

Notice of Privacy Practices

***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 contact our Privacy Officer

WHO WILL FOLLOW THIS NOTICE

This notice describes VOLUNTEERS OF AMERICA NORTHERN NEW ENGLAND privacy practices for all VOANNE programs, including:

- Any health care professional authorized to enter information into your record.
- Any member of a student or volunteer group VOANNE allows to work with you while you receive services.
- All employees, staff and other VOANNE personnel.

OUR PLEDGE REGARDING HEALTH INFORMATION

VOANNE understands that information about you and your health is personal. We are committed to protecting your information. We create a record of the care and services you receive at VOANNE. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by VOANNE. 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 obligations we have regarding the use and disclosure of your information.

State and Federal laws and regulations protect the confidentiality/privacy of your records at VOANNE. We are required by law to:

- Make sure that we maintain the privacy of your healthcare information;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Privacy Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

VOANNE uses information about you for purposes of planning your care and treatment, and other lawful functions of its practice, including securing payment and other usual health care operations. These uses are known as 'Treatment, Payment, and Operations', or TPO. VOANNE may share information about you within the agency, on a need to know only basis, for the purpose of assuring the best possible care. For example, information sharing may occur among or between clinical staff, our billing department, or our health records staff. We may use information to review the quality of our treatment and services and to evaluate the performance of our staff. All clinicians at VOANNE receive clinical supervision and may discuss your treatment with their supervisor. We may use and disclose information about you so that the treatment and services you receive at VOANNE may be billed and payment collected. Some of your information may be available to persons working on VOANNE's behalf, who are subject to the same rules of confidentiality as VOANNE with respect to your

information. These uses and disclosures are necessary to run the agency and make sure our clients receive the best care possible.

VOANNE retains client records in their original form for a minimum of six (6) years after the date that a record is closed and for clients seen as minors, for six (6) years following the client's eighteenth (18th) birthday. Following this time, the record is destroyed.

When written authorization to release information about you is required

We may request your authorization to use information for treatment outside the agency or to request information from another individual or organization to help with your treatment. For example, we may request to use information about you to coordinate care with another provider or to explore possible treatment options. We may request to release information about you to a friend or family member who is involved in your care, or helps pay for your care. In emergency situations, your consent may be obtained after the fact.

We may request to use and/or disclose information about you for research purposes. Before we use or disclose information for research, any such project will have been approved through a research approval process. We will always ask for your written authorization if the researcher will have access to any information that reveals who you are, or will be involved in your care at VOANNE.

Except as described below, we will not use or disclose your information, except with your written authorization. You may revoke your authorization at any time by giving VOANNE your written or verbal notice of revocation. If you revoke your authorization, 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 disclosures we have already made in reliance upon your authorization, and that we are required to retain our records of the care that we provided to you.

When we do not require written authorization to release information about you

We may disclose information without your authorization as permitted or required by applicable law, for any of the following purposes:

- Information about you required by federal, state or local law.
- To make any required reports of abuse or neglect regarding children or dependent or incapacitated adults.
- To report serious threats of harm to self or others.
- To comply with health oversight activities necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- To comply with a court order, government subpoena, or other lawful process: If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose 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.
- To avert a serious threat to health or safety, such as:
 - Requests from authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- Requests from authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release 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.

- For research purposes, as combined non-identifiable data.
- In the event of your death, to a health examiner or funeral director as necessary: this may be necessary to identify a deceased person or determine the cause of death.
- For worker’s compensation purposes, programs providing benefits for work-related injuries or illness.
- To contact you for appointment reminders.
- To provide you with information about treatment alternatives or other health services.
- If you are an organ donor, we may release 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.
- If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- To comply with public health statutes and rules regarding Public Health Risks. For example:
 - to prevent or control disease;
 - 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;
- We may release information if asked to do so by a law enforcement official:
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the agency or directed toward agency staff; and
 - In certain emergency circumstances to report a crime.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy. You have the right to inspect and receive a copy of information that may be used to make decisions about your care. Usually, this includes treatment and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of use in a criminal, civil or administrative proceeding. If you choose to review your VOANNE record, you must do so in the in the presence of an appropriate VOANNE employee.

To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to the Clinical 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 information, you may request that the denial be reviewed. Another licensed health care professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request. VOANNE will comply with the outcome of the review.

Right to Amend. If you feel that 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 VOANNE.

To request an amendment, your request must be made in writing and submitted to your VOANNE provider. In addition, you must provide a reason that supports your request. VOANNE will respond to your request within 60 days. Your request and VOANNE's response will become part of your VOANNE record.

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
- Is not part of the health information kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request, you have the right to submit a letter of disagreement. If you do not submit a letter of disagreement, you have the right to ask that your original request for amendment and our denial be provided with any future disclosures of the information that you wanted changed.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of information about you, other than the disclosures for which you gave written authorization or which were used by the agency for treatment, payment, or operations.

To request this list or accounting of disclosures, you must submit your request in writing to your VOANNE provider. 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 (for example, on paper, electronically). VOANNE will respond to your request within 60 days.

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 information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limitation on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about your psychiatric evaluation.

We are not required to agree to such a request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, comply with a court order, report abuse or neglect of a child or adult, or otherwise required by state or federal law.

To request restrictions, you must make your request in writing at the time of intake to VOANNE services. 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.

There are certain circumstances under which an approved restriction may be terminated: (1) You agree or request in writing that the restriction be terminated; (2) You verbally agree or make the request and we document your verbal request in your record; and (3) VOANNE informs you that it is terminating the restriction with respect to information that it creates or receives from that date forward.

Right to Request Confidential Communications. You have the right to request that we communicate with you about confidential matters 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 either during intake to VOANNE services or to your VOANNE provider. We will not ask you 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.voanne.org

To obtain a paper copy of this notice, ask the Program Manager or other staff at your Program.

CHANGES TO THIS NOTICE

VOANNE reserves the right to change this notice and to make the revised or amended notice effective for 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 on our website and in all VOANNE sites. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with VOANNE or with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with VOANNE contact our Privacy Officer. All complaints must be submitted in writing, to

VOANNE Privacy Officer
14 Main St. Suite 100
Brunswick ME 04011
373-1140

To contact HHS:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

You will not be penalized for filing a complaint.