



**Maine Child Psychology**  
14 Stonewall Way, Falmouth, ME 04105  
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[MaineChildPsych.com](http://MaineChildPsych.com)

## **Notice of Privacy Practices for Protected Health Information**

**This notice describes how your health information may be used and disclosed, and how you can access this information. Please review it carefully.** This notice describes the privacy practices of Maine Child Psychology. This notice also applies to any employees, staff, trainees, and volunteers at Maine Child Psychology.

### **I. Our pledge regarding your protected health information:**

We understand that your protected health information is very personal. We are committed to protecting the privacy of this information. This notice applies to all healthcare records we maintain about you or your child, whether generated by Maine Child Psychology staff or other healthcare providers or facilities. This notice will inform you about the ways we use and share your protected health information. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

### **II. Our privacy obligation:**

We are required by law to:

- Maintain the privacy of your protected health information.
- Provide you with this notice of our legal duties and privacy practices with respect to your protected health information. This notice also is available at [www.MaineChildPsych.com](http://www.MaineChildPsych.com)
- Follow the terms of the Notice of Privacy Practices now in effect.

**Note: Uses and Disclosures of Certain Healthcare Information:** Federal and state law afford special privacy protections for certain highly-confidential healthcare information about you and your child, including information about mental health treatment or services provided by Maine Child Psychology. We will comply with the special rules governing disclosures of these types of highly confidential healthcare information and will only disclose such information upon your specific authorization or when required or permitted by law.

### **III. Permitted Uses and Disclosures of Your Protected health information**

The following categories describe different ways we may use and disclose your protected health information. For each category, we explain what we mean and give examples. Not every use or disclosure in a category is listed.

**Evaluation/Treatment:** Maine Child Psychology staff may occasionally consult other professionals about your child's care. During a consultation, Maine Child Psychology staff makes every effort to avoid revealing any identifying information. The consultant is also legally bound to keep any shared information confidential.

**Payment:** We may use or disclose your protected health information to obtain payment for services we provide to you or your child. For example, we may need to give your insurance plan information about

an evaluation your child had in order to receive payment. We also may tell your insurance company about a treatment you or your child are going to receive to obtain approval or to find out if your insurance plan will cover the cost of the treatment. ***You have the right to restrict disclosures of protected health information to your health plan if you pay for healthcare services out of pocket in full.*** If there are circumstances in which you would prefer to bear the costs of treatment privately rather than have protected health information disclosed to a third-party payer for payment purposes, you must notify us of that decision.

**Healthcare Operations:** We may contact you to make sure you and your child are receiving high quality care. This may include contacting you by mail or telephone during or after you have received care to obtain information from you about the quality of the care you received, in order to improve the services you or similar families may receive. Information received in this fashion remains protected and confidential, and will not be released to other individuals or agencies.

**Appointment Reminders:** We may use and disclose your protected health information to contact you to remind you or other individuals in your home about an appointment you have with us, or leave a telephone message notifying or reminding you of an appointment.

**Treatment Alternatives:** We may contact you to inform you of treatment options that may be of interest or benefit to you or your child.

**Health-Related Benefits and Services:** We may contact you to inform you about health-related benefits and services that may be of interest to you or your child.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose your protected health information to a family member who is involved in your child's care when the disclosure is directly relevant to such person's involvement in your child's care or in arranging payment of your care. This may include divorced parents that have the right to access a child's healthcare information, whether or not you agree.

**Personal Representatives Authorized by Law to Act on Your Child's Behalf:** We may disclose protected health information to persons authorized by law to act on your child's behalf, such as a guardian or guardian ad litem.

**As required by law:** We may disclose your protected health information when required by federal, state or local law.

**Risk of Imminent Harm to Self or Others:** We may use or disclose your protected health information when it is necessary to prevent or lessen a serious or imminent threat to your child's health or safety or the health or safety of the public or another person.

**Business Associates:** We may disclose protected health information to business associates from whom we have obtained satisfactory assurance that such associates will appropriately safeguard the information. Examples of business associates include billing or accounting services and claims processing activities. Only the minimum amount of information necessary to complete these business activities will be provided to business associates.

**Workers' Compensation:** *With your written authorization*, we may release your protected health information to Workers' Compensation or similar programs in connection with claims for benefits for work-related illness or injuries. **Note:** Some agencies may require your authorization to release protected health

information in order to pay for psychological services provided by Maine Child Psychology, or as a condition of eligibility for any services or support you may receive from that program.

**Public Health Activities:** We may disclose your protected health information for public health activities. Such activities include, but are not limited to, required reports to public health authorities necessary to prevent or control disease and injury or disability, to report child abuse or neglect, and to report abuse or neglect of an incapacitated adult.

**Health Oversight Activities:** We may use or disclose your protected health information to make sure you and your child are receiving appropriate care. As such, we may provide your protected health information to certain healthcare agencies that are charged with the responsibility for ensuring regulatory compliance with the rules of government programs such as Medicare and Medicaid. Oversight activities include audits, investigations, and inspections.

**Legal Proceedings:** If you are involved in a lawsuit or dispute, we may disclose your protected health information in response to a valid court or administrative order. We also may disclose your protected health information in response to a lawful subpoena or discovery request from a governmental entity when such an entity is entitled to such information by law.

**Law Enforcement Officials:** We may release medical information to law enforcement officials under certain circumstances, such as when necessary to respond to a court order or, *with your written authorization*, to report a suspected crime committed within our facility.

#### **IV. Uses and Disclosures of Your Protected Health Information Requiring Your Authorization**

Uses and disclosures of your healthcare information not otherwise addressed in this notice will be made only with your written authorization, which you may revoke at any time to the extent that it has not already been relied upon. To revoke your authorization, contact Maine Child Psychology staff directly *in writing*.

**Treatment and Coordination of Care:** *With your written authorization*, we may use or disclose your protected health information to provide you with and coordinate treatment or services. For example, with your authorization, we may disclose information about your child to your pediatrician, the person who referred you here for care, or other persons or agencies involved in your child's care.

**Marketing:** We will not use or disclose your protected health information for the purpose of encouraging you to purchase or use a product or service. However, we may communicate with you about products or services relating to your evaluation, treatment, case management or care coordination, or alternative treatments, without obtaining your authorization.

#### **V. Your Rights Concerning Your Protected Health Information**

**Right to Request Confidential Communication:** You may request, and we will accommodate any reasonable written request, for you to receive your protected health information by an alternative means of communication or at alternative locations.

**Right to Inspect and Copy:** You have the right to inspect and obtain copies of your protected health information. Usually, this includes medical and billing records. To receive copies of your records, you must submit a written request to Maine Child Psychology. You will be responsible for reasonable costs associated with providing copies of your records. Payment may be requested prior to providing the requested copies. In certain circumstances, we may not allow you to review or provide you with copies

of your records. This may occur, for example, when it is believed that inspection and copying of records may pose a risk of harm to you or someone else. If this happens, you may ask that this decision be reviewed. Another licensed healthcare professional will review your request and our denial. The person doing the review will not be the individual who denied the request. We will comply with the result of this review.

**Right to Amend:** If you feel that your protected health information is inaccurate or incomplete, you may request that we amend the information maintained in your professional or billing record. To request an amendment, you must ask for it in writing. We will comply with your request unless we believe the information that would be amended is accurate and complete, not created by us (unless the person or entity that created the information is not available to make the change), not part of the protected health information kept by or for Maine Child Psychology, or not part of the information which would be permitted to be inspected or copied.

**Right to an Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of your protected health information. This excludes disclosures made for treatment, payment or healthcare operations, disclosures made directly to you, disclosures pursuant to an authorization and certain other types of disclosures. The disclosure time period cannot exceed six years. If you ask for an additional accounting of disclosures within a 12-month period, we may charge you a fee.

**Right to Request Restrictions:** You have the right to ask us to limit disclosure of your protected health information for treatment, payment, or healthcare operations. While we will consider your request carefully, we are not required to approve your request. You must state what information you want to limit and to whom it applies.

**Right to Notification of Breach:** You have the right to be notified if there is breach of your unsecured protected health information.

**Right to a Paper Copy of this Notice:** A copy of this notice is available to you when you initiate services or at any time you request this subsequently in writing. Patients are encouraged to keep the notice for future reference.

## **VI. Changes to This Notice**

We reserve the right to change the terms of this notice at any time, and to make the new notice provisions effective for all protected health information that we maintain. We have the right to make the changes effective for medical information we already have about you as well as information we receive in the future. The effective date of this document is June 20, 2015. Each time you initiate a new service (for example, course of treatment), you will be offered a copy of the notice in effect.

## **VII. Complaints**

If you desire further information about your privacy rights, or are concerned that we may have violated your privacy rights, please contact Maine Child Psychology at (207) 221-2631. You may submit a complaint in writing to Maine Child Psychology, 14 Stonewall Way, Falmouth, ME 04105. You also may file a complaint with the Office of Advocacy, Maine Department of Health and Human Services, 11 State House Station, Augusta, Maine 04333-0011 or the Secretary, Office for Civil Rights of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.