

Kennebec Behavioral Health Notice of Privacy Practices

This **NOTICE OF PRIVACY PRACTICES** encompasses the Kennebec Behavioral Health System; its member organizations: Kennebec Behavioral Health, Kennebec Mental Health Associates, KMHA Foundation, Inc., and KMHA Real Estate, Inc.

Effective date of this Notice 10/01/2016

Previous version effective dates 04/14/2003, 07/01/2006, 09/23/2013 (minor non-substantive clarification 10/2018)

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.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR Corporate Compliance/Privacy Officer at 207-873-2136.

Who Will Follow This Notice

Employees, volunteers, and students of the entities listed above will follow this notice. These individuals will follow this notice in their use of and disclosure of protected health information they receive or create. We will share protected health information with other member organizations so we can treat you, obtain payment and carry out necessary operations. Some of your information may be available to people or companies, known as business associates, who are not employed by us. These Business Associates work on our behalf performing necessary functions, which allow us to deliver quality Healthcare Services to you. Each of our Business Associates is subject to the same confidentiality rules regarding your Protected Health Information as we are.

Your Protected Health Information

Protected Health Information (PHI) is information, including demographic information, which may identify you and relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health condition, in the past, present or future. The contents of this information may include information we have created and recorded about you **AND** information that we have **received** about you from another health care provider, such as a hospital, doctor, or therapist. This Notice of Privacy Practices describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI. We are required by Federal Law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change this Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, it will be posted at all of our locations and a paper copy of the revised Notice will be made available to all individuals receiving services at their next appointment. Our notice is also posted on KBH's Website at www.kbhmaine.org.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The following statements outline your rights regarding your protected health information.

Right To Request Limits On Uses And Disclosures Of Your Protected Information

You have the right to ask that we limit or restrict how we use and disclose your protected information for Treatment, Payment and Healthcare Operations. We will consider your written request, and may honor reasonable requests where possible. The law does not require us to agree to every request. If you wish to restrict certain sensitive or other health information from your insurer after you or your personal representative have paid out-of-pocket in full for your services, please discuss this request with us. We will honor your request where we are not required by law to make the disclosure. Your request must indicate (1) the specific restriction or limit requested, (2) whether you wish to limit our use, disclosure, or both; and (3) to whom you want the limits or restriction to

apply. If we agree to your request, we will comply with your request except in emergency situations. You may not limit or restrict the uses and disclosures that we are legally required. You may terminate a restriction or limit, which was approved by indicating so in writing. We may also terminate an approved restriction or limit by notifying you in writing of our intent to do so with respect to information created or received from that day forward.

Right To Choose How We Send Information To You

You have the right to ask that we send information to you at an alternate address or by alternate means to ensure your confidentiality. Your request must be in writing and you can make your request at the time of intake or with your provider. We must accommodate reasonable requests so long as we can easily provide it in the format and manner you requested. We may condition accommodations on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or method of contact to resolve billing and payment issues.

Right To Inspect And Get Copies Of Your Health Information

In most cases, you have the right to review or request copies of information used to make decisions about your care. Your request must be in writing and can be submitted to your provider. If we did not create the information or if we don't have your information but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and how you can have the denial reviewed. If you request copies of your information, we may charge a fee for the cost of the copying, mailing, or other supplies associated with your request. You may ask us to provide your electronic record in electronic format. If we are unable to provide your record in the format you request, we will provide the records in a form that works for you and our office. You may ask us to transmit your record to a specific person or entity by making a written, signed request.

Right To Correct or Amend Your Information

If you believe that your information is inaccurate or incomplete, you have the right to request that we correct the existing information or add the missing information. That request must be made in writing and you must provide a reason for the change. We will respond within 60 days of receiving your request. Your request and our response will become part of your record. If we accept your request, we will make reasonable efforts to inform others, as identified by you, of the amendment. We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if the information in your record is accurate and complete, not created by us, not allowed to be looked at and copied for you, or not a part of our records. Our written denial will tell you the reasons for the denial and how to file a written statement of disagreement, should you choose to submit one.

Right To Obtain A List Of The Disclosures We Have Made of your Information

You have the right to obtain a list of instances in which we have disclosed your information by submitting your written request to our Privacy Officer. This list will not include uses or disclosures that you have already consented to, those made for treatment, payment or health care operations, made directly to you, or before the effective date of April 14, 2003. We will respond within 60 days of receiving your written request and will include disclosures made in the last six years, but not before the effective date of this notice, unless you request a shorter time. We will provide the list to you at no charge. If you make more than one request in the same year, we may charge you a reasonable fee for each additional request.

Right To A Paper Copy Of and Notification of Changes to This Notice

You have the right to a paper copy of this notice, and may ask us to give you one at any time. We reserve the right to change the terms of this notice and will post any changes in our waiting areas and on our website. We will provide you with a revised copy at your next visit or you may obtain a copy of this notice at the following website, www.kbhmaine.org.

Right To Withdraw Your Authorization To Use Or Disclose Your Information

If you give us permission to use or disclose your information, you may withdraw or cancel that permission at any time. If you withdraw your permission, we will no longer use or disclose PHI information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

Fundraising

We do not currently conduct fundraising campaigns. If we do so in the future, you have the right to opt-out of any fundraising solicitation or communication.

Breach notification

We are required to have safeguards in place that protect your health information. In the event that there is a breach of those protections, we will notify you, the U.S. Department of Health and Human Services and others, as the law requires.

You may file a Complaint

If you would like to file a complaint regarding our privacy practices, policies or procedures OR you think your rights under this notice have been violated, please feel free to contact Kennebec Behavioral Health's Chief Privacy Officer, at 207-873-2136. Our Privacy Officer will work with you to resolve your complaint. You may also send a written complaint to **Office of Civil Rights at the Department of Health and Human Services (OCR)** if you believe your privacy rights have been violated by us. You should contact the OCR in writing at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. *You will not be penalized or otherwise retaliated against for filing a complaint.*

PERMITTED USES AND DISCLOSURES

Treatment, Payment and Health Care Operations

Federal law allows for the use and disclose of PHI, for the purposes of Treatment, Payment and Healthcare Operations, without your authorization. Examples of the uses and disclosures that we may make under each section are listed below:

Treatment. Treatment refers to the provision and coordination of health care services by a therapist, psychiatrist, mental health professional, social worker, psychologist, nurse, case manager, or other mental health treatment professionals responsible for your care. For example, assessments completed by your therapist will be documented within your record. As a member of a larger treatment team, information on your assessment such as diagnosis and initial treatment plan may be shared with the entire treatment team.

- From time to time your provider may order laboratory tests and in the process of such your demographic information and diagnosis may be shared with the laboratory for this purpose
- Kennebec Behavioral Health participates in e-prescribing. Through this process Kennebec Behavioral Health may request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.
- Kennebec Behavioral Health may disclose health care information to a pharmacy for the purpose of dispensing your medication.

Payment. Payment refers to the activities of a health care provider such as obtaining or providing reimbursement for the provision of health care, determining eligibility or coverage, billing, claims management, collection activities, review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges, and utilization review activities, including pre-certification and preauthorization of services and concurrent and retrospective review of services. For example, we may collect your name, social security number, diagnosis, treatment location, and type of procedure in order to complete a claim form. We may then send that claim form to your insurance company so that we may receive payment from them for the services we provided.

Health Care Operations. Health Care Operations refers to the basic business functions necessary to operate as a health care provider. Examples of uses and disclosures under this section include: conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines; policy development; reviewing the competence or qualifications of staff; evaluating staff performance; conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers; accreditation, certification, licensing, or credentialing activities; legal services and auditing functions, including fraud and abuse detection and compliance programs; and other related functions that do not include treatment. For example, we may review information in your record to see if you and other clients are meeting their treatment goals. We will then analyze this information and makes changes to the way we provide care. We may read your treatment plans and those of others we are treating at KBH to ensure that your therapist and other treatment professionals are completing the treatment plans in a timely manner. We may review your record, and many others at KBH, to help us prepare for a forthcoming licensing or accreditation visit.

We will allow our business associates to use your health information if needed.

For example: Some of the functions noted above, are provided by individuals or organizations, known as business associates, who are not employed by us. An example, KBH uses transcription services to help document physician notes. Therefore, we provide them with information to complete the notes. We require all Business Associates to protect our clients' health information through a use of a Business Associate Agreement.

OTHER ALLOWABLE USES AND DISCLOSURES

We participate in HealthInfoNet, the statewide health information exchange (HIE) designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a health care facility not affiliated with Kennebec Behavioral Health's health care providers there will be able to see important health information held in our electronic medical record systems.

Your record in the HIE includes prescriptions, lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name and birth date. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations.

You do not have to participate in the HIE to receive care. For more information about HealthInfoNet and your choices regarding participation, visit www.hinfonet.org or call toll-free 1-866-592-4352.

When Allowed by Law: The law allows us to use or disclose your protected health information in certain situations, including:

- When required by state or federal law;
- To report abuse or neglect;
- To persons authorized by law to act on your behalf, such as a guardian, health care power of attorney or surrogate;
- For disaster relief purposes, such as to notify family about your whereabouts and condition;
- For public health activities such as reporting on or preventing certain diseases;
- To comply with Food and Drug Administration requirements;
- For health oversight purposes such as reporting to Medicare, Medicaid or licensing audits, investigations or inspections;
- Where required by U.S. Department of Health and Human Services to determine our compliance;
- To assist coroners or funeral directors in carrying out their duties.
- To comply with a valid court order, subpoena or other appropriate administrative or legal request if you are involved in a lawsuit or 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.
- If you are an inmate, we may release your information for your health or safety in the correctional facility. We may share your information with appropriate military entities if you are a member or veteran of the armed forces. We may be required to disclose information for national security or intelligence purposes.

Any uses and disclosures not described in this Notice will be made only with your written authorization. These authorizations are typically completed on a Kennebec Behavioral Health Release of Information form. You may take back your authorization (revoke) at anytime by making a request in writing to KBH Record Room or to your service provider at KBH. Revoking an authorization will not affect any information released before the authorization was revoked. Taking away your approval to release records could result in improper diagnosis, improper treatment, and denial of insurance coverage or have other negative consequences.

If you would like to file a complaint regarding our privacy practices, policies or procedures OR you think your rights under this notice have been violated, please feel free to contact Kennebec Behavioral Health's Privacy Officer, at 207-873-2136. Our Privacy Officer will work with you to resolve your complaint. You may also contact the Secretary of the United States Department of Health and Human Services at 1-877-696-6775. **You will not be penalized or otherwise retaliated against for filing a complaint.**

**SUBSTANCE USE SERVICES AND RECORDS
CONFIDENTIALITY STATEMENT**

The confidentiality of alcohol and drug abuse records maintained by our program is protected by Federal Law and Regulations (42 CFR Part 2). Generally, the program may not disclose to a person outside the program that a client is attending the program or disclose any information identifying a client is an alcohol or drug abuser unless:

1. The client consents in writing;
2. The disclosure is permitted by court order;
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation;
4. An accredited licensing body is conducting a review.

Violation of Federal Law and Regulations by a program is a crime. Suspected violation may be reported to appropriate authorities in accordance with Federal regulations.

Federal Law and Regulations do not protect any information relating to a crime committed either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal Law and Regulations do not protect any information relating to suspected child abuse or neglect from being reported under State Law to appropriate State or local authorities. Violations of Federal Laws and Regulations by a program are a crime.

You have the right to report any violations to the Director of the Substance Use Program or to our Privacy Officer.

Kennebec Behavioral Health

Administrative Offices
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Waterville, ME 04901
207-873-2136
Toll-Free 888-322-2136