



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. PLEASE REVIEW IT CAREFULLY.

The Uniformed Services Family Health Plan (USFHP) at Martin's Point Health Care is committed to protecting the confidentiality of your protected health information (PHI). The US Family Health Plan takes the job of protecting your PHI seriously. We maintain policies and procedures to protect PHI, and all employees receive training on how to protect PHI. We also use physical and electronic safeguards to limit employee access to PHI. Access to your PHI is restricted only to employees who "need to know" the information.

1. Introduction to Privacy Notice

This Notice of Privacy Practices describes how the US Family Health Plan may use and disclose your Protected Health Information ("PHI") to provide treatment to you; to seek payment for the medical services you receive; and to support the health care operations of our practice.

This Notice is provided under the federal Health Insurance Portability and Accountability Act ("HIPAA") Privacy Standards. There are other laws and rules that provide additional protections for health information related to treatment for mental health, alcohol and other substance abuse, and HIV/AIDS. To the extent that state or federal laws and rules are more stringent than the HIPAA Privacy Standards, we will continue to follow these law and rules. The law requires that we notify you regarding:

- What kind of PHI we collect about you and how we get it
- How we use your PHI
- What kind of PHI we release to other entities and organizations
- How we protect your PHI from unauthorized use and disclosures
- How you can obtain a copy of the PHI we have on file about you

"PHI" includes your demographic information such as name, address, telephone number, social security number, birth date and gender, as well as information regarding your health, illnesses and injuries; past, present, or future information about your physical or mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you. We collect PHI from:

- You (when you complete initial patient or enrollment forms)
- Your prior transactions with the US Family Health Plan
- Your physician and other healthcare providers
- Your transactions with others (including the US Family Health Plan or other insurance carrier)

The Notice describes uses and disclosures of PHI for treatment, payment and health care operations and those that are permitted or required by state or federal law. Also, it advises you of your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI.

We may amend this Notice of Privacy Practices periodically and you may obtain a current copy of the Notice by contacting a US Family Health Plan member services representative, the Privacy Office, or on our website at www.martinspoint.org. We reserve the right to make the revised or changed Notice effective for PHI that we already have about you as well as for any PHI we receive in the future. We will provide updates of any material changes of this Notice, as required by law.

We regard the safeguarding of your PHI as an important duty. The elements of this Notice and any authorizations you may sign are required by state and federal law for your protection and to ensure your informed authorization to the use and disclosure of PHI necessary to support your relationship with the US Family Health Plan.

If you have any questions about the US Family Health Plan's Notice of Privacy Practices, please contact our Privacy Contact at 207-253-6153 or privacy@martinspoint.org.

2. Safeguarding PHI Within the US Family Health Plan Facilities

We have in place appropriate administrative, technical, and physical safeguards to protect the privacy of your PHI. We regularly train our staff on the obligation to protect the privacy of your PHI. We hold medical records in a secure area within each facility. Only staff members who have a "need to know" are permitted access to your medical records and other PHI. We use physical and electronic safeguards to limit employee access to PHI.

3. Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

The US Family Health Plan will use and disclose your PHI for the following types of activities:

- Payment. Payment means our activities to obtain reimbursement for the medical services provided to you, including billing, claims management, and collection activities. Payment also may include your insurance carrier's work in determining eligibility, claims processing, assessing medical necessity, and utilization review.
- Health Care Operations. Health care operations means, the business activities of our medical practice. These activities include, for example, quality assessment and improvement activities; practitioner performance evaluation; patient satisfaction surveys; fraud & abuse compliance; business planning & development; health education; and business management & general administrative activities. For example, we may use a patient sign-in sheet at the front desk; we may call you by name in the waiting room when we are ready to serve you; and we may mail you a reminder of your appointment or leave a reminder on your answering machine or voicemail. Also, we may send you a newsletter about our practice or a mailing about health education activities. We may also use or disclose your PHI to contact you about treatment alternatives or health-related benefits or services that may be of interest to you. When we involve third parties, such as billing services, in our business activities, we will have them sign a "business associate" agreement obligating them to safeguard your PHI according to the same legal standards we follow. *Please note that not every type of use or disclosure is listed in this Notice.*

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4. Uses and Disclosures of PHI Based Upon Your Written Authorization

Except as otherwise described in this Notice, we may not use or disclose protected health information without your written authorization, which you may revoke.

You may request that we use or disclose all or part of your protected health information. Use and disclosure may be authorized to specified individuals or other recipients for a defined purpose over a particular timeframe. Authorizations will be required to disclose sensitive protected health information, such as information about mental health or psychiatric treatment (unless an emergency situation exists), HIV status, substance abuse treatment, or for Psychotherapy Notes. While most authorizations must be in writing, in certain circumstances, we will accept oral authorizations to the extent permitted by Maine law. The minimum necessary amount of your protected health information will be disclosed to comply with your authorization.

You may revoke your authorization at any time, but only regarding future uses or disclosures and only to the extent we have not already used or disclosed your protected health information in reliance on your authorization. If your authorization was provided as a condition of your obtaining insurance coverage, then if the insurer has a right to contest a claim, the revocation may be ineffective. We may also accept oral revocations and certain electronic revocations of authorizations, but we request that you follow this with a revocation in writing.

5. Uses and Disclosures of PHI that are Permitted or Required by Law

In some circumstances, we may use or disclose your PHI without your authorization. State and federal privacy law permit or require such use or disclosure regardless of your authorization because it is in the best interest of our society at large that the use or disclosure of PHI be made in these situations.

- Emergencies. If you are incapacitated and require emergency medical treatment, we will use and disclose your PHI to ensure you receive the necessary medical services.
- Communication barriers. If we try but cannot obtain your authorization to use or disclose your PHI because of substantial communication barriers and your physician, using his or her professional judgment, infers that you authorize the use or disclosure, The US Family Health Plan will make the use or disclosure.

- Required by law. We may disclose PHI to the extent required by law and in a manner limited to the specific requirements of the law.
- Public health activities. We may disclose your PHI to an authorized public health authority to prevent or control disease, injury, or disability or to comply with state child abuse or neglect law. We may disclose your PHI in connection with reports that we may be required or authorized to make regarding adult abuse, neglect or domestic violence. Such disclosure will be limited to the extent required by law, or if disclosure is authorized but not required, will be made as necessary to prevent serious harm to you or others. We may also make such disclosure if you agree to it. To the extent that the disclosure will be made, we will promptly inform you or your Personal Representative, *unless* we believe that informing you or your Personal Representative would place you at risk of serious harm.
- Health oversight activities. We may disclose your PHI to a health oversight agency for audits, investigations, inspections, and other activities necessary for the appropriate oversight of the health care system and the government benefit programs such as Medicaid and Medicare.
- Judicial and administrative proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order expressly directing disclosure and within certain limits in response to a subpoena, discovery request, or other lawful process.
- Law enforcement activities. We may disclose your PHI to a law enforcement officer for law enforcement purposes. For example, we may release information in response to a court order, warrant, subpoena or similar legal process; or about a victim of a crime if, under limited circumstances, we are unable to obtain the person's agreement; or in emergency circumstances, to report a crime, the location of the crime or victim, or the identity, description or location of the person who committed the crime.
- Coroners, medical examiners, & funeral directors. We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other lawful duties. We also may disclose your PHI to enable a funeral director to carry out his or her lawful duties.
- Research. We may disclose your PHI for certain medical or scientific research where the researchers have a protocol to ensure the privacy of your PHI.
- Serious threats to health or safety. We may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- Armed forces personnel & national security. We may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your PHI to certain federal officials for lawful intelligence, counterintelligence, and other national security activities.
- Correctional facilities. Regarding inmates, we may disclose your PHI to a correctional institution or law enforcement official to the extent required by law, by court order or as authorized by law or rule.
- Workers' compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with the Maine Workers' Compensation Act or other similar programs that provide benefits for work-related injuries or illness without regard to fault.
- DHHS. We must disclose your PHI to the Secretary of the U.S. Department of Health & Human Services to investigate or determine The US Family Health Plan's compliance with the privacy laws.

6. Your Rights Regarding PHI

We must disclose your PHI to you upon request. You also have the following rights:

- Right to request restriction of uses and disclosures. You have the right to request that we not use or disclose any part of your PHI unless it is a use or disclosure required by law. Please advise us of the specific PHI you wish restricted and the individual(s) who should not receive the restricted PHI. We are not required to agree to your restriction request, but if we do agree to the request, we will not use or disclose the restricted PHI unless it is necessary for emergency treatment. In that case, we will ask that the recipient not further use or disclose the restricted PHI. We have the right at our discretion to terminate our agreement to the restriction, if certain conditions are met.
- Right of access to PHI. Except for limited circumstances under state or federal laws or regulations, you have the right to inspect and obtain a copy of your PHI in a "designated record set" (your medical and billing records) as long as we maintain the PHI in such format. However, you do not have a right of access to psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative proceeding. Also, your right of access may be limited if providing certain PHI to you may endanger the health or safety of yourself or others. If you are denied access to your designated record set for any reason, we will inform you about the reason and your rights to challenge this decision. To request access to your PHI, please make your request in writing to our Privacy Contact. Unless Maine law or rules provide otherwise, we will respond to your request as soon as possible, but no later than 30 days from the date of your request, unless we provide you with written Notice regarding a delay. We have the right to charge a reasonable fee for providing copies of your PHI.
- Right to confidential communications. You have the right to reasonable accommodation of a request to receive communication of PHI by alternative means or at alternative locations. Please make your request in writing to our

Privacy Contact and we will agree if the request is reasonable. We will not require an explanation of your reasons for the request, but we will ask that you specify the alternative address or other method of contact and that you inform us of how payment for our medical services will be handled.

- Right to amend PHI. You have the right to request that we amend the PHI in your "designated record set" for as long as we maintain the PHI in such format. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 60 days from the date of your request, unless we provide you with written Notice regarding a delay. If we deny your request for amendment, you have the right to submit a written statement of reasonable length disagreeing with the denial and we have the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your medical records and may be included in subsequent disclosures of your PHI. We will not delete any health information or PHI in your records. We will require that you identify persons who have received disclosure of the PHI that you have corrected, clarified or amended and will request your agreement to share the corrected, clarified or amended PHI with such person(s) and with our Business Associates or others that may have relied on the PHI to your detriment.
- Right to accounting of disclosures. Subject to certain limitations, you have the right to a written accounting of disclosures by us of your PHI for not more than 6 years prior to the date of your request. Your right to an accounting applies to all disclosures except: those for treatment, payment, or health care operations; to yourself, to your legal guardian or persons with Power of Attorney involved in your care; or for notification purposes. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 60 days from the date of your request, unless we provide you with written Notice regarding a delay. We will provide you with one accounting every 12 months free of charge. We will charge a reasonable fee based upon our costs for any subsequent accounting requests.
- Right to a copy of our Notice of Privacy Practices. We will ask you to sign a written acknowledgement of receipt of our Notice of Privacy Practices. We may periodically amend this Notice of Privacy Practices and you may obtain an updated Notice from our Privacy Contact at any time.

7. Complaint Procedure

- If you have a complaint about the denial of any of the specific rights listed in Section 6 above, about our Notice of Privacy Practices, or about our compliance with state and federal privacy law, please make your complaint in writing to our Privacy Contact. We will respond to your complaint in writing within the time frames listed in Section 6 above or in any case within 60 days of the date of your complaint. If you believe that we are not complying with our legal obligations to protect the privacy of your PHI, you may file a complaint with the Secretary of the U.S. Department of Health & Human Services. You must make your complaint to the Secretary in writing within 180 days of the act or omission forming the basis of your complaint.

You will not be retaliated against for filing a complaint.

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