

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer at (207) 664-5457.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart including surgeons, radiologists, and specialists who are not employed by the hospital
- All departments and units of the hospital
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees, hospital-based physician practices, staff and other hospital personnel including the following:
Ellsworth Internal Medicine, Ellsworth Family Practice, Eleanor Widener Dixon Clinic, Southwest Harbor Clinic, Maine Coast General Surgery, Maine Coast Pediatrics, Maine Coast Urology, Maine Coast Otolaryngology, Frenchman Bay Orthopedics, Maine Coast Hand and Shoulder Center, Downeast Dermatology, and Maine Coast Women Care. All these entities, sites and locations follow the terms of this notice. In addition, these

entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. 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 your care generated, whether made by hospital personnel or your personal doctor.

This notice will tell you about the way 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.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital with the current effective date.

Notice of Privacy Practices



(207) 664-5311

www.mainehospital.org

This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact
Privacy Officer at
(207) 664-5457

Effective June, 2010

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without special authorization will fall into one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital.

We may also disclose health 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 service that are part of your care.

We may also tell your health plan about treatment you are going to receive in order to obtain prior approval for these services.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed and payment may be collected from you, an insurance company or a third party.

For Health Care Operations. We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all patients receive quality care.

SOME EXAMPLES ARE:

Appointment Reminders • Birth Announcements
Treatment Alternatives • Worker's Compensation
Organ & Tissue Donations
Health Related Benefits and Services
Health Oversight Activities as Required by Law
To avert a serious threat or health hazard

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and request a paper or electronic format copy of your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. There may be a charge for copies.

To inspect and/or request a copy of your medical information that may be used to make decisions about you. Your request must be submitted in writing including name, date of birth, and time frame to the Health Information Department, c/o Maine Coast Memorial Hospital, 50 Union Street, Ellsworth, ME 04605 or by fax to (207) 664-5625.

Right to Amend. If you feel that medical information we 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 Director, Health Information Management, Maine Coast Memorial Hospital, 50 Union Street, Ellsworth, ME 04605.

We 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, we may deny your request 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 information which you would be permitted to inspect and receive copies of; 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 we made of medical information about you, other than for treatment, payment, operations, or disclosure you have authorized.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management Department, Maine Coast Memorial Hospital, 50 Union Street, Ellsworth, ME 04605.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we 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 we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We will comply with your request unless the information is needed to provide you emergency treatment or the release is mandated by law.

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 a certain location.

Right to Opt Off. You have the right to opt off the hospital directory and/or the clergy list when you are admitted.

Right to Paper Copy of This Notice. You have the right to a paper copy of this notice in its entirety. You may also obtain a copy of this notice at our website, www.mainehospital.org.

Hospital Mailing List. If you wish to be removed from the hospital mailing or fundraising lists, please call 207-664-5548.