

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.

UNIVERSITY OF MAINE AT MACHIAS NOTICE OF PRIVACY PRACTICES

The University of Maine at Machias Health Care Component (University or we) must maintain the privacy of your protected health information (PHI) and give you this notice that describes our legal duties and privacy practices concerning your PHI. Health information and other student records of University of Maine System students are generally not subject to this notice and are protected by other federal and state laws. In general, when we release your PHI, we must release only that information we need to achieve the purpose of the use or disclosure. However, all of your PHI, with limited exceptions, will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice. However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our Notice of Privacy Practices, you will receive a revised copy at your next visit. Participants in the Health Care Advantage Account and the System EAP will receive a revised copy within 60 days of a material revision.

Without your written authorization, we can use and disclose your protected health information for the following purposes:

1. **Treatment:** For example, we may use or disclose the information in your medical record to determine which treatment option best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care. Notwithstanding the above, in non-emergency situations, authorization is required to disclose health care information derived from mental health services provided by certain providers to outside health care practitioners or facilities.
2. **Payment:** In order for an insurance company to pay for your treatment, we must submit information that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information on to an insurer in order to help receive payment for your medical bills.
3. **Health Care Operations:** We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your health care providers, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations. In addition, we may want to use your protected health information for appropriate reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder letter to help you remember the appointment.

4. **Required by Law:** As required by law, we may use and disclose your protected health information. For example, we may disclose medical information to government officials to demonstrate compliance with HIPPA.
5. **Public Health:** As required by law, we may use or disclose your protected health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.
6. **Health Oversight Activities:** We may use or disclose your protected health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
7. **Judicial and Administrative Proceedings:** We may use or disclose your protected health information in the course or any administrative or judicial proceeding in response to a court order or as otherwise authorized or required by statute.
8. **Law Enforcement:** We may use or disclose your protected health information to a law enforcement official for purposes such as reporting a crime at our facility, in complying with a court order, subpoena or similar lawful process if disclosure is authorized or required by statute, to protect the public health and welfare when reporting is required or authorized by law, and for other law enforcement purposes as authorized or required by statute.
9. **Coroners, Medical Examiners and Funeral Directors:** We may use or disclose your protected health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
10. **Organ and Tissue Donation:** If you are an organ donor, we may use or disclose your protected health information to organizations involved in procuring, banking or transplanting organs and tissues, as necessary to facilitate organ or tissue donation or transplantation.
11. **Public Safety:** We may use or disclose your protected health information to appropriate persons in order to prevent or lessen a direct threat of imminent harm to the health and safety of any individual.
12. **National Security:** We may use or disclose your protected health information to authorized officials for purposes of intelligence, counterintelligence, other national security activities and protective services for governmental leaders as authorized or required by statute.
13. **Worker's Compensation:** We may disclose your protected health information as necessary to comply with worker's compensation or similar laws.
14. **Marketing:** We will not engage in any marketing or fund raising activities using your protected health information.

15. **Disclosures to Plan Sponsors:** We may disclose your protected health information to the sponsor of your health plan (if applicable), for the purposes of administering benefits under the plan.
16. **Domestic Violence:** We may disclose your protected health information to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence if we reasonably believe you to be a victim of abuse, neglect, or domestic violence to the extent the disclosure is required or authorized by law or if you agree to the disclosure.
17. **Research:** We may disclose your protected health information for research, regardless of the source of funding of the research, provided that we obtain documentation that an alteration to or waiver, in whole or in part, of authorization for use or disclosure of protected health information has been approved either by an Institutional Review Board or a privacy board, or if such disclosure is otherwise permitted by law.
18. **Military and Veterans:** If you are a member of the armed forces, we may use or disclose your protected health information to provide information about immunization and/or a brief confirmation of general health status as required by military command authorities.
19. **Inmates:** If you are an inmate at a correctional facility or in the custody of a law enforcement official, we may use or disclose your protected health information to the correctional facility or to the law enforcement official as may be necessary to provide information about immunization and/or a brief confirmation of general health status, or as otherwise authorized or required by law.
20. **Family or Household Members:** We may use or disclose your protected health information, pursuant to your verbal agreement, and in certain circumstances without your agreement, for the purpose of including you in our directory or for purposes of releasing information to family or household members, who are involved in your care or payment for your care.
21. **Emergency Services:** We may use or disclose your protected health information to provide to emergency services, health care or relief agencies a brief confirmation of your health status for purposes of notifying your family or household members.
22. **Business Associates:** We may use or disclose your protected health information to a Business Associate, who is specifically contracted to provide us with services utilizing that health information, pursuant to an approved business associate agreement which assures, to the extent practicable, that the business associate will handle the protected health information in compliance with privacy regulations.
23. **Limited Data Set:** We may use or disclose your protected health information as part of a limited data set if we enter into a data use agreement with the limited data set recipient. A limited data set is protected health information that excludes most direct identifiers of an individual or of relatives, employers or household members of the individual.

When the University of Maine at Machias May Not Use or Disclose Your Health Information:

Except as described in the Notice of Privacy Practices we will not use or disclose your health information without written authorization from you. If we ask for an authorization, we will give you a copy. If we disclose partial or incomplete information as compared to the authorization to disclose, we will expressly indicate that the information is partial or incomplete. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosure we have already made with your permission. Revocation may be the basis for the denial of health benefits or other insurance coverage of benefits.

Statement of Your Health Information Rights:

1. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. The University is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to Kim Page, Director of Human Resources, 207-255-1220.
2. **Right to Request Confidential Communications:** You have the right to request that you receive your health information through a reasonable alternative means or at an alternative location. A University health care provider is required to accommodate reasonable requests. A health plan must permit individuals to request and must accommodate reasonable requests to receive communications by alternative means or alternative locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual. To request confidential communications, you must submit your request in writing to Kim Page, Director of Human Resources, 207-255-1220.
3. **Right to Inspect and Copy:** With very limited exceptions, you have the right to inspect and copy health information about you. To inspect and copy such information, you must submit your request in writing to Kim Page, Director of Human Resources, 207-255-1220. If you request a copy of the information, we may charge you a reasonable fee to cover the expenses associated with your request.
4. **Right to Request Amendment:** You have the right to request the University correct, clarify and amend your health information. To request a correction, clarification or amendment, you must make your request in writing to Kim Page, Director of Human Resources, 207-255-1220. We may add a response to your submitted correction, clarification or amendment and will provide you with a copy.
5. **Right to Accounting of Disclosures:** You have the right to receive a list of accounting of disclosures of your health information made by the University, except that we do not have to account for disclosures made for the purposes of treatment, payment functions, or health care operations, or for those disclosures made to you. Additionally, we do not have to account for disclosures made pursuant to an authorization; for those made to our facility's directory or to those persons involved in your care; incidental disclosures; for lawful inquiries made pursuant

to national security or intelligence purposes; for lawful inquiries made by correctional institutions or other law enforcement officials in custodial situations; or, for disclosures when your information may become part of a limited data set. To request this accounting of disclosures, you must submit your request in writing to Kim Page, Director of Human Resources, 207-255-1220. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. The University will provide one list per 12-month period free of charge; we may charge you for additional lists.

6. **Right to Paper Copy:** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to Kim Page, Director of Human Resources, 207-255-1220. You may also obtain a copy of this notice at our website, www.umm.maine.edu.

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact Kim Page, Director of Human Resources, 207-255-1220.

Changes to this Notice of Privacy Practices

The University of Maine at Machias reserves the right to amend this notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you at your next visit whenever we make material changes to the Notice. Participants in the Health Care Advantage Account, and the System EAP will receive a revised copy within 60 days of a material revision. Until such time, the University of Maine at Machias is required by law to comply with the current version of this Notice.

Complaints

Complaints about this Notice of Privacy Practices or other inquiries about how we handle your health information should be directed to Kim Page, Director of Human Resources, 207-255-1220. The University of Maine at Machias will not retaliate against you in any way for filing a complaint, participating in an investigation, or exercising any other rights under the Health Insurance Portability and Accountability Act (HIPAA). All complaints to the University of Maine at Machias must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

Effective Date of this Notice: 09/04/03