

**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.**

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you, and are required by law to do so. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel, anesthesiologists or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. Please review it carefully and let us know if you have questions.

**HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your Hospital medical record to assist in your treatment at the Hospital and for follow-up care.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, x-rays and anesthesiology.

We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.

**Appointments:** We also may leave a message of an upcoming appointment on your answering machine or voicemail, or contact you to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Patient Directory:** In order to assist family members and other visitors in locating you while you are in the Hospital, the Hospital maintains a patient directory. This directory includes your name, room number, your general condition (such as fair, stable, or critical), and your religious affiliation (if any). We will disclose this information to someone who asks for you by name, although we will disclose your religious affiliation only to clergy members. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. If you do not want to be included in the Hospital's patient directory, please make the registrar aware and they will assist you with the documentation on your admission/treatment consent form.

**Family Members and Others Involved in Your Care:** We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want the Hospital to disclose your medical information to family members or others who will visit you, please make the registrar or your nurse aware and they will document this on your admission or your consent for treatment form.

**Payment:** We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

**Hospital Operations:** We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the Hospital. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether Hospital personnel, your doctors, or other health care professionals did a good job.

We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.

We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Research:** We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

**Required by Law:** Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the State Workers' Compensation Program for work-related injuries.

**Public Health:** We also may report certain medical information for public health purposes. We may need to report patient problems with medications or medical products to the Federal Drug Administration, or may notify patients of recalls of products they are using. Additional public health reporting includes information in regards to births, deaths, prevention or control of disease, injury or disability and to notify a person that may have been exposed to a disease or may be a risk for contracting or spreading a disease or condition.

**Public Safety:** We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the Hospital. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees the Hospital or its personnel, such as the State Department of Health and Welfare, Federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor the Hospital's compliance with state and federal laws.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:** We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The Hospital may also disclose medical information to federal officials for intelligence and national security purposes, or for Presidential Protective Services.

**Judicial Proceedings:** The Hospital may disclose medical information if ordered to do so by a court or within certain limits to a subpoena, a search warrant, or other lawful process.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, medical information about HIV/AIDS, mental health, and alcohol and drug abuse treatment information has more protection in Maine.

For those types of information, the Hospital is required to get your permission before disclosing that information to others in many circumstances.

**Other Uses and Disclosures:** If the Hospital wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, the Hospital will seek your permission. If you give your permission to the Hospital, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you ever would like to revoke your permission, please notify us in writing at Health Record Services, Redington-Fairview General Hospital, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121.

## **WHAT ARE YOUR RIGHTS?**

**Right to Request Your Medical Information:** You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care, defined as your designated record set. To request your medical information, write to or call and ask for an authorization form from Health Record Services, Redington-Fairview General Hospital, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

We 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. We will comply with the outcome of the review.

**Right to Submit Corrections or Clarifications of Medical Information:** If you examine your medical information and believe that some of the information is wrong or incomplete, you may submit a correction/clarification amendment. To submit a correction or clarification amendment, write to Health Record Services Redington-Fairview General Hospital, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121. We will respond no later than 60 days from the date of your request.

We may deny your request for a correction/clarification amendment if you ask us to amend information that:

- Was not created by us, 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 hospital;
- Is not part of the designated record set which you would be permitted to inspect and copy;  
or
- Is accurate and complete.

**Right to Get a List of Certain Disclosures of Your Medical Information:** You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to Health Record Services, Redington-Fairview General Hospital, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How the Hospital Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to request us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the Hospital. *We are not required to agree to your request*, but if we do agree to a reasonable request, we will comply with that agreement. If you want to request a restriction, submit your request in writing to Health Record Services, Redington-Fairview General Hospital, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121 and describe your request in detail.

**Right to Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, write to Health Record Services, Redington-Fairview General Hospital, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121, we will accommodate reasonable requests. You can also ask to speak with your health care providers in private outside the presence of other patients—just ask them!

**Right to a Paper Copy:** You have the right to a paper copy at any time. You may obtain a paper copy of this notice at Redington-Fairview General Hospital, Health Record Services or any registration area, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121 or you may download a paper copy of the notice from our Web site, at <http://www.rfgh.net>.

## **CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices by calling or writing Redington-Fairview General Hospital, Health Record Services, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121 or downloading a paper copy from our Web Site, at <http://www.rfgh.net>.

## **DO YOU HAVE CONCERNS OR COMPLAINTS**

Please tell us about any problems or concerns you have with your privacy rights or how the Hospital uses or discloses your medical information. If you have a concern, please contact the privacy officer, Kim Gray, Redington-Fairview General Hospital, Health Record Services, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121.

If for some reason the Hospital cannot resolve your concern, you may also file a complaint with the federal government, Region I, Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building--Room 1875, Boston, Massachusetts 02203. Voice phone (617) 565-1340. FAX (617) 565-3809. TDD (617) 565-1343, or go to [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/). We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

**DO YOU HAVE QUESTIONS?**

The Hospital is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how the Hospital may use and disclose your medical information, please contact the privacy officer, Kim Gray, Redington-Fairview General Hospital, Health Record Services, 46 Fairview Avenue, P.O. Box 468, Skowhegan, ME 04976, (207) 474-5121

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