

# Notice of Health Information Privacy Practices

111 Franklin Health Commons  
Farmington, ME 04938  
(207) 778-6031 or 800-398-6031 in Maine  
[www.fchn.org](http://www.fchn.org)



*Franklin* Community Health Network

## **Franklin Community Health Network**

- **Franklin Memorial Hospital**
- **Evergreen Behavioral Services**
- **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: 207-779-2341. Email: [privacy@fchn.org](mailto:privacy@fchn.org)

## ***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 the Franklin Community Health Network/Franklin Memorial Hospital has already taken action on your authorization. In that case, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any releases we have already made with your consent, and that we are required to retain our records of the care that we provided to you.

## ***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 for 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 the 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.

***WHO WILL FOLLOW THIS NOTICE***

This notice describes Franklin Community Health Network/Franklin Memorial Hospital 's practices and that of:

- Doctors and group medical practices that treat you while a Franklin Community Health Network/Franklin Memorial Hospital patient
- Physician assistants, nurses, technicians, social workers and other health care providers that treat you while a Franklin Community Health Network/Franklin Memorial Hospital patient
- Franklin Community Health Network/Franklin Memorial Hospital employees and volunteers.

***OUR PLEDGE REGARDING MEDICAL INFORMATION***

We know that medical information about you and your health is personal. We are charged with protecting health information about you. We create a record of the care and services you receive at the Franklin Community Health Network/Franklin Memorial Hospital. We need this record to provide you with quality care and to comply with

***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 Franklin Community Health Network/Franklin Memorial Hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or out patient, 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/Franklin Memorial Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Franklin Community Health Network/Franklin Memorial Hospital, contact the Privacy Officer, c/o Health Information Management Franklin Memorial Hospital, 111 Franklin Health Commons, Farmington, ME 04938. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

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 can 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 c/o Health Information Management, Franklin Community Health Network/Franklin Memorial Hospital, 111 Franklin Health Commons, Farmington, ME, 04938.

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. For those types of information we are required to get your permission, and on occasion your provider's permission, before disclosing that information to others in many circumstances.

certain laws. This notice applies to all the records of your care created by the Franklin Community Health Network/Franklin Memorial Hospital, whether made by Franklin Community Health Network/Franklin Memorial Hospital staff or your doctor. Your doctor may have other policies or notices about the doctor's use and release of your health information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain duties we have with the use and release of health information.

Although your physical health record belongs to the Franklin Community Health Network/Franklin Memorial Hospital, the information in your record belongs to you. Under the Federal Privacy Rules, you have the right to:

***YOUR  
HEALTH  
INFORMATION  
RIGHTS***

- Receive notice of the uses and releases we expect to make of your health information.
- Ask for added limits on uses and releases of your health information (though we are not required to agree to any such requests), or request that we send you private communications to other places.
- Inspect and obtain a copy of your health record.
- Request that your health record be amended.

- Obtain a list of releases of your health information made after April 14, 2003 for a purpose other than treatment, payment, or health care operations.

Please direct requests to:

Privacy Officer  
 c/o Health Information  
 Management  
 Franklin Memorial Hospital  
 111 Franklin Health Commons  
 Farmington, ME 04938.  
 Phone: 207-779-2341.  
 Email: [privacy@fchn.org](mailto:privacy@fchn.org)

***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

***HOW WE MAY  
 USE AND  
 DISCLOSE  
 HEALTH  
 INFORMATION  
 ABOUT YOU***

Listed below are the ways that we use and disclose health information. We may use and disclose your Protected Health Information ("PHI"), in order to treat you, obtain payment for services provided to you and conduct our "health care operation." "Highly Confidential Information" has additional protection under state or federal law."

***Right to an  
 Accounting of  
 Disclosures***

You have the right to request an "accounting of disclosures." This is a list of releases 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 c/o Health Information Management. 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 12-month period will be free. For additional lists, we will 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 limit to the health information we use or disclose about you for treatment, payment or health care operations.

While we consider all requests for additional 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 c/o Health Information Management. In your request, you must

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 the denial. This person will be different from the person who denied your initial request. We will comply with the decision of the reviewing person.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's record will not be accessible to you. For example, you may not have access to records relating to abortion, contraception and/or family planning services.

### *Right to Amend*

You have the right to request that we amend Protected 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 Office.

### *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, health care students, or other Franklin Community Health Network/Franklin Memorial Hospital 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 also may disclose health information about you to people outside the Franklin Community Health Network/Franklin Memorial Hospital who may be involved in your care after you leave the hospital. In addition we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

### *For Payment*

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

***Franklin Community Health Network/  
Franklin Memorial 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 released 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.

***Disclosure to Relatives, Close Friends and Other Caregivers***

We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

***Protective Services for the President and Others***

We may release health information about you to federal officials so they may protect the President, other persons or foreign heads of state or conduct special investigations.

***Inmates***

If you are an inmate of a state or local prison or under the custody of a law enforcement official, we may release health information about you to the facility or law enforcement official. This release would be necessary (1) to provide you with health care; (2) to protect your health and safety; or (3) for the safety and security of the facility.

***Research***

We may use or disclose your de-identified PHI without your consent or authorization if our Institutional Review Board approves a waiver of authorization for disclosure.

***YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU***

You have the following rights about the health information we maintain 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

### *Law Enforcement*

We may release health 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 circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of a crime;
- About a crime committed at the hospital; and
- In an emergency to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed the crime.

### *Medical Examiners and Funeral Directors*

We may release 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.

### *National Security and Intelligence Activities*

We may release health information about you to federal officials such as the FBI or CIA or any other national securities activities authorized by law.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death. Please let a staff person or your doctor know if you would not like us to release information to a family member or friend.

### *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/Franklin Memorial Hospital. The money raised will be used to expand and improve the services and programs that we provide the community. If you do not wish to be contacted for our fundraising efforts, you must notify the Privacy Officer, c/o Health Information Management, Franklin Memorial Hospital, 111 Franklin Health Commons, Farmington, ME 04938.

Phone: 207-779-2341.

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, state or local 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 release would only be to someone able to help prevent or reduce the threat.

***SPECIAL  
SITUATIONS***

***Organ and  
Tissue Donation***

If you are an organ donor, we may release health information to agencies that procure organs, eyes or tissues for transplantation or donation.

***Military and  
Veterans***

If you are a member of the armed forces, we may release health information about you as required by the military. We may also release health information about foreign military staff to the appropriate foreign military agency.

***Workers'  
Compensation***

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

***Public Health  
Risks***

We may disclose health information about you for public health reasons. They include the following:

- To prevent or control disease, injury or disability;

- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify a state agency if we believe a patient has been a victim of abuse, neglect or domestic violence.

***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 healthcare system, programs, and compliance with civil rights laws.

***Lawsuits and  
Disputes***

If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.