



PCHC

**Penobscot Community
Health Care**

Notice of Privacy Practices

For you. For your family. For our community.

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This Notice of Privacy Practices (Notice) describes how your medical record will be used and your rights to access and control your medical information. By seeking care at Penobscot Community Health Care (PCHC), you consent to our treatment of you and to us making a record of that care. Your medical record may contain your symptoms, test results, diagnoses, treatment and a plan of care for any health service you receive at PCHC, including primary and preventive medical care, care management, mental health, substance use disorder treatment, specialty services, and dental care. This record also contains demographic information about you, such as your name, address, telephone number and your family. We refer to this record as your medical information. By consenting to have PCHC provide care to you, you also consent to PCHC making certain uses and disclosures of your medical information which are necessary to provide care to you, seek payment for the services you receive and support the legitimate health care operations of PCHC, which are described in this Notice. This Notice also describes the uses and disclosures of your medical information which you may be asked to authorize and those uses and disclosures which are permitted or required by law. It also describes the rights you have concerning your own medical information. We are required by law to provide you with this Notice. We are required to follow the terms of the Notice that is currently in effect; however, PCHC reserves the right to change the terms of this Notice, as described further below. Please review this Notice carefully and let us know if you have any questions.

How We May Use & Disclose Your Medical Information

The following categories describe different ways we may use and disclose your medical information that do not require your authorization. The situations that require your written authorization are described in the next section. For each category, we explain what we mean and give examples (but please note, the examples given are not exhaustive).

- **Treatment:** We will use and disclose your medical information to provide, coordinate and manage your health care and related services. Your medical information will be contained in an electronic health record which may include information about your physical and mental health, HIV/AIDS, and substance use disorder treatment, among other things. The PCHC providers, nurses,

technicians, medical students and staff directly involved in your care may access the medical information contained in the electronic health record, even if they are at different physical locations. For example, your medical information may help a PCHC physician at one location and a PCHC specialist at another location reach a diagnosis. This may include a licensed mental health provider, if applicable. PCHC providers may also speak with care managers to identify patients who may benefit from care management. Additionally, we may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps pay for your care. Finally, we may also disclose certain medical information to other health care providers for purposes related to your treatment, when permitted by applicable law.

- **Payment:** We may use and disclose your medical information to get paid for the medical services and supplies we provide you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment. Please let us know if you would rather pay for a procedure privately rather than have sensitive information sent to your insurance company.
- **Health Care Operations:** We may use or disclose your medical information to assist in the operation of PCHC, such as to make sure you are receiving quality care. For example, we may use your medical information to review our treatment and services and to evaluate our staff who is taking care of you. We may also combine medical information about many patients to decide what other services we should offer, what services may not be needed and whether certain treatments are effective. As a teaching health center, we may release information to providers, students and other staff for review and teaching lessons. Your health information may be used or disclosed in connection with the sale of all or part of its business.
- **Treatment Alternatives, Health-Related Benefits and Appointment Reminders:** In the course of providing treatment to you, we may use your medical information to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you. For example, we may suggest care management services to you if you have a condition that would benefit from care management or if you have had a history of avoidable emergency room visits or hospitalizations. We may also use and disclose your medical information to contact you and remind you of an upcoming appointment via telephone, email, or text message. You may request that we provide such reminders only in a certain way or at a certain place. We will try to accommodate reasonable requests.
- **Fundraising:** We may contact you as part of a fundraising effort relating to PCHC. For example, we may contact you to request a tax-deductible contribution to support important activities of PCHC. If you do not wish to be contacted for this purpose, please write to Penobscot Community Health Care, Attn: Development Department, 103 Maine Avenue, Bangor, Maine 04401.
- **Organized Health Care Arrangement:** PCHC is a member of Aledade, an “Organized Health Care Arrangement” focused on improving the health of the communities it serves. The members of Aledade, in collaboration with insurance companies, use population health analytics, utilization review, quality assessment

and improvement activities, and other evidence-based strategies to improve your healthcare. Members are mutually accountable for the health of all patients served by Aledade. The other entities that make up this Organized Health Care Arrangement can be found online at <https://aledade.com/public-reporting-pages/>. Aledade's Organized Health Care Arrangement permits these separate covered entities, including PCHC to share PHI with each other as necessary to carry out permissible treatment, payment or health care operations relating to the work of the Organized Health Care Arrangement, unless otherwise limited by law, rule or regulation. The list of entities may be updated to apply to new entities in the future.

- **Health Information Exchange:** We participate in a health information exchange (operated by HealthInfoNet) with other providers and hospitals in the State of Maine. HealthInfoNet may also share or retrieve health information via eHealth Exchange, a nationwide health information exchange. This exchange is a secure health information network which makes available certain limited 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. For example, if you are hurt in a car accident and treated at a hospital that participates in HealthInfoNet, your care providers will have electronic access to certain information in your PCHC medical records. When your medical information is needed, ready access means better care for you. You may choose to not make your information available through the health information exchange by completing an "opt-out" election form available at all points of registration within PCHC. Alternatively, you may choose to have your mental health information, HIV information or both included in your HealthInfoNet record by completing an "opt-in" form available at all points of PCHC registration. Please visit <http://hinfonet.org/patients/your-choices/> to view all of your options and take immediate action on your choice. Completing an opt-out form online is the quickest way to opt-out.
- **Individuals Authorized By Law to Act on Your Behalf:** We may disclose your medical information to persons authorized by law or designated by you to act on your behalf, such as a guardian, health care power of attorney, or health care surrogate or proxy agent. We may also disclose your medical information to a family member, close friend, or other person you identify, to the extent the information is relevant to that person's involvement in your care or payment related to your care. Parents or guardians generally have the authority to act on behalf of minor patients, unless the law authorizes the minor to act for him or herself.
- **Disclosures Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law. We will notify you of these uses and disclosures if notice is required by law. We will release information to the Workers Compensation Program or similar programs that provide benefits for work-related injuries.
- **Public Health Activities:** We may report to government agencies certain medical information for public health purposes, such as preventing the spread of disease,

to report certain medical conditions, or to report abuse and neglect. We may also need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

- **Legal Proceedings:** If you are involved in a lawsuit or dispute, we may disclose your medical information if we are ordered to do so by a valid court order. We may also disclose your medical information in response to a lawful subpoena from a governmental entity that is legally entitled to such information.
- **Law Enforcement:** We may release protected health information if asked to do so by a law enforcement official in certain circumstances regarding a crime victim when authorized by law, concerning a death we believe has resulted from criminal conduct when authorized or required by law, regarding criminal conduct at our offices, and in response to a warrant, court order or similar legal process.
- **Mandatory Reporting of Abuse and Neglect:** We may disclose medical information in connection with state mandatory reporting laws, such as those requiring reporting of suspected abuse and neglect of children and incapacitated adults.
- **Third Parties:** We may disclose your medical information to third parties who provide services on our behalf. These third parties may be known as “Business Associates” or a “Qualified Service Organization.” For example, we may share your medical information with an accounting or law firm that provides professional advice to us about how to improve our health care services or comply with the law. If we disclose your information to these entities, we will have an agreement with them to safeguard your information.
- **Special Circumstances:**

Organ and Tissue Donation: If you are an organ donor, we may release your medical information to an organization that handles organ, eye or tissue procurement and transplantation, including organ donation banks, to facilitate organ and tissue donation and transplantation.

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

Health Oversight Activities: We may disclose medical information to a government agency that is charged with monitoring our compliance with certain laws and regulations, and which may conduct inspections, audits, or investigations. For example, where appropriate, we may disclose your information to the Medicare or Medicaid (MaineCare) programs for their review, or to the Maine Department of Health & Human Services. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Threats to Health or Safety: We may use and disclose your protected health information when necessary to reduce or prevent a serious and imminent threat to your health and safety or the health and safety of another individual

or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Correctional Institution and Other Law Enforcement Custodial Situations: If you are in the custody of a correctional institution or detained by a law enforcement officer, we may disclose medical information to the correctional institution or law enforcement officers, if necessary, to provide you with health care or to maintain the safety and security at the place where you are confined.

Reproductive Health: Covered entities may not disclose PHI for the purposes of criminal, civil, or administrative investigation or to impose liability on a person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care where such care was lawful in the state where it was provided.

Deceased Patients: We may disclose medical information concerning deceased patients to coroners, medical examiners, or to funeral directors to assist them in carrying out their duties. We may also disclose Protected Health Information to a court appointed personal representative or to a family member, or other person who was involved in a patient's health care or payment for care prior to the patient's death, unless doing so is inconsistent with any prior expressed preference of the deceased patient that PCHC has knowledge of. The information disclosed is limited to what was relevant to the person's involvement in the patient's care or payment for care.

Uses and Disclosures Requiring Your Authorization

If we wish to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your written authorization. If you authorize the disclosure, you can revoke your authorization at any time, except to the extent we have already relied on your authorization to use or disclose the information. If

we wish to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your written authorization. If you authorize the disclosure, you can revoke your authorization at any time, except to the extent we have already relied on your authorization to use or disclose the information. If you would like to withdraw or

revoke your written authorization, please contact PCHC, Attn: Medical Records, P.O. Box 439, Bangor, Maine 04401, or call 207-992-9200. Certain laws provide greater protection about the following categories of information about you, including part of your medical information about mental health, substance use disorder treatment and HIV/AIDS testing, diagnosis and treatment. These categories of information in your medical record are available to PCHC providers, nurses, technicians and specialists directly involved in your care, even if they are located at different physical locations, as described above. These providers work as a team to provide the best possible care. These categories of information will only be disclosed outside of PCHC as follows:

- **Mental Health:** Mental health information, including psychotherapy notes, will only be disclosed to people you allow to have it by signing a written authorization form or as otherwise permitted or required by law or a court order.
- **Substance Use Disorder Treatment:** If you are receiving treatment at a PCHC recovery program, with a provider whose primary function is substance abuse disorder treatment, or in any other specifically identified substance use disorder treatment program at PCHC that is covered by federal confidentiality regulations at 42 C.F.R. Part 2 (generally referred to as “Part 2 Programs”), the confidentiality of those records is protected by Federal law and regulations. Generally, PCHC may not say to a person outside a Part 2 Program that you are participating in substance use disorder treatment or have a substance use disorder diagnosis, unless (1) you consent in writing, (2) the disclosure is allowed by a court order, or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation. With your consent, information protected under Part 2 may be disclosed to treating providers, health plans, third-party payers, and those operating programs for all future treatment, payment, and operations purposes. Records disclosed to a Part 2 program, covered entity or business associate for treatment, payment or operations purposes may be further disclosed to the extent permitted by the Health Insurance Portability and Accountability Act (HIPAA). Federal law and regulations do not protect information about a crime committed by a patient at either program, about a crime committed against any person who works for either program or about any threat to commit such a crime. Federal law and regulations also do not protect any information about suspected child abuse or neglect from being reported under Maine law to appropriate authorities. If you have questions about which programs or clinician services at PCHC are considered Part 2 Programs, please call PCHC’s Privacy Officer at 207-992-9200.
- **HIV and AIDS-Related Information:** Information about you indicating that you have had an HIV-related test, have an HIV-related illness or AIDS, or have an HIV-related infection, will not be disclosed to an external individual unless required by law or unless you have provided written authorization.

Your Rights Regarding Your Health Information

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

- **Right to See and Copy Your Medical Record:** You have a right to look at your own medical information and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care. To do this, write to PCHC, Attn: Medical Records Department, P.O. Box 439, Bangor, Maine 04401. We will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record for free by arranging an appointment with the department listed above.
- **Right to Amend (Update) Your Medical Record:** If you review your medical information and believe that some of the information is wrong or incomplete, you may submit a written request to amend or clarify for as long as the information is kept by or for PCHC. To do so, please write to PCHC, Attn: Medical Records Department, P.O. Box 439, Bangor, Maine 04401. We may deny your request to amend if we believe the information is (i) accurate and complete; (ii) was not completed by us, unless you provide us with a reason to believe that the information is (i) accurate and complete; (ii) was not completed by us, unless you provide us with a reason to believe that the person who created the information is no longer available; (iii) is not part of the information that you would be permitted to copy or inspect; or (iv) is not part of the information kept by PCHC.
- **Right to a List of Certain Disclosures of Your Medical Record:** You have the right to request a list of certain disclosures we make of your medical information. This list does not include certain disclosures, such as medical information disclosed for treatment, payment or health care operations, unless disclosures were made through an electronic health record; disclosures made to create a limited data set; disclosures made pursuant to your authorization; or disclosures made directly to you. If the disclosures were made through an electronic health record, you have the right to request an accounting of disclosures for treatment, payment and health care operations during the previous three (3) years. If you would like to receive such a list, please submit your request in writing to PCHC, Attn: Medical Records Department, P.O. Box 439, Bangor, Maine 04401. Please call 207-992-9200 for more information. We will provide the first list to you for free, but we may charge you a fee for any additional lists you request during a 12-month period. We will tell you in advance what this list will cost. The list will not go back before April 14, 2003, when the HIPAA privacy regulations came into effect, or go back for more than six (6) years from the disclosure.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your medical matters in a particular manner or at a certain location. For example, you may ask that we contact you at

home instead of at work. To do this, please make a written request to the practice manager where you receive care. Please specify in your request how or where you wish to be contacted. PCHC will accommodate reasonable requests.

- **Right to Request Restrictions:** You have the right to request further restrictions on the way we use or disclose certain medical information. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to the PCHC, Attn: Medical Records Department, P.O. Box 439, Bangor, Maine 04401. We will consider your request carefully, but we are not required to agree to it, except that if you paid out-of-pocket in full for a health care service or item provided by PCHC, you have the right to restrict disclosure of your protected health information to your health plan for purposes of payment or health care operations and we are required to honor your request. If we agree to a requested restriction, we will be bound by our agreement, unless information is needed to provide you with emergency treatment or to comply with the law. You may request the termination of a restriction on protected health information at any time by notifying PCHC
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may request a paper copy at any time. To do so, please request one from any PCHC location where you receive care. You may also obtain a copy of this Notice from our website at www.pchc.com or by requesting a copy at your next visit.

Changes to This Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all medical information we maintain, including any information created or received prior to issuing the new notice. If we make a material change to this Notice, we will post the new notice in waiting areas around PCHC and on our website at www.pchc.com. We will provide a copy of the new Notice to you upon request.

Who This Notice Applies to

This Notice applies to PCHC and its workforce, including all personnel, volunteers, students and trainees, as well as third parties who provide services to PCHC, as discussed above.

Do You Have Concerns or Complaints?

Please tell us about any problems or concerns you have with your privacy rights or how PCHC uses or discloses your medical information. If you have a concern, please contact the Privacy Officer, whose contact information is listed at the end of this Notice, or you may file a complaint with the Office of Civil Rights, United States Department of Health & Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. All complaints must be submitted in writing and should be submitted within one hundred eighty (180) days of when you knew or should have known that the alleged violation occurred. See the Office of Civil Rights website, www.hhs.gov/ocr/hipaa for more information. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

Right to Receive Notice of a Breach

PCHC is required by law to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, not later than sixty (60) days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the Department of Health & Human Services to render the PHI unusable, unreadable, and indecipherable to unauthorized users. The notice is required to include the following information:

- A brief description of the breach, including the date of the breach and the date of its discovery, if known;
- A description of the type of Unsecured Protected Health Information involved in the breach;
- Steps you should take to protect yourself from potential harm resulting from the breach;
- A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves ten (10) or more patients whose contact information is out-of-date, we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media. If the breach involves more than five hundred (500) patients in the state or jurisdiction, we are required to immediately notify the Secretary of the Department of Health & Human Services. We are also required to submit an annual report to the Secretary of the Department of Health & Human Services of a breach that involved less than five hundred (500) patients during the year and will maintain a written log of breaches involving less than five hundred (500) patients.

Nondiscrimination Statement for Patients

Discrimination is against the law. PCHC complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex (including pregnancy and sex stereotyping), gender identity, sexual orientation, or any other characteristic protected by law.

PCHC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). PCHC provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact PCHC's Civil Rights Coordinator.

If you believe that PCHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex (including pregnancy and sex stereotyping), gender identity, sexual orientation, or any other characteristic protected by law, you can file a grievance with PCHC's Civil Rights Coordinator in person or by mail (103 Maine Avenue, Bangor, Maine 04401), by phone (207-992-9200), by fax (207-907-7077), or by email (civilrights@pchc.com). If you need help filing a grievance, PCHC's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1- 800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.htm>

(French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística

(Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務

(Cushite) XIYYEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

(Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn

(Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

(Mon-Khmer, Cambodian) យកចិត្តទុកដាក់ : ប្រសិនបើអ្នក និយាយភាសាខ្មែរ , អេវា ជំនួយ ភាសា ដែលឥតថវិកា

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad

(German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung

(Thai) ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี

(Nilotic*) PIN KENE: Na ye jam nē Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atō kuka lëu yök abac ke cīn wēnh cuatë piny

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

(Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。

Effective Date of Notice

This Notice was published and originally became effective on April 14, 2003. This Notice was revised to incorporate notice requirements under 42 C.F.R. Part 2 effective February 16, 2024 and was last updated on July 19, 2024. Please note that changes in law affecting your privacy rights may take effect at different times. Please speak with the Privacy Officer if you have any questions.

If you have questions about this Notice,
or further questions about how PCHC may use
and disclose your medical information,
please contact our Privacy Officer:

Privacy Officer
Penobscot Community Health Care
103 Maine Avenue
P.O. Box 2100
Bangor, Maine 04402
Telephone: 207.992.9200
Email: privacy@pchc.com

Notice of Privacy Practices

