

Goold Health Systems HIPAA Notice of Privacy Practices

Effective Date: January 9, 2009

THIS NOTICE DESCRIBES HOW ASSESSMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO FOLLOWS THIS NOTICE?

- All GHS employees, staff, and other personnel.

OUR PLEDGE REGARDING ASSESSMENT INFORMATION:

We understand that assessment information about you and your health is personal. We are committed to protecting assessment information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose assessment information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of assessment information.

We are required by law to:

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

HOW WE MAY USE AND DISCLOSE ASSESSMENT INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose assessment 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.

- *Individuals Involved in your Care or Payment for Your Care.* We report or release assessment information about you as authorized on the Release of

Information Form that is signed by you at the time of assessment. For example a friend or family member who is involved in your medical care may receive information if they are included on the Release of Information Form.

- *As Required By Law.* We will disclose assessment information about you when required to do so by federal, state or local law. For example, if there is a federal government audit of home care programs, we would release the required information.

SPECIAL SITUATIONS

- *Public Health Risks.* We may disclose assessment information about you for public health activities. These activities generally include notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when we are required or authorized to do so by law.
- *Health Oversight Activities.* We may disclose assessment information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- *Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, we may disclose assessment information about you in response to a court or administrative order. We may also disclose assessment information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- *Law Enforcement.* We may release assessment 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, we are unable to obtain the person's agreement.
 - About a death we believe may be the result of criminal conduct.
 - About criminal conduct in the community.
 - 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.

- *National Security and Intelligence Activities.* We may release assessment 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.* We may disclose assessment information about you to authorized federal officials so they may provide protection to the President, other authorized persons 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, we may release assessment information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING ASSESSMENT INFORMATION ABOUT YOU

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

- *Right to Inspect and Copy.* You have the right to inspect and request a copy of assessment information that may be used to make decisions about your care.

To inspect and request a copy assessment information that may be used to make decisions about you, you must submit your request in writing to the GHS Privacy Manager (P.O. Box 1090, Augusta, ME 04332-1090 or privacy@ghsinc.com). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to assessment information, you may request that the denial be reviewed. Another health care professional chosen by GHS 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 Amend.* If you feel that assessment 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 GHS.

To request an amendment, your request must be made in writing and submitted to the GHS Privacy Manager (P.O. Box 1090, Augusta, ME 04332-1090 or privacy@ghsinc.com). In addition, you must provide a reason that supports your request.

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 assessment information kept by or for GHS.
 - Is not part of the information that you would be permitted to inspect and copy.
 - 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 assessment information about you.

To request an accounting of disclosures, you must submit your request in writing to the GHS Privacy Manager (P.O. Box 1090, Augusta, ME 04332-1090 or privacy@ghsinc.com). Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- *Right to Request Restrictions.* You have the right to request a restriction or limitation on the assessment 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 assessment 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 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 GHS Privacy Manager (P.O. Box 1090, Augusta, ME 04332-1090 or privacy@ghsinc.com). 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 a 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 GHS Privacy Manager (P.O. Box 1090, Augusta, ME 04332-1090 or privacy@ghsinc.com). We will not ask you the reason for your request. We 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.ghsinc.com.

To obtain a paper of this notice, contact the GHS Privacy Manager (P.O. Box 1090, Augusta, ME 04332-1090 or privacy@ghsinc.com).

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 assessment 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 on the GHS website and have it on file at GHS. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are assessed by a GHS Nurse Assessor, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with GHS or with the Secretary of the Department of Health and Human Services. To file a complaint with GHS, contact the GHS Privacy Manager at P.O. Box 1090, Augusta, ME 04332-1090, 207-622-7153 or privacy@ghsinc.com. All complaints must be submitted in writing.

You cannot be penalized for filing a complaint.

OTHER USES OF ASSESSMENT INFORMATION

Other uses and disclosures of assessment 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 assessment information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose assessment 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, and that we are required to retain our records of the care that we provided to you.