



SeaCare

COORDINATING · COACHING · CONNECTING · CARING

SeaCare Health Services

11 Downing Court, Exeter, NH 03833

Notice of Health Information Practices

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

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is documented. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, which we refer to as your health record, is an essential part of the health care coordination we provide for you. It serves as a:

- Basis for planning your care coordination and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care coordination you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Your health record contains personal health information. It is confidential and is protected under both state and federal law. Understanding how we expect to use and disclose your health information helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why your health care providers and others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you.

Under the Federal Privacy Rules, 45 CFR Part 164

You have the right to:

Rule .520 - Receive notice of privacy practices:

Receive notice of the uses and disclosures we expect to make of your health information, including a paper copy of the notice if requested

Rule .522 - Request privacy protection:

Request additional restrictions on uses and disclosures of your health information (though we are not required to agree to any such request), or request that we send you confidential communications by alternative means or at alternative locations. If we do agree to any restriction that you have requested, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. Regardless of any restrictions that you place on the release of information, we may make any uses or disclosures required by law. Furthermore, regardless of any restriction, we will always provide your health information to you upon request, subject to the limitations described in this notice

Receive confidential communications about your own health information either in our facility or by alternative means at alternative locations. If the method of communication is reasonable, we may grant the alternate communication request. This means that you may, for example, designate that we contact you at work or only through the mail

Rule .524 – Access to protected health information

Inspect and obtain a copy of your health information including billing records

Under Rule.524, you do not have the right to:

- Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session

and/or that are separated from the rest of your medical record

- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings; protected health information that is subject to the Clinical Laboratory Improvement Amendments of 1998 (CLIA), 42 U.S.C. §263a, to the extent that giving you access would be prohibited by law
- Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information
- In other situations we may deny you access, but if we do, we should provide you a review of our decision denying access. These reviewable grounds for denial include the following:
 - A licensed health professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person
 - Private Health Information makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person
 - For these reviewable grounds, another licensed professional should review the decision of the provider denying access within sixty (60) days. If we deny you access, we will explain why and what your right are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies

Rule .526- Amending your health record:

Request that your health record be amended

We do not have to grant the request if the following conditions exist:

- We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment and /or correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records; the records are not available to you as discussed immediately above
- The record is accurate and complete
- If we deny your request for amendment/correction we will notify you why and explain how you can attach a statement of disagreement to your record, which we

may rebut. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information

Rule 528 – *Accounting of disclosures*

Obtain an accounting of disclosures of your health information for a six (6) year period from the date that the information was disclosed for purposes other than treatment, payment, or health care operations, or as authorized by you.

We do not need to provide an accounting for the following disclosures:

- Disclosures for treatment, payment and health care operations
- To you, for disclosures of protected health information to you
- For the facility directory or to persons involved in your care of for other notification purposes as provided above
- For national security or intelligence purposes under §164.512(k)(2) of the federal privacy regulations; To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations

We must provide accounting within sixty (60) days. The accounting should include the date of each disclosure, name and address of the organization or person who received the protected health information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or a copy of your written authorization or a copy of the written request for disclosure.

You have the right to obtain a paper copy of this notice upon request.

Please direct requests to:

SeaCare Health Services, 11 Downing Court, Exeter, NH 03833

Phone: (603) 772-8119, E-mail: privacyofficer@seacarehealthservices.org

Our Responsibilities

We are required by the Federal Privacy Rules to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you
- Train our personnel concerning privacy and confidentiality
- Implement a sanction policy to discipline those who breach privacy and/or confidentiality of our policies regarding privacy and confidentiality.

- Abide by the terms of this notice, subject to the following reservation of rights:
 - We reserve the right to change our health information practices and the terms of this notice, and to make the new provisions effective for all protected health information we maintain, including health information created or received prior to the effective date of any such revised notice. Should our health information practices change, we will post internally, and post on our web-site. A written copy may be obtained from us upon request. We will not use or disclose your health information without your consent or authorization, except as described in this notice.

Uses and Disclosures for Treatment, Payment, and Health Operations Without Your Consent

We will use your health information for coordination of treatment.

For example: Information obtained by a Care Coordinator, a Medication Bridge Assistant, a Social Worker or other member of the SeaCare Health Services team will be recorded in your record and used to determine the coordination of services or treatment that should work best for you.

We will also provide your primary care physician, subsequent healthcare provider, and specific pharmaceutical companies with copies of reports related to obtaining medication. We may also send relevant portions of your medical record to specialists to whom you are being referred for additional care.

To coordinate your treatment and care we may use and disclose health information about you (for example, by calling you, leaving a message on your answering machine/voice mail, with an individual at your phone number, or sending you a letter) to inform you that you have an appointment for treatment, the status of your medication order, that it's time for you to recertify your enrollment with us, or to provide you with information about treatment alternatives. If you wish to receive communications by alternative means or at an alternative location, you must notify your Care Coordinator.

We will use your health information for payment.

For example: We may use and/or disclose your health information to third parties, such as your insurance company or health plan for procedures provided in your doctor's office. This information may be disclosed for the purpose of accounting of donations as well as securing payment on behalf of the doctor for the health care services you receive. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: We may use or disclose your information for the purposes of the day-to-day operations and functions of this organization. Members of the medical staff, managers, or members of the Quality Improvement Team may use information in your health record to assess the care and outcomes in your case and others like it. It may also be used to assess the competence of the caregivers, and evaluate our staff performance. The information may be used to supervise and educate SeaCare Health Services staff. This information will then be used in an effort to continually

improve the quality and effectiveness of the healthcare and service we provide.

Business associates: We employ business associates to perform certain services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. Examples include quality assurance consultants, transcript services, a copy service, certain diagnostic testing, billing service and the like. Other examples of business associates include our independent accounting agency, and funders to whom we disclose comparative statistics. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Uses and Disclosures that We May Make Unless You Object

Notification: In a medical emergency we may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person directly responsible for your care, your location, and general condition.

Family or friends involved in care: SeaCare Health Services team, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Fundraising. We may use or disclose your name and address in connection with limited fund-raising communications permitted under the Federal Privacy Rules. Any such communication addressed to you will contain instructions describing how you may "opt out" of receiving further such communications.

Required Disclosures

The Federal Privacy Rules require us to disclose your personal health information in two instances:

- To you at your request under Rule .524 or Rule .528
- To the Secretary of Health and Human Services when requested as part of an investigation or compliance review under Rule .502.

Disclosures Permitted Without Consent for National Priority Purposes

In addition, Rule .512 permits uses and disclosure of your health information without your consent or authorization for certain "national priority" purposes, including:

- When required by state or federal law
- To state and federal public health authorities, including state medical officers, the Food and Drug Administration (FDA), and other agencies charged with preventing or controlling disease, injury or disability.
- To report disease, injury, or death

- To government authorities, including protective service agencies, authorized to receive reports of abuse, neglect, or domestic violence pursuant to state law
- To government health oversight agencies, such as the state and federal Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations (PRO's), state Boards of Medicine, Nursing, and Pharmacy, and other licensing authorities
- When required or court ordered in a judicial or administrative proceeding.
- To law enforcement officials for certain law enforcement purposes, including the reporting of certain types of wounds or injuries, or pursuant to a warrant, subpoena, or other legal process, or for the purpose of identifying or locating a subject, fugitive, material witness, missing person, or victim, provided that the conditions in the rule are met and the disclosure is permitted under state law.
- To coroners, medical examiners, or funeral directors for purposes of identifying a deceased person or carrying out their duties as required by law
- To organ procurement organizations for purposes of organ or tissue donation and transplantation, consistent with applicable law.
- For research approved by an Institutional Review Board (IRB) or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information
- When required to avert a serious threat to health or safety
- When requested for certain specialized government functions authorized by law, including military and similar situations
- As authorized by law in connection with workers compensation programs
- To report adverse events and product defects, or to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the FDA.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

Under certain circumstances, we may make the following use and disclosures of your health information without obtaining your consent or authorization and without offering you a prior opportunity to object:

- Correctional institution – If you are an inmate of a correctional institution, we may disclose

to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Uses and Disclosures Specifically Authorized By You

We expect to make other uses and disclosures of your protected health information only on the basis of specific written authorization forms signed by you. You have the right to revoke any such authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure.

For More Information or to Report a Problem

If you have questions you may contact the Privacy Officer at:

SeaCare Health Services

11 Downing Court, Exeter, NH 03833

(603) 772-8119

privacyofficer@seacarehealthservices.org

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the above address, or with the Secretary of Health and Human Services, Washington, D.C. There will be no retaliation for filing a complaint.

Effective Date: 4/14/03