

## Attachment A

### NOTICE OF PRIVACY PRACTICES

**India Street Health Center**  
Public Health Division  
Health and Human Services Department  
103 India Street  
Portland, Maine 04101  
Ph: (207) 874-8446  
Fax: (207) 756-8087

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.

EFFECTIVE DATE: [Date]

*The India Street Health Center (ISHC) is required by law to maintain the privacy of your protected health information, to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information, and to notify affected patients following a breach of unsecured protected health information. Although we are required to abide by the terms of the Notice that is currently in effect, we reserve the right to change our privacy practices at any time and to make the new Notice provisions effective for all protected health information that we maintain. If our privacy practices change, we will provide you with a revised Notice during your next visit.*

This Notice describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic and genetic information, that personally identifies you and relates to your past, present, or future physical or mental health or condition and related health care services. Protected health information also includes any health information and records provided to the ISHC by other healthcare providers and facilities who have provided care to you or are involved in your care.

#### **Authorized Uses and Disclosures of Your Protected Health Information**

The ISHC may use and disclose your protected health information for purposes of treatment, payment, and healthcare operations, without your authorization. For example:

- ***Treatment:*** We may use or disclose your protected health information to other healthcare providers for treatment purposes and to arrange for the provision, coordination, and management of healthcare services for you. For example, the ISHC may disclose health information about you to another health care provider involved in your care outside of the ISHC to arrange for a referral, treatment or care coordination or management. The ISCH may also disclose your health information to a pharmacist or pharmacy in order to prescribe appropriate medications to you or to process your prescription, or to a medical equipment supplier for supplies and equipment necessary for your care.
- ***Payment:*** Unless you pay in full out of pocket for services provided to you and request in writing to ISHC that your health information not be disclosed to third-party payors for payment purposes, we may

use or disclose protected health information about you to your insurance company or other third-party payors such as Medicare or Medicaid (MaineCare) to obtain payment for healthcare services provided to you, or to determine your eligibility for coverage and benefits.

- Healthcare Operations: We may use or disclose your protected health information for healthcare operations purposes, such as to evaluate the quality of the care and services provided to you or to conduct patient satisfaction surveys.

The ISHC may also use and disclose your protected health information without your authorization in the following additional circumstances:

- As Required by Law: We may use and disclose your protected health information when required or authorized by state and federal law.
- Business Associates: We may disclose your protected health information to business associates performing services on behalf of the ISHC who have agreed in writing to maintain the privacy of your protected health information.
- Personal Representatives: We may disclose your protected health information to personal representatives, such as your legal guardian, healthcare power of attorney agent, or healthcare surrogate, who are authorized by law to make healthcare decisions on your behalf when you lack the capacity to make your own healthcare decisions.
- Persons Involved in Your Care: We may disclose your protected health information to your designated primary care giver, family members, relatives, or close personal friends involved in your care, involved in securing payment for your care, or for notification purposes, unless you (or your authorized representative) notify us that you object to and wish to prohibit or restrict such disclosures.
- Fundraising Activities: We may use limited protected health information about you—namely, your name, address, contact information, age, gender, date of birth, dates of service, department of service, treating physician, outcome information, and health insurance status—to contact you for ISHC fundraising activities in furtherance of the ISHC’s nonprofit, municipal and public mission. However, you have the right to opt out of receiving ISHC fundraising communications by notifying the Division of Public Health’s Privacy Officer that you do not wish to receive such communications. We may also disclose such limited information to an institutionally-related foundation or to a business associate to conduct fundraising on behalf of the ISHC and for the ISHC’s benefit.
- Disaster Relief: We may use and disclose your protected health information to public or private entities authorized by law to assist in disaster relief efforts, provided you have been given the opportunity to agree or to object to such uses and disclosures.
- Public Health Activities: We may use and disclose your protected health information to public health authorities for public health activities, such as to comply with mandatory communicable disease and vital statistics reporting laws.
- Abuse, Neglect, and Exploitation Reporting: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse, neglect, and exploitation of children and of incapacitated or dependent adults.
- Health Oversight Activities: We may use and disclose your protected health information to a health oversight agency for activities authorized by law, such as compliance with health oversight audits,

investigations, and inspections. Oversight agencies authorized to receive your information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs.

- Legal and Administrative Proceedings: We may disclose your protected health information in judicial or administrative proceedings when required or authorized by law, for example, in response to an order of a court or pursuant to a subpoena served by a governmental entity authorized by law to access your health information.
- Law Enforcement: We may disclose your protected health information for certain law enforcement purposes so long as applicable legal requirements are met, such as to report gunshot wounds, or to report crimes committed on the ISHC's premises or against ISHC personnel.
- Coroners and Medical Examiners: We may use and disclose protected health information to coroners and medical examiners regarding a deceased patient for identification purposes, or to determine the cause of death or to perform other duties authorized by law.
- Funeral Directors: We may use and disclose protected health information to funeral directors consistent with applicable law as necessary to carry out their duties with respect to making funeral arrangements for a deceased patient. If necessary to carry out such duties, we may disclose such information prior to and in reasonable anticipation of a patient's death.
- Organ, Eye or Tissue Donation: We may use and disclose protected health information to organ procurement organizations or other entities for cadaveric, organ, eye, or tissue donation purposes.
- Research: We may use and disclose your protected health information for research purposes so long as the research and any uses and disclosures related to such research are approved by an Institutional Review Board or a Privacy Board, no identifying information is disclosed in any report arising from the research, and other requirements are met.
- Uses and Disclosures to Avert Threats of Harm or Safety: We may use and disclose your protected health information when necessary to avert a direct threat of imminent harm to health or safety.
- Specialized Government Functions: We may disclose your protected health information for specialized government functions relating to military, veterans, national security, intelligence, and secret service activities, medical suitability determinations, inmates and law enforcement custody, when such disclosures are authorized or required by law.
- Workers' Compensation: We may disclose your protected health information when necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

#### **Uses and Disclosures of Protected Health Information Requiring Your Written Authorization**

Written Authorization: Other uses and disclosures of your protected health information not described above will be made only with your written authorization. For example:

- Psychotherapy Notes: In the event that the ISHC maintains psychotherapy notes about you that are kept separate from the rest of your ISHC medical record, the ISHC will obtain your written authorization to use or disclose such psychotherapy notes unless an exception to the authorization requirement applies under applicable law.

- **Marketing:** We will not use or disclose your protected health information to persons outside of the ISHC to sell or market services or products without your written authorization, except in limited authorized circumstances (e.g., in face-to-face communications to you).
- **Sale of Protected Health Information:** We will not sell your protected health information, or disclose your protected health information to persons outside of the ISHC in exchange for any direct or indirect payment, without your written authorization.
- **Photographs and Videorecordings:** We may photograph or videorecord you, and use and disclose photographs and videorecordings of you, for treatment purposes without your authorization, but we will not photograph or videorecord you, or use or disclose any photographs and videorecordings of you, for any other purpose (e.g., for a marketing purpose) without your written authorization.

***Right to Revoke Authorization:*** You may revoke your authorization at any time, to the extent that the ISHC or others have not already relied upon your authorization, by giving written notice of your revocation to the Division of Public Health's Privacy Officer.

### **Special Confidentiality Protections for Certain Sensitive Types of Protected Health Information**

- ***Confidentiality of Certain Mental Health Information:*** If the ISHC maintains information about you derived from mental health services provided to you by an ISHC psychiatrist, psychologist, clinical nurse specialist, social worker or counseling professional, the ISHC will not disclose such mental health information to anyone outside of the ISHC or its organizational affiliates without your written authorization, unless such disclosure is necessary in an emergency or is otherwise authorized or required by law.
- ***Confidentiality of HIV Information:*** If any information regarding your HIV status (such as HIV test results or medical records containing HIV information) is maintained by the ISHC, such information is afforded heightened protection under Maine law and we will maintain the confidentiality and privacy of such information, and will not use or disclose such information, except as specifically authorized or required by an exception to confidentiality under Maine's HIV confidentiality laws.
- ***Confidentiality of Substance Use Disorder Program Information:*** If the ISHC maintains or acquires from another provider or facility any information about you that is subject to the federal confidentiality protections afforded to certain federally assisted substance use disorder program records under 42 C.F.R. Part 2, the ISHC will maintain the confidentiality and privacy of such information, and will not use or disclose such information without your authorization, except as specifically authorized or required by 42 C.F.R. Part 2. If the ISHC maintains or acquires any substance abuse information about you that is not from a federally assisted Part 2 substance use disorder program or otherwise subject to the Part 2 requirements, the ISHC will protect the confidentiality of such information in the same way it protects your other protected health information.

### **Confidentiality Protections for Minors' Protected Health Information**

If you are a minor authorized by law to consent to health care services on your own behalf and you in fact consent to such services on your own behalf, the ISHC is required to protect the privacy of your protected health information with respect to health care services you have consented to on your own behalf in the same way that we protect the privacy of an adult's protected health information, unless a special exception applies under the law. For example, the ISHC is authorized by law to notify your parent or guardian if, in the judgment of your ISHC health care provider, failure to inform your parent or guardian would seriously jeopardize your health or would seriously limit the ability of your provider to provide

treatment to you. Additionally, if you want the ISHC to bill your parent's or parents' health insurance plan for services provided to you, your parents will receive from their insurance company an Explanation of Benefits regarding the services provided to you and, as a result, the fact that you received services from the ISHC will not be confidential from your parents. However, if you do not want your parents to know that you are receiving services from the ISHC, you must notify the ISHC of that fact at the time services are provided to you so that arrangements can be made for payment of such services privately or out-of-pocket, or to determine your eligibility for free or discounted care.

### **Summary of Your Rights Regarding Your Protected Health Information**

- *You have the right to access, inspect and copy your protected health information.* You (and/or your authorized representative) have the right to inspect or obtain a paper or electronic copy of your protected health information (e.g., medical records and billing records) within 30 days of your request. You may be charged a reasonable, cost-based fee for such copies or summary, up to a maximum amount allowed by law. In certain circumstances, you or your authorized representative may be denied access to your health information and records. However, you have the right to request a review of a decision to deny you access to your information and records.
- *You have the right to request a restriction on certain uses and disclosures of your protected health information.* If you request that the ISHC not disclose your health information to a health plan for purposes of payment or healthcare operations, and you have paid the ISHC in full out of pocket for services provided to you, the ISHC is required to honor your requested restriction. Otherwise, the ISHC is not required to agree to a requested restriction. If the ISHC agrees to a requested restriction, the ISHC will not use or disclose your information in violation of your restriction, unless the use or disclosure is needed to provide emergency treatment.
- *You have the right to request to receive confidential communications of protected health information from us by alternative means or at an alternative location.* We will accommodate reasonable requests. We may place conditions on such accommodations, for example, by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.
- *You have the right to submit amendments, corrections and clarifications to your protected health information.* You may request amendments, corrections and clarifications to your health care information contained in our records. If you are requesting a change to the information in your treatment record, we will place your requested amendment, correction or clarification in your record. We may add a response to your record, and will provide to you a copy of our response. If you are requesting a change in your non-treatment record, we may deny your request. If your request is denied, we will notify you in writing and provide our reasons for the denial.
- *You have the right to receive an accounting of certain disclosures.* You have the right to receive an accounting of disclosures of your protected health information made by the ISHC during the six years prior to the date of your request. The accounting will not include disclosures made directly to you, requested by you, made for treatment, payment or healthcare operations purposes, and other disclosures not required by law to be included in the accounting.
- *You have the right to obtain a paper copy of this Notice from us, upon request,* even if you have agreed to accept this Notice electronically.
- *You have the right to file a complaint.* You have the right to file a complaint with the ISHC or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by the

ISHC. You may file a complaint with us by notifying our Privacy Officer at the address below. The ISHC will not retaliate against you for filing a complaint.

If you have any questions about this Notice, our privacy practices, or your rights, please contact:

ATTN: Privacy Officer  
Division of Public Health  
389 Congress Street  
Portland, Maine 04101  
Ph: (207) 756-8054

**Attachment B**  
**Supplement to the India Street Health Center's Notice of Privacy Practices Related to the  
India Street Health Center's Participation in HealthInfoNet**

**Effective Date:** [Date] (Rev. [Date])

THIS NOTICE SUPPLEMENTS THE INDIA STREET HEALTH CENTER'S NOTICE OF PRIVACY PRACTICES AND DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED IN CONNECTION WITH THE INDIA STREET HEALTH CENTER'S PARTICIPATION IN HEALTHINFONET, MAINE'S STATE-DESIGNED STATEWIDE HEALTH INFORMATION EXCHANGE. FOR MORE INFORMATION ABOUT OUR PRIVACY PRACTICES, SEE OUR FULL NOTICE OF PRIVACY PRACTICES. PLEASE REVIEW THIS SUPPLEMENTAL NOTICE CAREFULLY.

The India Street Health Center (ISHC) participates in HealthInfoNet (HIN), Maine's state-designated, statewide electronic health information exchange. HIN allows participating Maine healthcare facilities and providers, including hospitals, long-term care facilities, physicians and other healthcare providers, to share with each other on an as-needed basis certain health information about you for treatment and coordination of care purposes. For example, if you are involved in a car accident and are being treated at another healthcare facility that also participates in HIN, your treating providers will have access to information in your ISHC medical records to treat you in an emergency. Information stored on HIN's network may also be disclosed to governmental entities for certain required public health reporting purposes. Participating providers may only access your information if they are involved in your care and need the information in order to provide you with care or services. The information that will be accessible to other providers participating in HIN includes: (i) patient registration information such as your name, address, gender, date of birth and telephone number, (ii) a list of known allergies, (iii) a list of your prescription medications, (iv) laboratory test results, (v) x-ray and other diagnostic test results, and (vi) a brief description of your health conditions and medical diagnoses. However, the following information will not be disclosed to HIN or made accessible to providers participating in HIN without your specific authorization: (i) information maintained by substance use disorder treatment programs, (ii) information maintained by licensed mental health facilities or professionals, (iii) HIV information, and (iv) genetic test results. Mental health and substance abuse information related to services received from primary care and emergency care providers will be accessible unless you elect not to participate in HIN.

If You Do Not Want to Participate: If you do not want your ISHC health information to be accessible to other providers participating in HIN, you may opt out of participating by completing an Opt Out form that the ISHC will make available to you upon admission, or that can be obtained directly from HIN ([hinfonet.org](http://hinfonet.org)). However, there are risks in choosing not to participate. For example, your healthcare providers may not have access to the most current and complete information about you when needed to treat you or to coordinate your care in an urgent situation. Opting out could also affect the efficiency of the healthcare services you receive due to the time it takes to get copies of your medical records to your treating healthcare providers. Risks of participating in HIN include the possibility that an unauthorized person might access information disclosed to HIN, or that inaccurate information might be accidentally disclosed to HIN, which could result in misdiagnoses or medication errors on the part of the treating healthcare providers who access and rely upon the information disclosed to HIN. If you choose not to opt out, it is also possible that HIN personnel and providers participating in HIN could infer sensitive information about you based on the information available to them through HIN such as the types of medications you are taking (for example, to treat a mental illness, an HIV-related illness, substance use disorder or a sexually transmitted disease). *No health care provider, facility or other entity, including the ISHC, may deny a patient health care treatment based solely on the provider's or patient's decision not to participate in HIN.*

For More Information: If you have any questions about this Supplemental Notice, or would like more information about the ISHC's privacy practices, see the ISHC's full Notice of Privacy Practices or contact our Privacy Officer at:

ATTN: Privacy Officer  
Division of Public Health  
389 Congress Street  
Portland, Maine 04101  
Ph: (207) 756-8054

For more information about HIN go to [hinfonet.org](http://hinfonet.org) (website), or contact HIN by email at [info@hinfonet.org](mailto:info@hinfonet.org), by phone at (207) 541-9250, or by mail at 125 Presumpscot St., Portland, ME, 04103.