

Notice of Privacy Practices for Protected Health Information

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.

Waldo County Healthcare, Inc. and its subsidiary corporations including Waldo County General Hospital, Waldo County Home Healthcare Services, Coastal Medical Care (including Lincolnton Regional Health Center), Arthur Jewell Community Health Center, Donald S. Walker Health Center, Stockton Springs Regional Health Center, and Belfast Public Health Nursing Association (hereinafter referred to as “covered entities”) are allowed to use and disclose your protected health care information to carry out treatment, payment, or health care operations. Examples of use of this information for treatment, payment, and health care operations are as follows:

- ➔ Your doctor who has privileges at Waldo County General Hospital and the Hospital nursing staff will make notations regarding your medical condition in your medical record and discuss your medical condition and treatment rendered to you or to be rendered to you.
- ➔ The Business Office will utilize your diagnosis and demographic information to bill your charges for services you received to insurance companies.
- ➔ A hospital committee, such as the Infection Control Committee, made up of physicians and other health care workers may review your medical record information in order to improve the healthcare provided at the hospital.

Other purposes for which these covered entities are permitted or required to use or disclose your protected health information without your written consent or authorization are as follows:

- ➔ Appointment Reminders: The covered entities may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- ➔ Treatment Alternatives: The covered entities may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that maybe of interest to you.
- ➔ Health-Related Benefits and Services: The covered entities may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- ➔ Fund Raising Activities: The covered entities may use medical information about you to contact you in an effort to raise money for the hospital and its operations. If you do not want the covered entities to contact you for fund raising efforts, you must notify the Hospital’s Administration Office in writing.
- ➔ Covered Entities Directories: The covered entities may include certain limited information about you in their directories while you are a patient. This information may include your name, location in the facility, your general condition (e.g. fair, stable, etc.) and your religious affiliation. The directories information, including your religious affiliation, may be given to a member of the clergy, even if they don’t ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

Directory information may be released to people who ask for you by name.

- Individuals Involved in Your Care or Payment for your Care: The covered entities may release medical information about you to a friend or family member who is involved in your medical care. The covered entities may also give information to someone who helps pay for your care. In addition, the covered entities may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- Research: Under certain circumstances, the covered entities may use and disclose medical information about you for research purposes, approved by an Institutional Review Board or Privacy Board.
- As Required by Law: The covered entities will disclose medical information about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety: The covered entities may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Organ and Tissue Donation: If you are an organ donor, the covered entities may release medical information to organization that handle organ procurement, tissue transplantation, as necessary to facilitate organ or tissue donation and transplantation.
- Military and Veterans: If you are a member of the armed forces, the covered entities may release medical information about you as required by military command authorities. The covered entities may also release medical information about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation: The covered entities may release information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Public Health Risks: The covered entities may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if the covered entities believe a patient has been the victim of abuse, neglect or domestic violence. The covered entities will only make this disclosure if you agree or when required or authorized by law.
- Health Oversight Activities: The covered entities may disclose medical information to a health

oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

- ➔ Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, the covered entities may disclose medical information about you in response to a court or administrative order. The covered entities may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ➔ Law Enforcement: The covered entities may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, the covered entities are unable to obtain the person's agreement;
 - About a death the covered entities believe may be the result of criminal conduct.
 - About criminal conduct at the hospital; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ➔ Coroners, Medical Examiners, and Funeral Directors: The covered entities may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The covered entities may also release medical information about patients to funeral directors as necessary to carry out their duties.
- ➔ National Security and Intelligence Activities: The covered entities may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ➔ Protective Services for the President and Others: The covered entities may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized person or foreign heads of state or conduct special investigations.
- ➔ Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, the covered entities may release medical information about you to the correctional institution or law enforcement official.

Any other use or disclosure of your protected health information will be made only with your written authorization. You may revoke such authorization at any time provided that the revocation is in writing except to the extent that the covered entities have taken action in reliance thereon; or if your authorization was obtained as a condition of obtaining insurance coverage.

With respect to your protected health information, you have the following rights:

- ➔ Right to Inspect and Copy: You have the right to inspect and copy your protected health information.

Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information, you must submit your request in writing to the Medical Records Department. If you request a copy of the information, you will be charged a fee for the costs of copying, mailing or other costs associated with your request.

The covered entities may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. The covered entities will comply with the outcome of the review.

- Right to Amend: If you feel that medical information the covered entities have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Medical Records Department. In addition, you must provide a reason that supports your request.

The covered entities may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the covered entities may deny your request if you ask to amend information that:

- Was not created by the covered entities, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the covered entities;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of medical information about you, not including uses or disclosures to carry out treatment, payment, or healthcare operations.

To request this list, you must submit your request in writing to the Medical Records Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a twelve (12) month period will be free. For additional lists, you will be charged for the costs of providing the list.

- Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information the covered entities use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information the covered entities disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request

unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Medical Records Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- ➔ Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Medical Records Department. The covered entities will not ask you the reason for your request. The covered entities will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ➔ Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

The covered entities are required to abide by the terms of this notice currently in effect. However, the covered entities do reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains.

You may complain in writing to the covered entities or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. Please contact our Privacy Officer, Mr. Frank Hannon at 10 Shoreland Drive, Belfast, ME 04915 if you have such a complaint. You will not be retaliated against for filing such a complaint. For further information regarding this notice, please contact Frank Hannon, Privacy Officer at (207) 338-2332. This notice is effective as of April 14, 2003 and is available upon request.