Goodall 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. THIS NOTICE DESCRIBES THE PRIVACY PRACTICES OF GOODALL HOSPITAL AND GOODALL HOSPITAL PROVIDER BASED PRACTICES. PLEASE REVIEW IT CAREFULLY.

Effective Date*: *April 1, 2003

Please contact our Privacy Officer at 490-7355 with any questions about this Notice.

I. Our Pledge Regarding Medical Information.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital and Goodall Hospital provider-based practices. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital and Goodall Hospital provider-based practices whether made by hospital personnel or your personal doctor.

II. Our Privacy Obligations.

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information. When we use or disclose your protected health information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Changes to the Terms of this Notice.

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all protected health information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in registration waiting areas and on our Internet site at www.goodallhospital.org. You also may obtain any new notice by contacting our Registration Office.

IV. Your Rights Regarding Your Protected Health Information

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your

protected health information, you may contact our Privacy Officer at 490-7355. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, our Privacy Officer will provide you with the address for the Director. We will not retaliate against you if you file a complaint.

A. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your protected health information, (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Officer. We will send you a written response.

B. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable [written] request for you to receive your protected health information, by alternative means of communication or at alternative locations.

C. Right to Revoke Your Authorization. You may revoke your authorization, or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below. [A form of Written Revocation is available upon request from the Privacy Office.]

D. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we will charge you a fee for each page. We will also charge you for our postage costs, if you request that we mail the copies to you.

If you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to abortion, contraception and/or family planning services.

E. Right to Amend Your Records. You have the right to request that we amend protected health information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Officer and submit the completed form to the Privacy Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

F. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your protected health information, made by us during

any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you a per page fee of the accounting statement.

V. Permissible Uses and Disclosures Without Your Written Authorization.

In certain situations, which we will describe in Section VI below, we must obtain your written authorization in order to use and/or disclose your protected health information. However, we do not need any type of authorization from you in order to treat you, obtain payment for services provided to you and conduct our "health care operations" as detailed below:

- Treatment. We use and disclose your protected health information to provide treatment and other services to you--for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose protected health information to other providers involved in your treatment.

- Payment. We may use and disclose your protected health information to obtain payment for services that we provide to you-for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care to verify that Your Payor will pay for health care.

- Health Care Operations. We may use and disclose your protected health information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use protected health information to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose protected health information to our Privacy Officer in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

- We may also disclose protected health information to your other health care providers when such information is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

A. Use or Disclosure for Patient Listing: We may include your name and location while you are a patient in Goodall Hospital, your general health condition and religious affiliation in our patient listing without obtaining your authorization unless you object to inclusion in the listing. Information in the patient listing may be disclosed to anyone who asks for you

by name or members of the clergy; provided, however, that a religious affiliation will only be disclosed to members of the clergy.

B. Disclosure to Relatives, Close Friends and Other Caregivers: We may use or disclose your protected health information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your protected health information in order to notify (or assist in notifying) such persons of your location, general condition or death.

C. Public Health Activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report child abuse or neglect;
- to report information about products and services under the jurisdiction of the US Food and Drug Administration;
- to notify a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition;
- to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

D. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your protected health information 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.

E. Health Oversight Activities. We may disclose medical information to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid

F. Judicial and Administrative Proceedings. We may disclose your protected health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process to which an entity is entitled to according to statute or rules of court.

G. Law Enforcement Officials. We may disclose your private health information to the police or other law enforcement officials in response to a legal order or other lawful process to which an entity is entitled to according to statute or rules of court.

H. Decedents. We may disclose your protected health information to a coroner or medical examiner as authorized by law.

I. Organ and Tissue Procurement. We may disclose your protected health information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

J. Research. We may use or disclose your protected health information without your consent or authorization if our Institutional Review Board approves a waiver of authorization for disclosure.

K. Health or Safety. We may use or disclose your protected health information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

L. Specialized Government Functions. We may use and disclose your protected health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

M. Workers' Compensation. We may disclose your protected health information as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

N. As required by law. We may use and disclose your protected health information when required to do so by any other law not already referred to in the preceding categories.

VI. Uses and Disclosures Requiring Your Written Authorization:

A. Use or Disclosure with Your Authorization. For any purpose other than described above in Section V, we only may use or disclose your protected health information when you grant us your written authorization on our authorization form. For instance, you will need to execute an authorization form before we can send your protected health information to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

B. Marketing. We must obtain your written authorization prior to using your protected health information to communicate with you to encourage you to purchase or use a product or service. This does not include a hospital health related product or service including communication about entities participating in a health care/plan network. We can, however, provide you with marketing materials in a face-to-face encounter or give you a promotional gift of nominal value without obtaining your written authorization. We may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, without obtaining your authorization.

C. <u>Uses and Disclosures of Your Highly Confidential Information</u>. In addition, federal and state law requires special privacy protections for certain highly confidential information about you, including the subset of your protected health information that: (1) is about mental health and developmental disabilities services; (2) is about alcohol and drug abuse prevention, treatment and referral; (3) is about HIV/AIDS testing, diagnosis or treatment; (4) is about venereal disease(s); (5) is about genetic testing; (6) is about child abuse and neglect; (7) is about domestic abuse of an adult with a disability; or (8) is about sexual assault. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

VII. Privacy Office

You may contact the Privacy Office at:

Privacy Officer
Goodall Hospital
25 June Street
Sanford, Maine 04073
Telephone Number: (207) 490-7355