



FORE RIVER UROLOGY

Fore River Urology Privacy Notice

NOTICE OF PRIVACY PRACTICES

Fore River Urology LLC is committed to ensuring the privacy and confidentiality of your health care information in accordance with the Privacy and Security Rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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

Our clinic is committed to safeguarding the confidentiality of your health care information. In order to effectively provide and coordinate your health care, our clinic must collect, use, and disclose your health care information. To safeguard your privacy, we collect, use, and disclose your health care information in accordance with Fore River Urology's privacy policies and HIPAA. There are other laws and rules that provide additional protection for health information related to treatment for mental health, alcohol and other substance abuse, and HIV/AIDS. To the extent other laws or rules are more stringent than HIPAA, we will continue to follow these laws and rules.

This Notice of Privacy Practices describes how our clinic may collect, use and disclose your protected health information, and your rights concerning your protected health information. Protected health information is information about you or your dependents, including demographic information, that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care service to you or payment for that care. We are required by law to maintain the privacy of your protected health information and to provide you with this notice about our legal duties and privacy practices with respect to protected health information. We must follow the privacy practices described in this notice while it is in effect.

This notice will remain in effect until we replace or modify it.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Fore River Urology LLC safeguards the privacy of your protected health information ("PHI"). PHI is medical information used to help patients obtain needed care, or information about payments for services you have received, as well as descriptive information about those services that by itself, or in conjunction with other information, would allow you to be identified. For example, PHI includes your demographic information such as your name, address, telephone number, social security number, birth date and gender, as well as information regarding your health status, illnesses and injuries; past, present, or future information about your physical or mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you. We collect PHI from you (when you complete initial patient or enrollment forms), from your prior transactions with Fore River Urology, from your physician and other healthcare providers, and from your transactions with others.

HOW WE MAY USE AND DISCLOSE YOUR PHI



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In order to provide treatment to you, coordinate your care with other health care providers, and obtain payment for those services, we need to use and disclose your PHI in a number of different ways. Our clinic staff are trained to appropriately safeguard your PHI and undertake their responsibilities using only the information necessary to accomplish their task. Fore River Urology maintains and enforces policies governing the use of PHI by staff members to ensure the privacy of your PHI. For example, we have policies in place to implement physical and technical safeguards to protect verbal, written and electronic PHI from being mishandled by staff members as they undertake their responsibilities. The following are examples of the types of uses and disclosures of your PHI that we are permitted to make without your authorization.

For Treatment

Our clinic may use or disclose your PHI for treatment purposes, which includes the provision, coordination, or management of your health care and related services by our clinic and other health care providers involved in your care. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We may use your PHI in order to write a prescription for you, or we may disclose your PHI to a pharmacy when we order a prescription for you. Our staff may use or disclose your PHI to treat you or to assist other health care providers in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may disclose your PHI to other health care providers for purposes related to your treatment. Note that psychotherapy notes will not be disclosed for treatment purposes absent your authorization.

For Payment

Our clinic may use and disclose your PHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts. If you request that we not provide PHI to your health insurer for purposes of carrying out payment or health care operations, and you have paid in full for the service provided, we are required to agree to that restriction.

For Health Care Operations

Our clinic may use and disclose your PHI for operational purposes. For example, your PHI may be disclosed to staff members within our clinic, such as medical-management, risk-management or quality-improvement personnel, and others to:

- Assess the quality of care and outcomes in your cases and similar cases.
- Learn how to improve our services and facilities through the use of internal and external surveys.
- Determine how to continuously improve the quality and effectiveness of health care services our patients receive.
- Evaluate the performance of our staff.
- Conduct cost-management and business planning activities for our practice.

We may disclose your PHI to other health care providers and entities who have or have had a relationship with you to assist in certain of their health care operations. For example, we may share information with your health plan for case management, care coordination, and utilization review purposes.



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To HealthInfoNet (Health Information Exchange)

Our clinic participates in the State of Maine's Health Information Exchange ("HIE"). Maine's HIE is called HealthInfoNet. HealthInfoNet receives certain PHI about patients in Maine and makes that information available to health care providers treating that patient. Our clinic disclose PHI to HealthInfoNet because it may mean that physicians at Maine hospitals or specialist groups will be able to treat you faster and more thoroughly. For example, if you are admitted to a hospital on an emergency basis and cannot provide information about your health condition, HealthInfoNet could help the hospital's providers see your information held by our Health Care Centers. You may choose not to make your information available through HealthInfoNet by completing the online "opt out" process at www.hinfonyet.org. You may also request a paper copy of the "opt out" form from our clinic. By completing the "opt out" process, your PHI will not be included in the HealthInfoNet system.

Other permitted or required uses and disclosures of PHI that do not require your authorization include the following:

- **RELEASE OF INFORMATION TO FAMILY/FRIENDS**

We may disclose your PHI 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. We will provide you with an opportunity to object to such a disclosure whenever it is reasonably practicable for us to do so.

- **PARENTS AS PERSONAL REPRESENTATIVES OF MINORS**

In most cases, your minor child's PHI may be disclosed to you. However, we may be required by law to deny a parent's access to a minor's PHI for certain diagnoses or treatment such as sexually transmitted diseases, family planning services, etc.

- **APPOINTMENT REMINDERS AND TREATMENT OPTIONS**

We may use and disclose your PHI to contact you and remind you of an appointment. We may use or disclose your PHI to inform you of potential treatment options or alternatives. We may use and disclose your PHI to inform you of other health-related benefits and services that may be of interest to you.

- **WORKERS' COMPENSATION**

Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

- **PUBLIC HEALTH ACTIVITIES**

Your PHI may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, tracking of prescription drug or medical device problems, or for other health oversight activities.

- **RESEARCH**

We may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an IRB or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to the individual's privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other



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person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

- **LEGAL PROCEEDINGS**

Your PHI may be disclosed in the course of any legal proceeding, in response to an order of a court or an administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful process.

- **HEALTH OVERSIGHT**

Your PHI may be disclosed to a government agency authorized to oversee the health care system or government programs or its contractors, (e.g., the U.S. Department of Health and Human Services (HHS), a state insurance department or the US Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activity.

- **MARKETING**

In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with promotional gifts of nominal value.

- **DE-IDENTIFIED INFORMATION**

We may use your PHI to create de-identified information or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. When we de-identify health information, we remove information that identifies you as the source of the information. Health information is considered de-identified only if there is no reasonable basis to believe that the health information could be used to identify you.

- **LIMITED DATA SET**

We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data and not identify the information or use it to contact any individual.

Although we do not anticipate the following situations will occur frequently, we are required by law to notify you of these additional potential uses and disclosures which can occur without your written authorization:

- **AS REQUIRED BY LAW**

We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- To report information related to victims of abuse, neglect or domestic violence.
- To assist law enforcement officials in performing their duties.
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

- **GOVERNMENT FUNCTIONS:**

Your PHI may be disclosed to prevent serious threat to your health or safety or that of any person pursuant to applicable law. We may also disclose your PHI to authorized federal officials for national security purposes. In



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In addition, under certain conditions, we may disclose your PHI if you are, or were a member of the Armed Forces, for those activities deemed necessary by appropriate military authorities.

- **INMATES**

If you are an inmate, your PHI may be disclosed to a correctional institution or a law enforcement official having lawful custody, if the provision of such information is necessary to provide you with health care, protect your health and safety, and that of others, or maintain the safety and security of the correctional institution.

- **DECEDENTS**

PHI may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

- **ORGAN/TISSUE DONATION**

Your PHI may be used or disclosed to organ procurement organizations to facilitate cadaveric organ, eye or tissue donation/transplantation purposes only subsequent to your prior authorization.

USES AND DISCLOSURES THAT REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

Uses and disclosures of PHI other than those listed above will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke such an authorization, at any time in writing, except to the extent that we have already taken an action based on a previously executed authorization.

If a written authorization is obtained from you, your PHI may be disclosed to your personal representative, which is a person (an adult or an emancipated minor) that we recognize as having the authority to act on behalf of another individual in making decisions related to health care. Please contact our clinic to obtain a form for designation of a personal representative.

It is important for you to understand that once you give us authorization to release your health information, the PHI that we release may be out of our control. We are unable to safeguard such PHI from redisclosure by the person(s) that you have authorized us to release it to.

Finally, we will not use your PHI to offer you services or products unrelated to your health care status without your authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI.

Right to Access and Receive Copies of Your PHI

You have the right to request and receive a copy of your health care records. You have the right to receive a copy of your PHI in electronic format, if we maintain your PHI in an electronic format and we can readily produce a readable electronic copy. We may ask you to make your request for a copy of your records in writing and to provide us with the specific information we need to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies of such information. There are certain cases in which we are not permitted to fulfill your request to access or receive your records.

You may not inspect or obtain a copy of:

- Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding;
- Psychotherapy notes that may be created by a Health Care Center provider or may have been submitted to your health care provider for treatment purposes;
- PHI that is subject to the Clinical Laboratory Improvements Amendments of 1988;



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- Information created or obtained by our clinic in the course of research that includes treatment. Access to these records may be temporarily suspended for as long as the research is in progress;
- PHI that was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

Right to Amend Your PHI

If you believe that your protected health information is incorrect or incomplete, you have the right to ask us to amend your PHI. All requests for amendment must be in writing. In certain cases, we may deny your request. For example, we may deny a request if we did not create the information, as is often the case for medical information that is generated by a provider and stored in our records, or if we believe the current information is correct. All denials will be made in writing. You may respond by filing a written statement of disagreement with our Health Care Centers and we would have the right to rebut that statement.

If you believe someone has received un-amended PHI from us, you should inform us at the time of the request if you want him or her to be informed of any amendment we may subsequently agree to make.

Right to an Accounting of Disclosures of PHI

You have the right to request an accounting of those instances in which we have disclosed your PHI for any purpose other than the following:

- For treatment, payment or health care operations, unless those disclosures were made through an Electronic Health Record;
- Disclosures that you or your designated personal representative have authorized;
- Certain other disclosures, such as disclosures for national security purposes;
- Information disclosed to correctional institutions, law enforcement agencies, or health oversight agencies; and
- Information that was disclosed or used as part of a limited data set for research, public health or health care operations purposes.

All requests for an accounting must be made in writing and must state a timeframe, which may not be longer than six (6) years prior to the date of your request for all disclosures not made through an Electronic Health Record. For disclosures made through an Electronic Health Record, you have the right to request an accounting of disclosures made for treatment, payment, and health care operations during the three (3) years prior to the date of your request. We will require you to provide us with the specific information we need to fulfill your request. If you request this accounting more than once in a twelve-month period, we may charge you a reasonable fee.

Right to Request Restrictions on Uses and Disclosures of Your PHI

You have the right to ask us to place restrictions on the way we use or disclose your PHI for treatment, payment, or health care operations or as described in the section of this notice entitled "Other Permitted or Required Uses and Disclosures of PHI." In most cases, we are not required by law to agree to any requested restrictions. If we do agree to a restriction, we may not use or disclose your PHI in violation of that restriction, unless otherwise required by law, in emergencies, or when the information is necessary to treat you. If you request that we not provide PHI to your health insurer for purposes of carrying out payment or health care operations, and you have paid in full for the service provided, we are required to agree to that restriction. All requests for reasonable restrictions must be in writing to the Fore River Urology.

Right to Receive Notice of Privacy Practices



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You have a right to receive a paper copy of the Notice of Privacy Practices upon request at any time by contacting our office.

Right to Breach Notification

Pursuant to the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), you have a right to receive notice of any breach of your unsecured PHI. Generally, a breach occurs if an unauthorized acquisition, access, use or disclosure of PHI compromises the security or privacy of such information. Security and privacy are considered compromised when the disclosure poses a significant risk of financial, reputational or other harm to you.

Rights under State Law

To the extent Maine law is stricter than HIPAA, we are required to follow Maine law. You may be entitled to additional rights under Maine law.

HOW TO OBTAIN INFORMATION ABOUT THIS NOTICE OR COMPLAIN ABOUT OUR PRIVACY PRACTICES

To request a copy of this Notice of Privacy Practices at any time, or obtain additional information about this notice, you may contact our clinic.

If you believe your privacy rights have been violated, you may file a written complaint with our management at:

21 Donald B. Dean Drive, Suite 1
South Portland, ME 04106

You may also notify the Secretary of the Department of Health and Human Services (HHS).

Send your complaint to: Medical Privacy, Complaint Division, Office for Civil Rights (OCR) United States Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building Washington DC, 20201

You may also contact OCR's Voice Hotline Number at (800) 368-1019 or send the information to their Internet address www.hhs.gov/ocr.

Fore River Urology will not take retaliatory action against you if you file a complaint about our privacy practices either with OCR or with our Health Care Centers.

CHANGES TO THIS NOTICE

We may make a change to this notice and our privacy practices at any time and make the change effective for all of the PHI that we maintain, as long as the change is consistent with our current privacy policies or state or federal law. If we make an important change to our policies, we will promptly provide you with the new notice by posting it on our web site.