



# Notice of Health Information Privacy Practices



*Franklin* Community Health Network  
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# Franklin Community Health Network is:

**Evergreen Behavioral Services  
Franklin Memorial Hospital  
Franklin Health**

This notice describes how health 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 speak to the person who issued it to you or contact the:

Privacy Officer  
c/o Health Information Management  
Franklin Memorial Hospital  
111 Franklin Health Commons  
Farmington, ME 04938  
Phone: 207-779-2673  
Email: [privacy@fchn.org](mailto:privacy@fchn.org)

## Who will follow this notice

This notice describes the privacy practices of the following health care entities within Franklin Community Health Network:

- ∞ Franklin Memorial Hospital, located in Farmington, Livermore Falls and Rangeley Maine
- ∞ Evergreen Behavioral Services, with facilities located in Farmington, Kingfield and Livermore Falls, Maine
- ∞ Franklin Health, with facilities located in Farmington, Livermore Falls and Wilton, Maine

These health care facilities participate in an organized health care arrangement and, except for substance abuse program information, mental health information, and HIV information, will share your protected health information with each other as necessary to carry out treatment, payment or health care operations relating to the organized health care arrangement.

## Your Health Information

Each time you visit a hospital, doctor or other health care staff, a record of your visit is made. A record contains your symptoms, test results, diagnoses, treatment, and a plan for care. We refer to this record as your health or medical record. It is basic to the health care we provide for you. It serves:

- ☞ To help us plan your care and treatment.
- ☞ To help the many health care staff who provide your care communicate with each other.
- ☞ As a legal document describing the care you received.
- ☞ As a means by which you or a third-party payer can confirm that services billed were provided.
- ☞ As a tool for teaching health care staff.
- ☞ As a source of data for medical research.
- ☞ As a source of information for public health offices charged with improving the health of the nation.
- ☞ As a source of data for facility planning and marketing.
- ☞ As a tool with which we can assess and work to improve care given to you and the outcomes of that care.

Your health record contains personal health information, the confidentiality of which is protected under both State and Federal law. Knowing how we expect to use and disclose your health information helps you to:

- ☞ Be aware of the importance of giving us information
- ☞ Better understand who, what, when, where, and why your health care staff and others may access your health information, and
- ☞ Decide when others may release your health information.

## Our Responsibilities

We are required by the Federal Privacy Rules to:

- ☞ Maintain the privacy of your health information
- ☞ Provide you with this Notice
- ☞ Let you know about our legal duties and privacy practices about the health information we collect and maintain about you
- ☞ Agree to the terms of this Notice currently in effect.

# How We May Use And Disclose Health Information About You

## For Treatment

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses and other health care staff who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may also need to tell food service staff so that you are served the right meals. We may also disclose health information about you to other health care providers and facilities outside of our system who are involved in your care, for example, after you have been discharged from the hospital.

We also participate in a state-wide health information exchange (called HealthInfoNet) with other hospitals and providers in the state of Maine. This exchange makes available certain limited electronic health information that may be relevant to your care, such as allergies, prescription medications, laboratory test results, diagnostic study results, and medical and clinical conditions and diagnoses. If you are seen at another hospital or in another physician practice that participates in the exchange, the exchange will help those who treat you to see information from your Franklin Community Health Network providers and facilities. When your information is needed, ready access to your health information means better care for you. Mental health, substance abuse and HIV information is not shared with HealthInfoNet and is not made available to other participants in the exchange. You may choose to not make your information available to the health information exchange by completing an “opt-out” election form available upon request and sending it to HealthInfoNet at the address designated on the form. In addition you can also go to the Internet at the Web address of <http://www.hinfonyet.org/choice.html> and electronically fill out the form for immediate action on your choice. You should be aware that while the choice to “opt-out” is reversible, data documented prior to your election to “opt-in” will not be available to other participating providers and facilities in the health information exchange. You may reverse an “opt-out” decision by going to the same internet address at <http://www.hinfonyet.org/choice.html>.

## For Payment

We may use and disclose health information about you to obtain payment for services provided to you, and to determine whether the services provided

to you are eligible for coverage by insurance. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery.

### **For Health Care Operations**

We may use and disclose your health information for our health care operations, which include internal administration and planning and various activities that improve the quality and effectiveness of the care that we deliver to you. For example, we may use health information to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose health information internally in order to resolve and complaints you may have and ensure that you have a comfortable visit with us.

### **Hospital Directory**

We may include certain information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, and your religion. The directory information, except for your religion, may also be disclosed to people who ask for you by name. You may choose not to be listed in the hospital directory but that would mean that you may not be able to receive visitors or telephone calls.

### **Disclosures to Personal Representatives, Family Members and Other Persons Involved in Your Care**

We may disclose your health information to your agent under a health care power of attorney, a health care surrogate, a legal guardian, and to other persons who are legally authorized to act on your behalf. We are also authorized to disclose health information about you to family members and friends who are involved in your care or for notification or payment purposes, so long as you have been provided an opportunity to object to such disclosure and such information is necessary for their involvement in your care.

### **Fundraising Communications**

We may use certain information (name, address, telephone number, date of service, age and gender) to contact you in the future to request a tax deductible contribution for Franklin Community Health Network. The money raised will be used to expand and improve the services and programs that we provide. If you do not wish to be contacted for our fundraising efforts, you must notify the: Privacy Officer, c/o Health Information Management,

Phone: 207-779-2673 or Email: [privacy@fchn.org](mailto:privacy@fchn.org).

### **As Required by Law**

We will disclose health information about you when required to do so by federal or state law.

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose health information about you when needed to prevent a threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent or reduce the threat.

### **To Business Associates**

We may disclose your health information to business associates who perform services on our behalf and who have agreed in writing to protect the privacy of your health information.

### **For Disaster Relief Purposes**

We may disclose limited health information to confirm your general health status to public and private agencies authorized by law to assist in disaster relief efforts in emergency circumstances.

## **Special Situations**

### **Organ and Tissue Donation**

We may use and disclose health information for cadaveric, organ, eye, or tissue donation purposes as required by law.

### **Disclosures for Specialized Governmental Functions**

We may disclose health information for certain specialized governmental functions, for example, for military and veterans' activities and to correctional facilities, when authorized or required by law.

### **Workers' Compensation**

We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Activities**

We may disclose health information for public health activities, such as to comply with mandatory reporting laws regarding communicable diseases and vital statistics.

### **Mandatory Reporting of Abuse and Neglect**

We may disclose health information in connection with state mandatory reporting laws, such as those requiring the reporting of suspected child abuse and neglect.

## Health Oversight

We may disclose health information to a health oversight agency for actions required by law. Actions may include, for example: audits, investigations, inspections, and licensure. These actions are needed for the government to monitor the health care system, programs, and compliance with civil rights laws.

## Lawsuits and Disputes

We may disclose your health information in judicial and administrative proceedings when required or authorized by law, for example, in response to an order of a court or in response to a subpoena served by a governmental entity authorized by law to access your health care information.

## Law Enforcement

We may disclose health information to law enforcement officials in certain circumstances, for example, to report crimes committed on our premises or against health care staff.

## Medical Examiners and Funeral Directors

We may disclose health information to a medical examiner. This may be required, for example, to identify a deceased person or decide the cause of death. We may also disclose health information about patients to funeral directors.

## Research

We may use and disclose health information for research purposes so long as the research and any uses and disclosures related to such research are approved by an Institutional Review Board or a Privacy Board and meet other legal requirements.



# Your Rights Regarding Health Information About You

## Right to Inspect and Copy

You have the right to inspect and copy health information that may be used to make decisions about your care. This includes health and billing records.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to Health Information Management. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies needed to support your request.

We may deny your request to inspect and copy in certain very limited circumstances. In these circumstances, we will allow you to designate in writing another person to inspect and copy your medical record. If you are denied access to a record, you may request that the denial be reviewed. We will choose a health care person to review your request and denial. This person will be different from the person who denied your initial request. We will comply with the decision of the reviewing person.

If you are a parent or legal guardian of a minor, certain portions of your minor's record may not be accessible to you. For example, a minor who has lawfully consented to health care services on their own behalf, must authorize the disclosure of information related to such services to a parent or guardian.

## Right to Amend

You have the right to request that we amend health information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Officer.

## Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of disclosures that we made of medical information about you excluding those used for treatment, payment, or operations and have not already been authorized by you.

To request this list or accounting of disclosures you must submit your request in writing to Privacy Officer at the address listed at the beginning of this document. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list

you request within a twelve month period will be free. For additional lists, we will charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a limit to the health information we use or disclose about you for treatment, payment or health care operations.

While we consider all requests for restrictions carefully, we are not required to agree to a requested restriction.

To request restrictions, you must make your request in writing to the Privacy Officer at the address listed at the beginning of this document. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, release or both; and (3) to whom you want the limits to apply, for example, releases to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or to a certain location. For example, you may ask that we only contact you at work or by mail.

To request confidential communication, you must make your request in writing to the Privacy Officer at the address listed in the beginning of this document.

We will not ask you the reason for your request. We will support all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Rights Related to Highly Confidential Information**

Certain types of medical information have additional protection under state and federal law. For instance, medical information about HIV/AIDS, mental health, and alcohol and drug abuse treatment information has more protection.

Mental health information maintained by a licensed mental health treatment facility or agency, or related to mental health services provided licensed mental health professionals, has an even higher level of protection than other types of health care information. For example, recipients of mental health services have the right to review their mental health records prior to authorizing their disclosure. Recipients of mental health services also have the right to choose not to disclose their health care information to

third party payers and to pay the costs of their care out of pocket in order to protect the privacy of their health care information. Mental health information will not be disclosed without your specific authorization, unless such disclosure is specifically required or authorized under Maine's mental health confidentiality laws and Maine's Rights of Recipients of Mental Health Services.

The confidentiality of alcohol and drug abuse patient records maintained by a substance abuse treatment program is protected by federal law and regulations. Generally, a substance abuse program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuse, unless (i) the patient consents in writing, (ii) the disclosure is allowed by a special type of court order, or (iii) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation. Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. For more information about the confidentiality of substance abuse program information, see 42 U.S.C. Sec. 290dd-3 and 42 U.S.C. Sec. 290ee-3 for federal laws, and 42 C.F.R. Part 2 for federal regulations.



We may disclose HIV/AIDS-related health information in your clinical records to others only with your specific written authorization or when

specifically authorized or required under Maine law.

## Changes to this Notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for health 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 all of the entities of Franklin Community Health Network as outlined in the section titled “Who Will Follow This Notice.” The notice will contain the effective date on the last page. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, you may request a copy of the current notice in effect.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with Franklin Community Health Network or with the Secretary of the Department of Health and Human Services. To file a complaint with Franklin Community Health Network contact the Privacy Officer in writing at the address listed in the beginning of this document. You will not be penalized for filing a complaint.

## Minors

Minors who have the legal authority to consent to treatment and services on their own behalf and who desire that their parents’ insurance not be billed for services provided to the minor, may elect to pay the costs of their treatment out of pocket in order to protect the privacy of their health care information.

## Other Uses of Health Information

Other uses and releases of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you allow us to use or disclose health information about you, you may revoke that authorization at any time except to the extent that we have already taken action on your authorization. In that case, we will no longer use or disclose health information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your consent, and that we are required to retain our records of care that we provided to you.



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