

Pine Tree Society Privacy Notice

This document describes the type of information the Pine Tree Society gathers about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical and other non-public information and the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this notice meet your expectations, there is nothing you need to do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions regarding this Privacy Notice, please contact our Privacy Officer, Denise White at dwhite@pinetreesociety.org or 207.443.3341.

Who will follow this notice?

- This notice describes the Pine Tree Society practices and that of:
- Any services provider authorized to enter information into your chart
- All programs of the Pine Tree Society and its sites
- Any member of a volunteer group we allow to help you while you are in the Pine Tree Society
- All employees, staff and other facility personnel

All these entities follow the terms of this notice. In addition, these entities may share medical and other non-public information with each other for purposes of treatment, payment or operations described in this notice.

Our pledge regarding medical information

We understand that medical and other non-public information about you is personal. We are committed to protecting the confidentiality of this information. As part of our routine operations, we create a record of the care and services you receive. We need this record to provide you with a quality plan of care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Pine Tree Society.

This notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information.

Federal law required us to:

- Make sure that medical and other non-public information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical and other non-public information about you
- Follow the terms of the notice that is currently in effect

How we may use and disclose medical and other non-public information about you

The following categories describe different ways that we use and disclose medical and other non-public information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Services/Plan of Care.** We may use medical and other non-public information about you to provide you with services or a plan of care. We may also disclose

medical and other non-public information about you to entities outside of the Pine Tree Society who may be involved in your care.

- **For Payment.** We may use and disclose medical and other non-public information about you so that the services you receive through the Pine Tree Society may be billed to and payment may be collected from you, an insurance company or a third party.
- **For Operations.** We may use and disclose medical and other non-public information about you for program and facility operations. These uses and disclosures are necessary to ensure effective programming and to make sure that all of our program participants receive quality care.
- **Appointment Reminders.** We may use and disclose medical and other non-public information to contact you as a reminder that you have an appointment for services at a Pine Tree Society site.
- **Plan of Care Alternatives.** We may use and disclose medical and other non-public information to tell you about or recommend possible plan of care options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising/Marketing Activities.** We will not share any non-public personal or health information for fundraising or to market the Society's programs or services without first obtaining a release form signed by you or your legal representative.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical and other non-public information about you to a friend or family member who helps pay for your care. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical and other non-public information about you for research purposes. All research projects are subject to a special approval process. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.
- **As Required by Law.** We will disclose medical and other non-public 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 medical and other non-public information about you, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure however would only be someone able to help prevent the threat.

Special Disclosure Situations

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical and other non-public information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **Military and Veterans.** If you are a member of the armed forces, we may release medical and other non-public information about you as required by military command authorities. We may also release medical and other non-public about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical and other non-public information about you to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical and other non-public information about you for public health activities. These activities generally 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 people of recalls of products they may be using
 - 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 the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Oversight Activities.** We may disclose medical and other non-public information to an oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary to monitor systems, government programs and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical and other non-public information about you in response to a court or administrative order. We may also disclose medical and other non-public information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical and other non-public information if asked to do so by a law enforcement official, including the following situations:
 - 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 limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the facility; and
 - In emergency circumstances to report a crime; the location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical and other non-public information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical and other non-public information to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Agencies.** We may release medical and other non-public information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical and other non-public information about you to authorized federal officers so they may provide protection to the President, or authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official we may release medical and other non-public information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your rights regarding information about you

You have the following rights regarding medical and other non-public information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical and other non-public information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical and other non-public information that may be used to make decisions about you, you must make your request in writing to Denise White, Human Resources Director. 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 in certain very limited circumstances. If you are denied access to medical and other non-public information you may request that the denial be reviewed. A second person will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical and other non-public information 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 the Pine Tree Society.

To request an amendment, your request must be made in writing and submitted to Denise White, Human Resource Director. In addition you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information kept by or for the Pine Tree Society;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is inaccurate and complete

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of disclosures we made of medical and other non-public information about you. This is a list of disclosures we made of information about you. To request this list or accounting of disclosures, you must submit your request in writing to Denise White, Human Resource Director. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (i.e., on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may 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 restriction or limitation on the medical and other non-public information we use or disclose about you for treatment, payment or operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care, like a family member or friend.

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 you emergency treatment.

To request restrictions, you must make your request in writing to Denise White, Human Resource Director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example; disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Denise White, Human Resource Director. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to 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 obtain a copy of this notice at our website, www.pinetreesociety.org. To obtain a paper copy of this notice, send a stamped, self-addressed envelope to Denise White, Human Resource Director, Pine Tree Society, P.O. Box 518, Bath ME 04530

Changes to this notice.

We reserve the right to change this notice. We reserve the right to make the revised or changed noticed effective for medical and other non-public information we have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain on the first page in the top right-hand corner, the effective date. In addition, each time you register to receive services, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Pine Tree Society or with the Secretary of the Department of Health and Human Services. To file a complaint with the Pine Tree Society, contact Denise White, Human Resource Director, Pine Tree Society, P.O. Box 518, Bath ME 04530. All complaints must be submitted in writing.

Other uses of medical and other non-public information

Other uses and disclosures of medical and other non-public information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Attestation

By initialing and dating the form attached, I acknowledge that I have received a copy of the Pine Tree Society's Privacy Notice.

Privacy Notice Attestation

I, _____ do hereby attest that on this date I received a copy of the Pine Tree Society’s Privacy Notice.

I understand that any questions I may have about this Privacy Notice can be directed to Denise White, Human Resources Director.

Client or Parent/Legal Guardian

Date

Printed name of Parent/Legal Guardian

Date