

Concentra Health Services - Maine

Notice of Privacy Practices

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

I. CONTACT PERSON. If you have any questions about this Notice of Privacy Practices (Notice), please contact K Royal, Privacy and Security Officer at 972-725-6676.

II. EFFECTIVE DATE OF THIS NOTICE.

The effective date of this Notice is April 26, 2003.

III. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are required by law to maintain the privacy of your PHI. This medical information is called protected health information or "PHI" for short. PHI includes information that can be used to identify you that we have created or received about your past, present, or future health or medical condition, the provision of health care to you, or the payment of this health care. We need access to your medical record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of the care and services you receive at our facility, whether made by our employees or your physician. This Notice will tell you about the ways in which we may use and disclose PHI about you. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

However, we reserve the right to change the terms of this Notice and our Privacy Policies and Procedures at any time. Any changes will apply to the PHI we already have. Before we make an important change to our Privacy Policies and Procedures, we will promptly change this Notice and post a new Notice in the main patient waiting area. You can also request a copy of this Notice from the Center Staff, the person noted in Section I, or on our Website at www.concentra.com.

IV. OUR DUTIES. We are required by law to:

- A. make sure that PHI that identifies you is kept private;
- B. give you this Notice of our legal duties and privacy practices with respect to your PHI; and
- C. follow the terms of this Notice as long as it is currently in effect. If we revise this Notice, we will follow the terms of the revised Notice as long as it is currently in effect.

V. HOW WE MAY USE AND DISCLOSE YOUR PHI.

The following categories (listed in bold-face print) describe different ways that we use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information about you will fall within one of the bold-face print categories.

- A. For Treatment.** We may disclose your PHI to physicians, nurses, case managers, and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for a knee injury, we may disclose your PHI regarding this injury to a physical therapist or radiologist, or to medical equipment suppliers or case managers.
- B. To Obtain Payment for Treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our Business Associates, such as billing companies, claims processing companies, and others that process our health care claims.
- C. For Health Care Operations.** We may disclose your PHI in order to operate our facilities. For example, we may use your PHI to evaluate the quality of health care services that you received, for utilization management activities, or to evaluate the performance of the health care professionals who provided the health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.
- D. To Business Associates For Treatment, Payment, and Health Care Operations.** We may disclose PHI about you to one of our Business Associates in order to carry out treatment, payment, or health care operations. For example, we may disclose PHI about you to a company who bills insurance companies on our facilities' behalf to enable that company to help us obtain payment for the health care services we provide.

E. Workers' Compensation. We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

State workers' compensation law states that Information regarding your care must be sent to your employer within 5 business days of the initial examination or 5 business days from the date of notice of injury to the employer.

In addition, state workers' compensation law states that a health care provider must submit to your employer and you, the employee, a final report of treatment within 5 working days after the treatment has ended. If your healthcare provider only treated you one time, then the provider will only provide an initial report.

F. Individuals Involved in Your Care or Payment for Your Care. We may release PHI about you to a family member, other relative, or close personal friend who is involved in your medical care if the PHI released is directly relevant to such person's involvement with your care. We also may release information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your location and general condition.

G. Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care.

H. Treatment Alternatives. We may use and disclose PHI to give you information about treatment options or alternatives that may be of interest to you.

I. Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

J. Special Situations.

- 1. As Required By Law.** We will disclose PHI about you when required to do so by federal, state, or local law such as the Occupational Safety and Health Act (OSHA).
- 2. Public Health Activities.** We may disclose PHI about you for public health activities. Public health activities generally include:
 - a. preventing or controlling disease, injury or disability;
 - b. reporting births and deaths;
 - c. reporting child abuse or neglect;
 - d. reporting reactions to medications or problems with products;
 - e. notifying people of recalls of products they may be using;
 - f. notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - g. notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- 3. Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- 4. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI 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.

5. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- a. in response to a court order, subpoena, warrant, summons or similar process;
- b. to identify or locate a suspect, fugitive, material witness, or missing person, but only if limited information (*e.g.*, name and address, date and place of birth, social security number, blood type and RH factor, type of injury, date and time of treatment, and date and time of death, if applicable) is disclosed;
- c. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- d. about a death we believe may be the result of criminal conduct;
- e. about criminal conduct we believed occurred on the premises of our facility; and
- f. in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

6. **Coroners, Medical Examiners and Funeral Directors.** We may release PHI about patients to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

7. **Organ and Tissue Donation.** We may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

8. **Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process which requires an evaluation of the proposed research project and its use of PHI, and balances these research needs with our patients' need for privacy of their PHI. Before we use or disclose PHI for research, the project generally will have been approved through this special approval process. However, this approval process is not required when we allow PHI about you to be reviewed by people who are preparing a research project and who want to look at information about patients with specific medical needs, so long as the PHI these people review does not leave our facility.

9. **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone who is able to help prevent the threat.

10. **Armed Forces and Foreign Military Personnel.** If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

11. **National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

12. **Protective Services for the President and Others.** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

13. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary, for example: (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.

K. Incidental Uses and Disclosures. Uses and disclosures that occur incidentally with a use or disclosure described in this Section V are acceptable provided the Plan has reasonable safeguards in place to limit such incidental uses and disclosures.

VI. ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION. In any other situation not described in Section V above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing, by electronic communication or verbally to stop any further uses and disclosures.

VII. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to approve it. If we approve your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

B. The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you to an alternate address or via an alternate method. We must agree to your request so long as we can easily provide it in the format you requested.

C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we do not have your PHI, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, there may be a per page charge. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to any additional costs in advance.

D. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI in the past six years. The list will not include uses or disclosures that were made for the purposes of treatment, payment or health care operations, uses or disclosures that you authorized, or disclosures made directly to you or to your family. The list also will not include uses and disclosures made for national security purposes, or to corrections or law enforcement personnel. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. However, the time period being requested certainly may be less than six (6) years.

The list will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$50 for each additional request.

E. The Right to Correct or Update Your PHI. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of the existing information or to add the missing information. You must provide the request and your reason for the request in writing. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI.

F. The Right to Get This Notice by E-Mail. You have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of this Notice.

VIII. HOW TO FILE A COMPLAINT. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to us or the Department of Health and Human Services. To file a complaint with us, contact K Royal, Privacy and Security Officer at 972-725-6676. All complaints to us must be submitted in writing.

Date of Last Revision: January 4, 2010