

**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.

FULL NOTICE OF PRIVACY DISCLOSURE PRACTICES

of

Androscoggin Cardiology Associates

Adopted April 14, 2003

Revised January 7, 2007

Please contact Diane Daigle, our Privacy Officer and Office Manager (207) 782-4022 if you have any questions regarding this notice.

This notice describes our information privacy practices and that of:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our facility; and
2. All practice employees, staff, and other authorized practice personnel.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your PHI with each other for purposes of treatment, payment, or health care operations, as further described in this notice.

We are legally required and committed to preserving and protecting the privacy and confidentiality of your PHI created and/or maintained at our facility. This health information is information that could be used to identify you and is called Protected Health Information or PHI. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information.

This notice will provide you with information regarding our privacy practices and applies to all of your PHI created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. The notice describes the ways in which we may use or disclose your PHI and describes your rights and our obligations regarding any such uses or disclosures. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law.

We reserve the right to change this notice and to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. The first page of the notice contains the effective date and any dates of revisions to this document. We will provide a copy of the current notice in our office and post on our website:

www.androscoggincardiology.com

We may use or disclose your PHI in one of following ways:

1. Pursuant to your written authorization (for purposes other than treatment, payment or health care operations)
2. Pursuant to your verbal agreement (for use in our facility directory or to discuss your health condition with family or friends who are involved in your care)
3. As required by law
4. As permitted by law

The following describes each of the different ways that we may use or disclose your health information. Where appropriate, we have included examples of the different types of uses or disclosures. While not every use or disclosure is listed, we have included all of the ways in which we may make such uses or disclosures.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use or disclose your PHI for purposes of treatment, payment, or health care operations.

Treatment. We may use your PHI to provide you with health care treatment and services. We may disclose your PHI to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, your physician may order cardiac rehabilitative services to improve your strength and cardiac function. Our nursing staff will need to talk with the rehab staff so that we can coordinate services and develop a plan of care. We also may disclose your PHI to people outside of our facility who may be involved in your health care, such as family members, social services, or home health agencies.

Appointment reminders. We may use or disclose your PHI for purposes of contacting you to remind you of a health care appointment.

Treatment alternatives, Health-related benefits and services. We may use or disclose your PHI for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you.

Payment. We may use or disclose your PHI so that we may bill and collect payment

from you, an insurance company, or another third party for the health care services you receive at our facility. For example, we may need to give information to your health plan regarding the services you received from our facility so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.

Health care operations. We may use or disclose your PHI to perform certain functions within our practice. These uses or disclosures are necessary to operate our practice and to make sure that our patients receive quality care. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine PHI about many of our patients to determine whether certain services are effective or whether additional services should be provided. We may disclose your PHI to physicians, nurses, nursing assistants, medication aides, rehabilitation therapy specialists, technicians, medical and nursing students, and other personnel for review and learning purposes. We also may combine PHI with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our patients. We may remove information that identifies you from this set of PHI so that others may use the information to study health care and health care delivery without learning the specific identities of our patients.

USES OR DISCLOSURES MADE PURSUANT TO YOUR VERBAL AGREEMENT

We may use or disclose your health information, pursuant to your verbal agreement, for purposes of including you in our phone directory or for purposes of releasing information to persons involved in your care as described below.

Individuals involved in your care. We may disclose your PHI to individuals, such as family and friends, who are involved in your care or who help pay for your care.

USES AND DISCLOSURE REQUIRED BY LAW

We may use or disclose your information where such uses or disclosures are required by federal, state or local law.

USES AND DISCLOSURES PERMITTED BY LAW

Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your PHI without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures, which we may make pursuant to these laws and regulations, include the following:

Public health activities. We may use or disclose your PHI to public health authorities that are authorized by law to receive and collect PHI for the purpose of preventing or controlling disease, injury or disability. We may use or disclose your PHI for the following purposes:

1. To report deaths
2. To report suspected or actual abuse, neglect, or domestic violence involving a child or an adult
3. To report adverse reactions to medications or problems with health care products
4. To notify individuals of product recalls
5. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition

Health oversight activities. We may use or disclose your PHI to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

Judicial or administrative proceedings. We may use or disclose your PHI to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your PHI pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to notify you of the request for disclosure or obtain an order protecting your health information.

Worker's compensation. We may use or disclose your PHI to worker's compensation programs when your health condition arises out of a work-related illness or injury.

Law Enforcement official. We may use or disclose your PHI in response to a request received from a law enforcement official for the following purposes:

- In response to a court order, subpoena, warrant, summons or similar lawful process if disclosure is authorized or required by statute.
- If necessary to protect public health or welfare if disclosure is authorized or required by law.
- Regarding a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement. However, certain PHI, including mental health and substance abuse PHI may only be disclosed without your authorization pursuant to a Court Order.
- To report a death that we believe may be the result of criminal conduct.
- To report criminal conduct at our practice setting.
- In emergency situations, to report a crime—the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime.

Coroners, medical examiners, or funeral directors. We may use or disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may use or disclose your PHI to a funeral director for the purpose of carrying out his/her necessary activities.

Organ procurement organizations or tissue banks. If you are an organ donor, we may use or disclose your PHI to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

Research. We may use or disclose your PHI for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your PHI for research purposes until the particular research project for which your PHI may be used or disclosed has been approved through this special approval process. However, we may use or disclose your PHI to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your PHI, which may be done for the purpose of identifying qualified participants will be conducted onsite at our practice setting. In most instances, we will ask for your specific permission to use or disclose your PHI if the researcher will have access to your name, address or other identifying information.

To avert a serious threat to health or safety. We may use or disclose your PHI when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or authority to assist in preventing the threat.

Military and veterans. If you are a member of the armed forces, we may use or disclose your PHI to provide a brief confirmation of general health status as required by military command authorities.

National security and intelligence activities. We may use or disclose your PHI to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your PHI to the correctional institution or to the law enforcement official as may be necessary to provide information about immunizations and/or a brief confirmation of general health status.

USES OR DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We may use or disclose your PHI for purposes other than treatment, payment or health care operations or as described in this document and for purposes which are not required by law only after receiving your written authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your rights regarding your PHI that we create and/or maintain are outlined below. To exercise any of these rights, you must submit your request in writing to:

Androscoggin Cardiology Associates
2 Great Falls Plaza
Auburn, ME 04210

Right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your PHI for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures that we may have made pursuant to your authorization before its revocation. Some examples of uses or disclosures that may require your written authorization include a request to provide your PHI to an attorney for use in a civil litigation claim and/or for purposes of including you on a mailing list.

Right to inspect and copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. Generally, this includes medical and billing records. 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 your PHI if in our opinion it would be detrimental to your health if you obtained the records, in which case we will release your PHI to your properly authorized representative. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of this review.

Right to request an amendment. If you feel that the PHI 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 our organization. We may deny your request for an amendment if it is not in writing. In addition, we may deny your request if it is not part of the PHI kept by or for our facility or information which you would be permitted to inspect and copy.

Right to an accounting of disclosures. You have the right to request an accounting of the disclosures that we have made of your health information. This accounting will not include disclosures of PHI that we made for purposes of treatment, payment, or health care operations or for disclosures, we made that you authorized us to make. Your request must state a time period that may not be longer than six (6) years before the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means). The first accounting that you request within a twelve (12)-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. 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 PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. **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 emergency treatment to you.

In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and,
- To whom you want the limits to apply (for example, disclosures to a family member).

[Right to request confidential communications](#). You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and or where you wish to be contacted.

[Right to a paper copy of this notice](#). You have the right to receive 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 also obtain a copy of this notice at our Web site: www.androscoggincardiology.com

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint in writing, with Diane Daigle, our Privacy Officer and Office Manager at [Androscoggin Cardiology Associates, 2 Great Falls Plaza, Auburn, Maine, 04210, or by sending an e-mail to \[daigled@midmaine.com\]\(mailto:daigled@midmaine.com\).](#)

You may also file a complaint with the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by sending HHS an e-mail at HHS.Mail@hhs.gov

All complaints must be submitted in writing.
You will NOT be penalized for filing a complaint.

END OF DOCUMENT