

DOROTHEA DIX PSYCHIATRIC CENTER

NOTICE OF PRIVACY PRACTICES

1. Who we are

This notice describes the Privacy Practices of the Dorothea Dix Psychiatric Center system, which includes inpatient and outpatient services, the Dental Clinic, and all individuals who work in or for these programs.

2. Our Privacy Obligations

We are required by law to keep your health information private in many situations (protected health information- PHI), to tell you about these rules and to follow the rules.

3. Disclosing and Using Your Information With your consent

When you begin receiving care from us, we will ask you (or your legally authorized representative) to sign a consent form that will permit us to provide care for you. We will also ask you to sign a reimbursement form giving us permission to get preauthorization for your care and/or to bill for the care provided. This may also include providing them with copies of your medical and personal information. You may revoke your permission that allows us to use your information after the date of the revocation, but you must do this in writing. Please note that a revocation may affect our ability to provide you care.

4. Using Your Information (PHI) with your authorization

As described above, we will use your signature on the **consent** form to release information for treatment, payment, or other health care operations. We may use PHI for other reasons only when we:

- a. have a specific **authorization** signed by you or your legally authorized representative, or if
- b. there is an exception as described below in section 5.

You have the right to withdraw (revoke) your permission at any time. You can do this by sending the Privacy Officer at Dorothea Dix Psychiatric Center a letter.

5. Exceptions

There are **exceptions** to use or disclose your information because we may be unable to obtain your authorization or it may be mandatory for us to report. We will release only what information is necessary. Examples of when we might use your PHI without authorization includes:

- * emergency treatment
- * medical care required by law
- * suspected abuse and neglect of children and incapacitated adults
- * to the Public Health Authorities to help stop the spread of diseases
- * if we believe you represent a threat to the safety of someone or yourself
- * required to provide information about you to organizations that oversee the care we provide, such as The Joint Commission, Department of Health and Human Services, CMS, etc.
- * required to provide information about you in response to an investigative subpoena or a court order (including law enforcement officials concerning certain issues)
- * required to report to the coroner or medical examiner and notify the organ bank upon death
- * required to provide patient information to Workers' Compensation (only pertaining to the injury relating to the compensation)
- * required to report information about products you may have used to the Food and Drug Administration
- * may permit access to information about you to students, contracted agencies for the Department of Health and Human Services and others who are conducting research

Activities, which have been approved by Administration

6. Your Rights

- If you want more information about your Privacy Rights or our Privacy Practices, or are concerned that we have not followed our rules, you may contact our Privacy Officer or Patient Advocate or the Disabilities Rights Center. You may also file a written complaint with the Director of the Office for Civil Rights. Upon request, we will provide you with the address. We will not retaliate against you if you file a complaint of any kind.
- You may request access to your PHI. All reviews are supervised. You may get a copy of your record for a reasonable charge. We will provide a copy of your discharge summary free of charge (MR Policy #2.2 You may request access to your PHI.)
- You may request that we amend your records. We will comply with your written request or respond in writing why we do not feel the amendment is appropriate. (See MR Policy # 3.2) You have the right in either case to add your own addendum to the records. A copy of this addendum will be released whenever we release copies of your record.
- We will accommodate to the extent that we can any request in writing that asks us to communicate with you by a different means of communication or at a different address.
- *You may request a list of recipients of your PHI released for purposes other than treatment, payment, and operations. You are entitled to one free “accounting” per 12-month period. There will be a reasonable cost for additional requests. (See MR Policy # 2.4)
- You must receive a copy of this notice.
- You may ask us in writing to restrict the use and disclosure of PHI. We cannot promise to agree to every request you make; but, if we agree, we must abide by the agreement.
- If you want to tell us how we can contact you after you leave the hospital, please do this in writing (i.e., you might prefer that we call you at work).

7. Effective Date

These requirements are effective on April 14, 2003. We reserve the right to change the terms of this notice at any time. If we do so, we will place the updated version in the waiting areas and on the Dorothea Dix Psychiatric Center web site. You may also get a copy of the updated notice in the Medical Record Department.

Maine Law controls if it is more protective of your privacy than federal law.

Contact Information:

Privacy Officer
Dorothea Dix Psychiatric Center
626 State Street
PO Box 926
Bangor, ME 04402-0926

Patient Advocate
Dorothea Dix Psychiatric Center
626 State Street
PO Box 926
Bangor, ME 04402-0926

Disabilities Rights Center
24 Stone Street
PO Box 2007
Augusta, ME 04338

Phone:
207-941-4031

Phone:
207-941-4180

Phone:
207-626-2774
1-800-452-1948

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