospital patient's release or discharge if the patient was transported to the hospital by or at the direction of law enforcement.
- Judicial and Administrative Proceedings: MDIH may disclose your PHI in judicial or administrative proceedings when required or authorized by law, for example, in response to an order of a court or pursuant to a subpoena served by a governmental entity authorized by law to have access to your PHI.
- Health Oversight Activities: MDIH may use and disclose your PHI to a health oversight agency for activities authorized by law such as compliance with health oversight audits, investigations, licensure surveys and inspections, and compliant investigations. Oversight agencies authorized to receive your PHI include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs, including the Maine Department of Health and Human Services, the federal Medicare program, and Maine health care professional licensing boards.
- Research: MDIH may use and disclose your PHI for research purposes so long as (i) the research and any uses and disclosures related to such research are approved by an Institutional Review Board (IRB) or a Privacy Board, and (ii) no identifying information about you is disclosed in any report arising from or published in connection with the research.
- Specialized Government Functions: MDIH may disclose your PHI for the following specialized government functions when such disclosures are authorized or required by applicable law:
  - (i) Armed Forces and Foreign Military Personnel: MDIH may disclose the PHI of persons who are members of the Armed Forces and of foreign military personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.
  - (ii) National Security and Intelligence Activities: MDIH may disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by the National Security Act and related Executive Orders.
  - (iii) Protective Services for the President and Others: MDIH may disclose your PHI to authorized federal officials for the provision of protective services to the President or other persons, or for the conduct of investigations, authorized under applicable federal law.
  - (iv) Correctional Institutions and Law Enforcement Custodians: MDIH may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual,

PHI about the inmate or other person when necessary (i) to provide health care to the inmate or person in custody, (ii) for the health and safety of the inmate or person in custody, (iii) for the health and safety of correctional personnel, (iv) for the health and safety of persons responsible for transporting the inmate or person in custody, (v) for law enforcement on correctional facility premises, and (vi) for administering and maintaining the safety, security and good order of the correctional institution.

- *Workers' Compensation*: MDIH may disclose your PHI when authorized by, and to comply with, laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.
- *Business Associates*: MDIH may disclose your PHI to business associate contractors performing services for or on behalf of MDIH when such contractors (i) require your PHI to perform such services for MDIH, and (ii) have agreed in writing to appropriately protect your PHI.
- *Disaster Relief*: MDIH may use and disclose your PHI to public or private entities authorized by law to assist in disaster relief efforts for certain notification purposes, provided you have been given the opportunity to agree or to object to such uses and disclosures.
- *Fundraising Activities*: MDIH may use limited PHI about you—namely, your name, address, contact information, age, gender, date of birth, dates of service, department of service, treating physician, outcome information, and health insurance status—to contact you for MDIH fundraising activities in furtherance of MDIH's nonprofit mission. We may also disclose such limited information to an institutionally related foundation to conduct fundraising activities for the benefit of MDIH. However, you have the right to opt out of receiving MDIH fundraising communications by notifying MDIH's Privacy Officer that you do not wish to receive such communications.
- *Coroners and Medical Examiners*: MDIH may use and disclose PHI to coroners and medical examiners regarding a deceased patient for identification purposes, or for a coroner or medical examiner to determine a cause of death or to perform other duties authorized by law.
- *Disclosures for Maternal, Fetal and Infant Morality Reviews*: MDIH may disclose your PHI to a panel coordinator of a maternal, fetal and infant mortality review panel established under Maine law for purposes of reviewing the health care information of a deceased person and a mother of a child who dies within one year of birth, including fetal deaths after 28 weeks of gestation.
- *Funeral Directors*: MDIH may use and disclose PHI to funeral directors consistent with applicable law as necessary to carry out their duties with respect to making funeral arrangements for a deceased patient. If necessary to carry out such duties, MDIH may disclose such information prior to and in reasonable anticipation of a patient's death.
- *Body, Organ, Eye or Tissue Donation Purposes*: MDIH may use and disclose PHI to organ procurement organizations or other entities for cadaveric (body), organ, eye, or tissue donation purposes.
- *When Otherwise Required or Authorized by Law*: MDIH may use and disclose your PHI for other purposes when required or authorized by applicable state and federal law.

### **Uses and Disclosures of Protected Health Information Requiring Your Authorization**

*Written Authorization*: For other types of uses and disclosures not described in this Notice of Privacy Practices, MDIH will obtain your written authorization before using or disclosing your PHI. For example, the following uses and disclosures require MDIH to obtain your written authorization:

- Psychotherapy Notes: In the event that MDIH maintains psychotherapy notes about you that are kept separate from the rest of your MDIH medical record, MDIH will obtain your written authorization to use or disclose such psychotherapy notes unless an exception to the authorization requirement applies under applicable law.
- Marketing: MDIH will obtain your written authorization for any use or disclosure of your PHI to sell or market products or services, except in limited circumstances where marketing is permitted by applicable law (for example, in face-to-face marketing communications with you).
- Sale of PHI: MDIH will obtain your written authorization for any disclosure of your PHI that involves a sale of your PHI, unless an exception applies under applicable law.
- Photographs and Video recordings: MDIH will not photograph or videorecord you, or use or disclose any photographs and video recordings of you, for purposes unrelated to treatment, or for marketing or public relations purposes, without your written authorization, unless the creation, use or disclosure of such photographs or video recordings is authorized by law (e.g., for MDIH facility security surveillance purposes).
- Disclosures to Designated Lay Caregivers: With your or your authorized representative's written consent, MDIH may disclose PHI related to the scope of your care to a designated lay caregiver designated by you or your authorized representative for discharge planning purposes and post-hospital aftercare needs.

Right to Revoke Authorization: You may revoke an authorization to disclose your PHI at any time to the extent that MDIH or others have not already relied upon your authorization, by giving written notice of your revocation to MDIH's Privacy Officer.

### **Special Protections for Certain Types of Especially Sensitive Protected Health Information**

Confidentiality of Mental Health Information: If MDIH maintains information about you derived from mental health services provided to you by a MDIH psychiatrist, psychologist, clinical nurse specialist, social worker or counseling professional, MDIH will not disclose such mental health information to another health practitioner or facility outside of MDIH or its organizational affiliates for a diagnostic, treatment or continuity of care purpose, without your written authorization, unless such disclosure is necessary in an emergency or is otherwise authorized or required by law. If a MDIH licensed mental health facility, program or agency maintains mental health information about you, MDIH will not use or disclose such mental health facility PHI about you except as authorized or required by applicable mental health confidentiality laws and regulations.

Confidentiality of HIV Information: If MDIH maintains any information regarding your HIV status (such as HIV test results or medical records containing HIV information), such information is afforded heightened protection under Maine law and MDIH will maintain the confidentiality and privacy of such information, and will not use or disclose such information, except as specifically authorized or required by Maine's HIV confidentiality laws.

Confidentiality of Substance Use Disorder Program Information: If a MDIH substance use disorder program maintains, or if MDIH acquires from a substance use disorder program or is a lawful holder of, any records or information about you that is subject to the heightened federal confidentiality protections afforded to certain substance use disorder program records under 42 C.F.R. Part 2, MDIH will maintain the confidentiality and privacy of such information, and will not use or disclose such information, except as specifically authorized or required by 42 C.F.R. Part 2. If MDIH creates, acquires or maintains any substance use disorder information about you that is not from a Part 2 substance use disorder program, MDIH will protect the confidentiality of such information, and use and disclose such information, in the same way MDIH protects, uses and discloses your other PHI.

## **Your Rights with Respect to Protected Health Information**

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- *You have the right to access, inspect and copy your PHI.* This means you may inspect at reasonable times and obtain a copy of your clinical records and billing records within 30 days of receipt of your written request. (If you are a resident of a MDIH nursing facility [NF] or skilled nursing facility [SNF], you have the right to inspect your NF/SNF records within 24 hours of a request, and the right to obtain copies of such NF/SNF records within two business days of your written request.) If we need extra time, we may extend the time once for an additional 30 days and we will provide you written notice of the extension. You have the right to receive your health information in the form and format of your choosing, if such information can be readily produced in such form and format, or in a readable hardcopy form, or in another format agreed to between you and MDIH. If MDIH maintains your PHI in an electronic health record, you have the right to obtain a copy of your health information in an electronic format and to direct MDIH to transmit an electronic copy of your PHI directly to another clearly specified entity or person of your choice. You may be charged reasonable costs (including labor and supplies) associated with providing copies of your records, or of preparing any summaries that you request. In certain limited circumstances, you may be denied access to your health information and records. However, you may request that a decision denying you access to your PHI and records be reviewed. Please contact MDIH's Privacy Officer if you have questions about your right to access your PHI.
- *You have the right to request a restriction on certain uses and disclosures of your PHI.* For example, you may request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. If you request that MDIH not disclose your PHI to a third-party payor health plan for purposes of carrying out payment or health care operations, and you have paid MDIH in full out of pocket for services provided to you, MDIH is required to honor your requested restriction. Otherwise, MDIH is not required to agree to a requested restriction and has sole discretion to decide whether to honor a requested restriction on a case-by-case basis. If MDIH agrees to a requested restriction, MDIH will not use or disclose your PHI in violation of the agreed upon restriction, unless the use or disclosure is needed to provide emergency treatment. Your request for a restriction must state the specific restriction requested and to whom you want the restriction to apply. Disclosures of PHI authorized by you or permitted or required by law as described in this Notice, may include disclosures of PHI MDIH has received from other health care providers and facilities, unless you request, and MDIH agrees to, a requested restriction on the disclosure of such information.
- *You have the right to request to receive confidential communications of PHI from us by alternative means or at an alternative location.* MDIH will accommodate reasonable requests. MDIH may place conditions on such accommodations, for example, by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. MDIH will not request an explanation from you as to the basis for the request. Please make such requests in writing to MDIH's Privacy Officer.
- *You have the right to submit amendments, corrections and clarifications to your PHI.* You may request amendments, corrections and clarifications to PHI contained in your medical records. Your request must be in writing, and you must provide a reason supporting your request. If you are requesting a change to the PHI in your treatment record, we will place your requested amendment, correction or clarification in your record. MDIH may add a response to your record and will provide to you a copy of our response. If you are requesting a change in other records (that are neither medical or billing records), MDIH may deny your request. If your request is denied, we will notify you in writing and provide our reasons for the denial. You have the right to file a statement of disagreement with MDIH's Privacy Officer and MDIH may prepare a response to your statement. MDIH will provide you with a copy of our response. Please contact MDIH's Privacy Officer if you have any questions about modifying your PHI.

- *You have the right to receive an accounting of certain disclosures.* You have the right to receive an accounting of certain disclosures of your PHI made by MDIH in the six years prior to the date of your request. The accounting will not include disclosures made directly to you, disclosures made to others pursuant to your written authorization, disclosures made to carry out treatment, payment, and health care operations for which your written authorization was not required, incidental uses and disclosures, and other uses and disclosures for which an accounting is not required to be provided by law. To request an accounting of disclosures of your PHI, contact MDIH's Privacy Officer.
- *Important Notice to Minors Regarding Minor's Privacy Rights:* If you are a minor authorized by law to consent to health care services on your own behalf and you in fact consent to such services on your own behalf, MDIH is required to protect the privacy of your PHI with respect to health care services you have consented to on your own behalf in the same way that MDIH protects the privacy of an adult's PHI, unless a special exception applies under the law. For example, MDIH is authorized by law to notify your parent or guardian if, in the judgment of your MDIH provider, failure to inform your parent or guardian would seriously jeopardize your health or would seriously limit the ability of your MDIH provider to provide treatment to you. Additionally, if you want MDIH to bill your parent's or parents' health insurance plan for services provided to you, your parents will receive from their insurance company an Explanation of Benefits regarding the services provided to you by MDIH and, as a result, the fact that you received services from MDIH will not be confidential from your parents. However, if you do not want your parents to know that you are receiving services from MDIH, you must notify MDIH of that fact at the time services are provided to you so that arrangements can be made for payment of such services privately or out-of-pocket, or to determine your eligibility for free or discounted care.
- *You have the right to obtain a paper copy of this Notice from us, upon request,* even if you have agreed to accept this Notice electronically.
- *You have the right to file a complaint.* You have the right to file a complaint with MDIH or the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by MDIH. You may file a complaint with MDIH by notifying MDIH's Privacy Officer using the contact information provided below. MDIH will not retaliate against you in any way for filing a complaint.

### **Contacting MDIH For More Information**

If you have any questions about this Notice, or would like more information about MDIH's privacy practices, please contact MDIH's Privacy Officer at:

ATTN: Privacy Officer  
Mount Desert Island Hospital  
10 Wayman Lane  
Bar Harbor, Maine 04609  
(207) 288-5081

If you have questions about how to access, amend or obtain copies of your medical records, please contact the MDIH's Health Information Management (HIM) Department at:

ATTN: HIM Department  
Mount Desert Island Hospital  
10 Wayman Lane  
Bar Harbor, Maine 04609  
Fax: (207) 288-8119