



## NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003  
Revised: September 4, 2013

**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 gave it to you or contact the Privacy Officer at Community Partners, Inc (CPI).

### **Your Health Record**

While receiving supports with CPI, a record of all your services is maintained. We refer to this record as your health record. It is a requirement of the services we provide. Your health record:

- Helps us work with you in planning your care and support services.
- Helps our many care providers and staff communicate with each other.
- Is a legal document describing the care you receive.
- Is how you or a third-party payer can confirm that services billed were actually provided.
- Is a tool for teaching care providers and staff.
- Is a source of data for healthcare research.
- Is a source of information for public health officials charged with improving the health of the State or the nation.
- Is a source of data for facility planning and marketing.
- Is a tool we can use to assess and improve both the care provided to you and the overall outcomes of the care program.

Your health record contains protected health information, the confidentiality of which is protected under both State and Federal law. Protected health information means any health information that identifies you or contains information that may be used by someone else to identify you.

This notice tells you about our obligations in using and protecting your health information. It also tells you about your privacy rights and recourse for complaint if you believe we have violated these rights.

All staff, temporary employees, contractors, volunteers, and others acting as agents of CPI will be bound by this notice.



## **Our Pledge Regarding Protected Health Information**

We recognize that your health information is personal. We have a responsibility for protecting this information about you. We take this responsibility very seriously. We invite any questions or concerns you may have about how we use and protect your health information.

## **How We May Use and Disclose Your Protected Health Information**

Listed below are the ways we may use and disclose your protected health information both with and without your specific authorization. For each use or release we will explain what we mean and provide some examples. Not every use or release is listed, but all of the ways we may use and disclose information will fall within one of these areas.

In the remainder of this section, the term protected health information will be abbreviated to PHI.

### ***Use of PHI with Your Specific Authorization:***

Your specific authorization is typically obtained by your signature on CPI's Authorization for Disclosure of Protected Health Information form. When you are asked to provide authorization, we will review this form with you prior to asking you to sign. In very limited circumstances, we may accept your verbal authorization if it is impractical to obtain your signature. We will make efforts to obtain your signed authorization as soon as possible after a verbal authorization is provided.

- **Care Coordination With External Providers:** With your permission, we may use and disclose your PHI to coordinate care and referral to/from other providers.
- **Disclosures to Individuals Involved in Your Care:** With your permission, we may disclose your PHI to a parent, personal representative, family member, relative, friend, or any other person identified by you. The PHI disclosed must be directly relevant to that person's involvement with the services you receive or payment for those services.
- **Psychotherapy Notes:** With your permission, we may disclose psychotherapy process notes to third parties. Psychotherapy notes are not the same as service progress notes. Psychotherapy progress notes are those notes produced by a mental health professional that include analysis or impressions of an individual counseling session.
- **Marketing Purposes and Prohibition on Sale:** We may not receive direct or indirect payment for disclosure of your PHI without your specific authorization.

Exceptions to this provision include: charging reasonable fees for copy and transmittal of your record, due diligence efforts related to sale; transfer, merger, or consolidation of the agency; multiple accountings of disclosures in a single year; and other disclosures required by law or in accordance with the Privacy Rule of the Health Insurance Portability and Accountability Act.



- **Other Uses and Disclosures:** Any other uses and disclosures not captured here or in the section following will be made only with your specific authorization. You may revoke such an authorization at any time by notifying your program staff or the CPI Privacy Officer.

***Use of PHI without Your Specific Authorization:***

- **For Treatment:** We may use and disclose your PHI to provide or coordinate the services, supports, and care you receive within CPI or from providers acting as agents of CPI. For example, CPI staff or agents may share information to coordinate needed medical or therapy services.
- **For Payment:** We may use and disclose your PHI so we can be paid for the services we provide to you. For instance, this can include billing Medicaid, other insurance, or another State agency.
- **For Health Care Operations:** We may use and disclose your PHI to operate CPI and to maintain quality services for the consumers we support. For example, we may use your health information to review effectiveness of services we provide or to train our staff and volunteers. We may also combine PHI we have with PHI from other facilities to compare how we are doing
- **Electronic Health Records:** CPI maintains elements of your health record in both hard copy and electronic format. For example, signed copies of service agreements may exist in hard copy format, while billing records exist in electronic format. The use of electronic records promotes efficiency and reduction of documentation errors.
- **How We Will Contact You:** Unless you tell us otherwise in writing, we may contact you face-to-face in your home, by telephone, or by mail. We may leave messages for you on the answering machine or voice mail at your home. We will communicate with you via email with your written permission. If you want to request that we communicate to you in a certain way or at a certain location, see “Right to Receive Confidential Communications” on page 5 of this notice.
- **Fund-Raising Communications:** We may use certain PHI (name, address, telephone number, date(s) of service, age, and gender) to contact you in the future to raise money for CPI. Money raised will be used to expand and improve services and programs that CPI offers.
- **Disclosures to Guardians:** We may disclose PHI to your guardian(s) that is directly relevant to the services you receive at CPI or payment for those services.
- **Disaster Relief:** We may use or disclose your PHI to a public or private entity authorized to assist in disaster relief. This will be done to help them notify a parent, guardian, family member, or other person identified by you of your location, general condition, or death.
- **Public Health Activities:** We may use or disclose your PHI for public health activities and purposes. This includes reporting information to a public health authority that is authorized by law to collect or receive information for purposes of preventing or controlling disease.



- **Victims of Abuse, Neglect, Mistreatment or Exploitation:** We may disclose your PHI to a government authority to provide or receive reports of abuse, neglect, mistreatment or exploitation.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities including audits, investigations, inspections, licensure, or disciplinary actions.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding in response to court order, government subpoena, or other lawful process.
- **Coroners and Medical Examiners:** We may disclose your PHI to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.
- **Funeral Directors:** We may disclose your PHI to funeral directors as necessary for them to carry out their duties.
- **Family Members and Others in Case of Death:** In the event of your death, we may disclose your PHI to family members and others involved in your care or payment for care unless doing so is inconsistent with any known prior expressed preference you may have provided.
- **To Avert Serious Threat to Health or Safety:** We may use or disclose your PHI if we believe it is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Law Enforcement:** We may disclose your PHI to a law enforcement official under the following circumstances:
  - In response to court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - If under certain circumstances we are unable to obtain your agreement in the event you are the victim of a crime;
  - In the event of a death we believe may be the result of a crime;
  - If a crime has been conducted at or on any CPI facility; 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.
- **Correctional Institutions:** If you are an inmate of a state or local prison or under custody of a law enforcement official, we may disclose your PHI to the facility or law enforcement official. The disclosure would be necessary to provide you healthcare, to protect your health and safety, or for the safety and security of the facility.



- **National Security and Intelligence:** We may disclose your PHI to authorized officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President:** We may disclose your PHI to authorized officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.
- **Worker's Compensation:** We may disclose your PHI to the extent necessary to comply with worker's compensation laws.
- **Research:** We may use or disclose your PHI for research purposes when the study has been approved through a process that evaluates the need for the project and your needs for privacy.
- **As Required By Law:** We may use or disclose your PHI when we are required to do so by law.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding the protected health information we maintain about you.

In the remainder of this section, the term protected health information will be abbreviated to PHI.

- **Right to Request Restrictions:** You have the right to request that we restrict the uses or disclosures of your PHI for treatment, payment, or healthcare operations. To request restrictions, you must submit your request in writing to the CPI Privacy Officer. Your request must tell us (a) what information you want to limit, (b) whether you want to limit use, disclosure, or both, and (c) to whom you want the limit(s) to apply.

***We are not required to agree to any requested restriction as outlined in this section.*** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- **Right to Opt Out of Fund-Raising Solicitations:** You have the right to opt out of fund-raising solicitations. To request that you not receive fund-raising communications, please contact the CPI Privacy Officer. All requests for opting out of fund-raising solicitations are honored. Your services with CPI are not contingent upon receiving fund-raising communications.
- **Right to Receive Confidential Communication:** You have the right to request that we communicate your PHI in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are requesting confidential communication. We will accommodate all reasonable requests.



To request confidential communication, you must submit your request in writing to the CPI Privacy Officer. Your request must state how or where you wish to be contacted.

- **Right to Inspect and Copy:** You have the right to inspect and copy your PHI in both hard copy and electronic format. To inspect and copy your PHI, you must submit your request in writing to the CPI Privacy Officer. Your request should specifically state what PHI you wish to inspect and copy. If you request electronic copy, we will work with you to determine best format and transmission route (e.g., encrypted email, flash drive, etc).

We may charge reasonable fees for the costs associated with copying, mailing, transmitting and other supplies needed to support your request. We will act on your request within 30 calendar days of receipt.

We may deny your request to inspect and copy in certain very limited circumstances. In these circumstances, we will inform you of the basis of denial, will provide an opportunity to designate in writing another person to review your record, and will inform you of denial review rights.

If you request a review of our denial, it will be conducted by a healthcare professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

- **Right to Amend:** You have the right to request an amendment to your PHI for as long as the information is maintained by CPI. To request an amendment, you must submit your request in writing to the CPI Privacy Officer. Your request must state the amendment desired and provide a reason in support of the request. We will act on your request within 60 calendar days.

If we grant the request, we will include your written changes as part of the health record. We may also add to the record a response to your amendment. We will provide you a copy of our response. We will also seek your agreement to share the amendment and pertinent response with relevant others.

We may deny your request for amendment if it is not in writing and does not provide a reason in support of the amendment. 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 act on the requested amendment;
- Is not part of the PHI maintained by CPI;
- Would not be available for you to inspect and copy; or
- Is not accurate and complete.



If we deny your request, we will inform you of the basis for denial. You have the right to submit a response to our denial. Your statement may not exceed 3 pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of response, and our rebuttal (if applicable) will then be appended to the PHI involved. All of this information will then be included with any disclosure of PHI in the future.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of PHI. We will honor this request.

You also have the right to grieve denial of your request. For more information, you may contact the CPI Privacy Officer.

- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your PHI. The accounting may be for up to 6 years prior to the date on which you request the accounting, but not before April 14, 2003.

Certain types of disclosures are **not included** in such an accounting as follows:

- Disclosures to carry out treatment, payment, and healthcare operations;
- Disclosures made to you;
- Disclosures that you have authorized;
- Disclosures to persons involved in your support;
- Disclosures for disaster relief purposes;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials;
- Disclosures that are part of a limited data set for research, public health, or healthcare operations (a limited data set is when data that would directly identify you has been removed); and
- Disclosures made before April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to the CPI Privacy Officer. Your request must state a time period for the disclosures. It may not be longer than 6 years from the date we receive your request and may not include dates before April 14, 2003.

We will act on your request within 60 calendar days after receipt. Within that timeframe, we will either provide the accounting of disclosures or provide a written statement of when the accounting will be provided and why a delay is necessary.

There is no charge for the first accounting we provide in any 12 month period. For additional accountings within a 12 month period, we may charge reasonable fees for copy and transmittal.



- **Right to Notification of Breach:** You have the right to be notified of any impermissible uses or disclosures of your PHI.
- **Rights Related to Mental Health Records:** Mental health information in many cases has an even higher level of protection than other types of PHI. For instance, we may be required to obtain your written authorization before sharing mental health PHI in some circumstances. For more information, please request a copy of *Rights of Recipients of Mental Health Services*.
- **Rights Related to HIV Information:** We also apply additional protections to any information related to HIV. We may ask for written authorization before sharing this PHI. For instance, we may ask you to identify each physician to whom you would like us to release this information.
- **Rights Related to Alcohol and Drug Abuse Records:** Federal law protects the confidentiality of alcohol and drug abuse records maintained by CPI. We may not release information that identifies alcohol and drug abuse to anyone outside of CPI unless:
  - It is authorized in writing;
  - The release is allowed by court order; or
  - The release is made to CPI staff involved in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of Federal law dealing with alcohol and drug abuse health records is a crime and suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

- **Right to Restrict Disclosures to a Health Plan:** You have the right to restrict disclosure of PHI to a health insurance plan if the PHI in question pertains to a service(s) for which you or someone on your behalf has paid in full. To request restriction to a health plan, please contact the CPI Privacy Officer.

### **Our Duties**

- 1) **General:** We are required by law to maintain the privacy of your PHI and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.
- 2) **Right to Change Notice:** We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all PHI that we maintain, including that created or received by us prior to the effective date of the new notice.
- 3) **Availability of Notice:** A copy of our current Notice of Privacy Practices will be at all CPI administrative locations and at each service site. You may obtain a copy of the current Notice of Privacy Practices at any time by contacting the CPI Privacy Officer, visiting a CPI administrative location, or visiting the CPI website at [www.epime.org](http://www.epime.org).





- 4) **Effective Date of Notice:** Stated on the first page of this notice.
- 5) **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with CPI, with the Disability Rights Center, or with the Secretary of the Department of Health and Human Services.

To file a complaint with CPI, contact the Privacy Officer at:

Privacy Officer  
Community Partners, Inc.  
443 Main Street, PO Box 363  
Biddeford, ME 04005  
207-282-7113 x130

To file a complaint with the Disability Rights Center, contact:

Disability Rights Center  
24 Stone Street  
Augusta, ME 04330  
800-452-1948

To file a complaint with the Secretary of Health and Human Services, contact:

The U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue S.W.  
Room 509F, HHH Building  
Washington, DC 20201

- 6) **Questions and Information:** If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the CPI Privacy Officer:

Melissa French  
Privacy Officer, Community Partners, Inc.  
443 Main Street, PO Box 363  
Biddeford, ME 04005  
207-282-7113 x 130