



FRANNIE PEABODY CENTER

comprehensive HIV & AIDS services

Privacy Summary

We keep your personal info private.

Sometimes, we have to share your personal info. The law allows us to share your info:

- To get you medical care in an emergency
- To get paid for services
- To make sure you get the services you need
- If you say you will hurt yourself or others
- If you are abusing or neglecting someone
- If a court orders us to share your info

You can look at or copy your chart.

You can ask us not to share your personal info even when the law allows it.

You can ask about how and when we share your personal info.

You can file a complaint if you are unhappy with services.



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Notice of Privacy Practices

This notice describes how clinical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Frannie Peabody Center (FPC), formerly The AIDS Project and Peabody House, has always maintained the privacy of your personal information. We are now required by law to maintain the privacy of your Protected Health Information and to give you this Notice of Privacy Practices, including our legal duties and your rights concerning your Protected Information. “Protected Information” is information about you, including demographic information, that may identify you and services you receive. This notice describes how we may use and disclose your Protected Information to carry out treatment, payment or operations and for other purposes that are permitted or required by law.

FPC is required to abide by the terms of this notice, but reserves the right to change the terms of this notice at any time. FPC will provide you with a revised notice if Privacy Practices change.

Permitted Uses and Disclosures of Your Information

All uses, disclosures of, or requests for Protected Information will be limited to the minimum amount necessary to accomplish the stated purpose. Professional judgment will determine the amount of information to be released.

The following are examples of the types of uses and disclosures of your Protected Information that FPC is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent for services.

Treatment: We will use and disclose your Protected Information to provide, coordinate or manage your care and related services, including coordination with a third party that has already obtained your permission to access your Protected Information. For example, we would disclose your Protected Information as necessary to MaineCare (Medicaid).

Payment: Your Protected Information will be used, as needed, to obtain payment for services provided to you. This may include certain activities that your health insurance plan (MaineCare) may undertake before it approves or pays for the services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for clinical necessity, and undertaking utilization review activities.

Operations: We may use or disclose, as needed, your Protected Information in order to support the business activities of FPC. These activities include, but are not limited to: quality assurance activities, employee review activities, student and employee training, and licensing.

Business associates performing services on behalf of FPC related to treatment, payment, or health care operations may also have access to your information solely for the purpose of providing such services, provided that the business associate has agreed in writing to maintain the confidentiality of such information.

Other Uses and Disclosures of Your Protected Information

We must disclose your Protected Information to you. Except as described below, FPC will not use or disclose your Protected Information to other parties unless we have written authorization from you. You may revoke your authorization at any time by giving written notice of revocation. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

The following is a description of other possible ways FPC is permitted or required by law to use and/or disclose your Protected Information without your specific authorization:

- **Mandated Reporting.** We are mandated by law to report threats of suicide, homicide or evidence of child/elder abuse or neglect. Because of this, we may disclose some of your Protected Information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.
- **Emergency Treatment.** We may disclose some of your Protected Information permitted by state law to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others in emergency treatment situations. If your Protected Information is used or disclosed in such a situation, FPC shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.
- **Research.** We may use or disclose your Protected Information for research purposes in limited circumstances when the research has been approved by an institutional review board that has reviewed the proposal and established protocols to ensure the privacy of your information.
- **Required by Law.** We may use or disclose your Protected Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and limited to its relevant requirements. For example, we must disclose your Protected Information to enforcement officials with the US Department of Health and Human Services upon their request in order to show that we are in compliance with federal privacy laws.
- **Legal Process and Proceedings.** We may disclose your Protected Information in response to a court order, destruction or theft of FPC property, or other lawful process.
- **Oversight.** We may disclose your Protected Information to an oversight agency for activities authorized by law, such as audits, investigations, licensure, and inspections. Oversight agencies seeking this information include government agencies that oversee government benefit programs, other government regulatory programs and civil rights laws.
- **Medical Examiners.** We may disclose your Protected Information for the purposes of identification in the event of your death without a next of kin or power of attorney.
- **Notifiable Conditions.** As a private, nonprofit social services agency, FPC is not required by Maine law to report notifiable public health conditions. However, all licensed health care providers employed by FPC are expected to follow appropriate laws related to notifiable public health conditions, including persons with prevention adherence problems. In accordance with confidentiality laws and this notice, only the minimum amount of information required for compliance shall be disclosed.

Your Rights

- **Access.** You have the right to inspect and copy your Protected Information, including clinical and billing records. Your right to access Protected Information does not extend to certain information, including information compiled in reasonable anticipation of or use in a civil, criminal or administrative proceeding. Records will be made available in the timeframe required by our contracts and applicable laws. We reserve the right to charge a reasonable fee for copies that we provide. Requests to access your Protected Information must be made in writing.
- **Restriction.** You may ask us not to use or disclose any part of your Protected Information for the purposes of treatment, payment or health care operations. Your written request must state the specific restrictions requested and to whom you want the restriction to apply. FPC is not required to agree to a request for a restriction.
- **Amendment.** You may request an amendment of Protected Information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a grievance, according to established procedures.
- **Accounting of Disclosures.** You have the right to request and receive an accounting of disclosures of your Protected Information made by us. We are not required to provide an accounting of disclosures made prior to April 14, 2003; disclosures for treatment, payment or health care operations activities; disclosures to you or pursuant to your written authorization; or, if a compliance authority has submitted a written statement superceding the requirement to document an accounting of disclosures.
- **Confidential Communications.** You may believe that you will be in danger if we communicate Protected Information to you to your address of record. If so, you have the right to request that we communicate with you about your Protected Information at an alternative location or by alternate means. We will make reasonable efforts to accommodate your request.
- **Privacy Practices.** You have the right to obtain a paper copy of this notice upon request.
- **Complaints.** You have the right to file a grievance under FPC guidelines or to contact the Secretary of Health and Human Services if you believe we have violated your privacy rights. You will not be penalized or retaliated against for filing a complaint.

Contact our Privacy and Security Officer, Tara Thomas at (207) 774-6877, Ext. 125 or tthomas@peabodycenter.org for further information about the Notice of Privacy, your rights, or the grievance procedure.

The effective date of this notice is April 15, 2003.