



Notice of Privacy Practices

Maine Department of Health and Human Services MaineCare Services

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.

The Office of MaineCare Services, part of the Maine Department of Health & Human Services, or DHHS, uses certain personal information about you in order to pay for your health services. The law says we must make sure that protected health information is safe. This Notice tells you about your rights to your protected health information, and our duty to protect it. It also tells you how we may use and disclose your protected health information, and gives a small number of examples to explain what we mean. Not every use or disclosure can be listed on this Notice. Please let us know if you have any questions about this form.

We may use or disclose your protected health information for the following purposes:

1. For Payment. We pay for your health services.

We may use and disclose your protected health information to pay for your care, and to determine whether certain services or medications are covered. Example: We may share information about the type of MaineCare coverage you have in order for your doctor to know what services are covered or may need special permission (also called prior authorization). We may help coordinate your care, review your use of services, and to tell you about program changes and updates.

2. For Treatment. We help manage the health care treatment you get.

We may disclose your protected health information with health care providers who are treating you. *Example: A doctor sends us information about your treatment plan so we can see what other services may help you.*

3. For Healthcare Operations. To help do our work and comply with government requirements.

We can use and use and disclose your protected health information to run our program.

Examples: We are permitted to use your information for audit and accounting purposes, for educating our staff, and for reviewing the quality of our program.

The law says that we may use or disclose your protected health information in certain situations, including:

- To persons authorized by law to act on your behalf, such as a guardian, health care power of attorney or surrogate.
- To comply with a state or federal law.
- To remind you of an appointment or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.
- To help public safety problems such as preventing or reducing threats to health and safety, preventing disease, or reporting abuse or neglect.
- For research where the information does not identify you or we have received permission from a special research review board.
- For planning our programs. We may disclose general information about a certain population of people.
- To comply with state or federal program requirements. We may disclose protected health information with the Food and Drug Administration, the Centers for Medicare and Medicaid Services, and the U.S. Department of Health and Human Services when required.
- To comply with a valid court order, subpoena, or other appropriate administrative, judicial or legal request.
- To military departments if you are a veteran or member of the armed forces. We may be required to disclose information for national security or intelligence purposes. If you are an inmate, we may release your information for your health or safety in the correctional facility.
- To respond to medical request or to a medical examiner, such as a coroner.
- In connection with Workers' Compensation claims for benefits.
- To assist law enforcement where there was a possible crime on the premises. We may also share your information where necessary to prevent or lessen a serious or imminent threat to you or another person.

We will not use or disclose your information in any ways other than described in this Notice unless you tell us in writing that we can.

If you sign an authorization, you may change your mind and revoke it at any time, except to the extent that we have already shared your information based upon your written permission.

You have the right to:

- A. See and copy your protected health information. This request must be in writing.
 - If you ask us to copy your record, we may ask for a reasonable, cost-based copy fee.
 - You may ask for your electronic record in a digital format.
 - You can ask us to send your protected health information to someone by email if you fill out the email section of the authorization form.

- Your provider may not allow you to see certain parts of your medical record. You may ask that this decision be reviewed by another licensed professional.

B. Ask us to contact you in a certain way.

You may ask us to contact you only in a certain way to keep your protected health information confidential and safe. For example, you can ask us only to call you at a certain phone number or send letters to a certain address. We are required to contact you in the way that you request whenever possible.

C. Ask us not to use or disclose certain information in your medical record.

You may ask us to limit the information we use or disclose. You may ask us **not** to use or disclose certain kinds of information. We will carefully consider your request, but we are not required to agree to the request. We can refuse your request if it would affect your care. If you ask us not to use or disclose certain information, we may not be able to pay your bill. In this case, you may be responsible for your bill.

D. Get a list of those to whom we have disclosed your protected health information.

You may ask for a list of those to whom we have disclosed your protected health information other than for treatment, payment, healthcare operations or where you have received the information or previously given us written permission to share your information. We can go back six years for paper files and three years for electronic records.

E. Ask us to fix your health and claims record if it is wrong or add a statement to your file.

You may ask us to fix a mistake to your information. While we cannot erase your record, we will add your written statement to your protected health information to correct or clarify the record.

F. Decide not to have your protected health information shared through HealthInfoNet.

HealthInfoNet is one way that we share your health information with your doctors and other health care professionals. You can opt out of this method of information sharing by completing a form. HIV and mental health information is never included unless you opt in or give us special permission.

G. You may file a complaint if you think your privacy rights have been violated. We cannot retaliate against you for making a complaint.

You may file a complaint in one of the following ways:

- Complain to the Privacy Official through your local DHHS office.

- Complain to Beth Glidden, Deputy Privacy Officer, at (207) 624-6913. TTY users dial 711.
- Complain to Office of Civil Rights, DHHS, Government Center, John F Kennedy Federal Building, Room 1875, Boston MA 02203 or by going to the following webpage: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

We must protect your protected health information:

- The law says we must keep your protected health information private and safe.
- The law says we must tell you about any breach in the security of your protected health information.

You have a right to receive a paper copy of this Notice of Privacy Practices, even if you have received this Notice electronically.

We reserve the right to change the terms of this Notice of Privacy Practices, but will comply with the Notice that is currently in effect. We will post the current Notice on our website and in our offices, and provide you with the newest Notice as the law requires. This updated Notice is effective as of March 17, 2016.