

NOTICE of Health Information 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 speak to the person who gave it to you or contact the Privacy Officer at your treating facility

Effective April 01, 2009

Your Health Information

Each time you visit our tobacco treatment staff, a record of your visit is made. A record contains your symptoms, test results, diagnoses, treatment, and a plan for care. We refer to this record as your health or medical record. It is basic to the health care we provide for you.

Your health record contains personal information, the confidentiality of which is protected under both State and Federal law.

Our Privacy Obligations

We are required by law to maintain the privacy of health information we have about you (Protected Health Information – PHI), to inform you of our practices and to follow them.

Disclosing and Using Information with Your Consent

When you begin receiving care from us, we will ask that you (or your legally authorized representative) sign a consent form which permits us to: release information about you in order to care for you; be paid by your insurance company for the care provided to you; and conduct our regular business activities.

Your medical record:

- Helps us plan your care and treatment.
- Helps the many health care staff who provide for your care communicate with each other.
- Is a legal document describing the care you received
- Is how you or a third-party payer can confirm that services billed were provided
- Is a tool for teaching health care staff
- Is a source of data for medical research
- Is a source of information for public health offices charged with improving the health of the nation
- Is a source of data for facility planning and marketing
- Is a tool we can use to assess and work to improve both the care given to you and the outcomes of your care
- Contains personal information, the confidentiality of which is protected under both State and Federal law.

Knowing how we expect to use and disclose your health information helps you to:

- Be aware of the importance of giving us information
- Better understand who, what, when, where, and why your health care staff and others may access your health information, and
- Decide when others may release your health information.

Our Pledge Regarding Medical Information

We know that medical information about you and your health is personal. We are charged with protecting health information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain laws. This Notice applies to all the records of your care developed by the Center for Tobacco Independence. Your doctor may have other policies or notices about his or her use and release of your health information created in their office or clinic. This Notice will tell you about the ways we may use and release health information about you. We also describe your rights and certain duties we have with the use and release of health information.

Your Health Information Rights

Although your health record belongs to the Center for Tobacco Independence, the information in your record belongs to you.

Under the Federal Privacy Rules, you have the right to:

- Receive notice of the uses and releases we expect to make of your health information.
- Ask for added limits on uses and releases of your health information (though we are not required to agree to any such requests), or request that we send your private communications to other places.
- Inspect and obtain a copy of your health record.
- Request that your health record be changed.
- Obtain a list of releases of your health information made after April 14, 2003, for a purpose other than treatment, payment, or health care operations.

Please direct requests to the Privacy Officer at your treating facility.

Our Responsibilities

We are required by the Federal Privacy Rules to:

- Maintain the privacy of your health information
- Provide you with this Notice
- Let you know about our legal duties and privacy practices about the health information we collect and maintain about you.
- Agree to the terms of this Notice, subject to the following:
 - We reserve the right to change our health information practices and the terms of this Notice. Should our health information practices change, we will post and/or provide a revised Notice. We will not use or release your health information without your consent or permission, except as described in this Notice.

Using Your Protected Health Information (PHI)

As described above, we will use your signature on the consent form to release information for treatment, payment, or health care operations. We may use PHI for other reasons only when we: 1) have a specific authorization signed by you or your legally authorized representative; or 2) there is an exception as described below. You have the right to withdraw your permission at any time, and you may do this by sending us a letter at the address on the back of this pamphlet.

Listed below are the ways that we use and release health information. For each use or release we will explain what we mean and give some examples. Not every use or release is listed but all of the ways we can use and disclose information will fall within one of these areas.

For Treatment

We will use and release your protected health information to provide, coordinate and manage your health care and related services. That may include consulting with other health care providers about your health care or referring you to another health care provider for treatment including physicians, nurses, healthcare students, and other staff involved in your care. For example, we will release your protected health information to a specialist to whom you have been referred to ensure that the specialist has the necessary information he or she needs to diagnose and/or treat you. Other departments may also share health information about you in order to arrange for the things you need, such as medicines, lab work, and x-rays. We also may release health information about you to people outside the facility who may be involved in your care after you

leave the Tobacco Treatment Center, such as family, your physician, clergy, or others who provide services as part of your care.

For Health Care Operations

We may use and release health information about you for health care operations. These uses and releases are needed to run the facility and make sure that all of our participants receive quality care. For example, we may use health information to review our treatment and services and to evaluate our staff who are taking care of you. We may also combine health information about many patients to decide what other services healthcare settings should offer, what services are not needed, and whether certain new treatments are effective. We may release information to doctors, nurses, students, and other healthcare staff for review and teaching reasons. We may combine health information we have with health information from other facilities to compare how we are doing and see where we can make changes to improve the care and services we offer. We may remove information that identifies you from this set of health information so that others may use it to study health care and health care delivery without learning specific patients' information.

Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may release health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. Please let a staff person or your doctor know if you would not like us to release information to a family member or friend.

As Required By Law

We will release health 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 release health information about you when needed to prevent a threat to your health and safety or the health and safety of the public or another person. Any release would only be to someone able to help prevent or reduce the threat.

For Research

The Center for Tobacco Independence is a research clinic, and there may be times when we need to use or release your information for research. Before we do this, our Research Staff checks to see that the information is used for legitimate purposes and that proper safeguard are in place.

Military and Veterans

If you are a member of the armed forces, we may release health information about you as required by the military. We may also release health information about foreign military staff to the appropriate foreign military agency.

Workers' Compensation

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may release health information about you for public health reasons. They 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 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 a state agency if we believe a patient has been a victim of abuse, neglect, or domestic violence. We will only make this release if you agree or when required by law.

Health Oversight

We may release health information to a health oversight agency for actions required by law. Actions may include, for example, audits, investigations, inspections, and licensure. These actions are needed for the government to monitor the healthcare system, programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or dispute, we may release health information about you in response to a court order. We may also release health 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 health information if asked to do so by a law enforcement official:

- 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 circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of a crime;
- About a crime conducted at the hospital; 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.

Medical Examiners and Funeral Directors

We may release health information to a medical examiner. This may be required, for example, to identify a deceased person or decide the cause of death. We may also release health information about patients to funeral directors as needed to carry out their duties.

National Security and Intelligence Activities

We may release health information about you to federal officials such as the FBI or CIA or any other national security activities authorized by law.

Protective Services for the President and Others

We may release health information about you to federal officials so they may protect the President, other persons, or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a state or local prison or under the custody of a law enforcement official, we may release health information about you to the facility or law enforcement official. This release would be necessary (1) to provide you with health care; (2) to protect your health and safety; or (3) for the safety and security of the facility.

You have the following rights about the health information we maintain about you

Right to Inspect and Copy

You have the right to inspect and copy health information that may be used to make decisions about your care. This includes health and billing records. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Department of Health Information Management at your treating facility. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies needed to support your request.

We may deny your request to inspect and copy in certain very limited circumstances. In these circumstances, we will allow you to designate in writing another person to inspect and copy your medical record. If you are denied access to a non-medical record, you may request that the denial be reviewed. We will choose a health care person to review your request and the denial. This person will be different from the person who denied your initial request. We will comply with the decision of the reviewing person.

Right to Change (Amend)

If you feel that health information we have about you is incorrect or incomplete, you may ask us to change (amend) the information. You have the right to request a change for as long as the information is kept by or for the Center for Tobacco Independence Tobacco treatment Program.

To request a change, your request must be made in writing and be sent to the Health Information Management Department at the Center for Tobacco Independence. You must also provide a reason that supports your request.

If you request a change to your treatment record, we will include your written changes as part of the medical record. We may add to the record a response, and will provide you a copy of our response.

If you request a change to a non-treatment record, we may deny your request if it is not in writing or does not include a reason to support the request. 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 health information kept by or for the Center for Tobacco Independence Tobacco treatment Program.
- Is not part of the information which you would be allowed to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of releases we made of medical information about you that are not for treatment, payment, or operations and have not already been authorized by you.

To request this list or accounting of disclosures you must submit your request in writing to the Privacy Officer at your treating facility. Your request must state a time period, which may not be longer than six years and may not include dates before April 1, 2009. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost 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 limit on the health information we use or release about you for treatment, payment, or health care operations.

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 with emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer at the Center for Tobacco Independence. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, release, or both; and (3) to whom you want the limits to apply, for example, releases to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or in a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communication, you must make your request in writing to the Privacy Officer at the Center for Tobacco Independence.

We will not ask you the reason for your request. We will support all reasonable requests. Your request must specify how or where you wish to be contacted

Rights Related to Mental Health Records

Mental health information in many cases has an even higher level of protection than other types of information. For instance, we may be required to obtain your written permission before sharing information in some circumstances. For more information about your rights, please ask a staff member or request a copy of Rights of Recipients of Mental Health Services or Rights of Recipients of Mental Health Services Who Are Children in Need of Treatment.

Rights Related to HIV Information

We also apply additional protections to any information related to HIV. In many cases, we may ask for written permission before sharing this information. 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 patient records maintained by the Center for Tobacco Independence Tobacco Treatment Program. We may not tell anyone not a part of the Center for Tobacco Independence or release any information identifying a patient as an alcohol or drug abuser, unless:

- The patient authorizes this in writing;
The release is allowed by a court order; or
- The release is made to the Center for Tobacco Independence or practice 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 patient records is a crime and suspected violations may be reported to appropriate authorities in accordance with Federal regulations. (See 42 U.S.C. 290dd-3, 42 U.S.C. 290ee-3 and 42 C.F.R. part 2).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the facility that treated you or with the Secretary of the Department of Health and Human Services.

To file a complaint, contact the Privacy Officer at the facility that treated you:

Center for Tobacco Independence
ATTN: Privacy Officer
110 Free Street
Portland, Maine 04101
(207)662-7154

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

* Call 207-662-7150 for all other inquiries.

Other uses of the health information

Other uses and releases of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you allow us to use or release health information about you, you may revoke that authorization at any time except to the extent that action has already taken place on your authorization. In that case, we will no longer use or release health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any releases we have already made with your consent, and that we required to retain our records of the care that we provided you.

Changes to this Notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed Notice effective for health 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 at the Center for Tobacco Independence Tobacco Treatment Program. The Notice will contain on the cover page, at the bottom, the effective date. In addition, each time you register at CTI for treatment or health care services, you may request a copy of the current Notice in effect.