

GROUP MAIN STREAM, INC.

NOTICE OF PRIVACY PRACTICES

Effective: November 1, 2013

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.

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information, “medical information.”

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

How We May Use and Disclose Medical Information About You

We may use and disclose medical information about you for a number of different purposes without your written authorization. Each of those purposes is described below.

- **For Treatment.** We may use medical information about you to provide, coordinate or manage your health care and related services by us. We may disclose certain medical information about you for care management and coordination of care purposes. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them. Similarly, we may refer you to another health care provider and as part of the referral share medical information about you with that provider.
- **For Payment.** We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing a third party payor or other state agency, or your insurance company. For example, we may need to provide MaineCare with information about the services we provide to you so we will be reimbursed for those services. We also may need to provide MaineCare with information to ensure you are eligible for the medical assistance program.
- **For Health Care Operations.** We may use medical information about you for our own health care operations. These are necessary for us to operate Group Main Stream and to maintain quality for the individuals for whom we provide supports and services. For example, we may use medical information about you to review the services we provide and the performance of our employees supporting you. We may use medical information about you to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation or licensing activities, or for our compliance program.
- **How We Will Contact You.** Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we

communicate to you in a certain way or at a certain location, see the “Right to Receive Confidential Communications” section of this Notice.

- **Business Associates.** We may use and disclose medical information so that our business associates can provide certain services to Group Main Stream. However, before we disclose any medical information to our business associates, they must agree in writing to protect the medical information.
- **Personal Representatives.** We may disclose your medical information to a personal representative, such as your guardian, who is authorized to make health care decisions on your behalf under Maine law.
- **Group Main Stream Directory.** We may include your name, your location in our facility; your condition described in general terms, and your religious affiliation, in our directory while you receive services. We will not disclose medical information that we maintain in our facility directory. If you do not want to be included in our facility directory, or you want to restrict the information we include in the directory, you must notify Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101.
- **Individuals Involved in Your Care.** Our licensed mental health professionals may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person’s involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose medical information about you to notify, or assist in notifying, your spouse or next of kin of your location, general condition, or death.

If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101, or tell our staff member who is providing care to you.

- **Required by Law.** We may use or disclose medical information about you when we are required to do so by law.
- **Public Health Activities.** We may use or disclose medical information about you for public health activities and purposes. This includes reporting medical information to the Maine Department of Health and Human Services to collect or receive the information for purposes of preventing or controlling disease, or receive reports of abuse and neglect.
- **Victims of Abuse, Neglect, or Exploitation.** We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or exploitation, if we believe you are a victim of abuse, neglect, or exploitation.
- **Health Oversight Activities.** When required or permitted by law, we may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.
- **Judicial and Administrative Proceedings.** We may disclose medical information about you in the course of any judicial proceeding in response to an order of the court. In certain

circumstances, we may disclose medical information about you in response to a subpoena or other legal process.

- **Disclosures for Law Enforcement Purposes.** Our licensed mental health professionals may disclose medical information about you to a law enforcement official for law enforcement purposes:
 - a. As required by law.
 - b. In response to a court, grand jury or administrative order, warrant or subpoena.
 - c. To identify or locate a suspect, fugitive, material witness or missing person.
 - d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
 - e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
 - f. About crimes that occur at our facility.
 - g. To report a crime in emergency circumstances.
- **Coroners and Medical Examiners.** When we are permitted by law, we may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.
- **Funeral Directors.** When we are permitted by law, we may disclose medical information about you to funeral directors as necessary for them to carry out their duties.
- **Research.** Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, under certain circumstances, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Group Main Stream during that person's review of the information.
- **To Avert Serious Threat to Health or Safety.** Our licensed mental health professionals may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Fundraising.** We may use medical information about you to contact you to raise funds for Group Main Stream. We may disclose medical information to a business associate of Group Main Stream so that business associate may contact you to raise money for the benefit of Group Main Stream. We will only disclose: (a) demographic information relating to you, including your name, address, other contact information, age, gender, and date of birth; (b) dates of health care provided to you; (c) department of service information; (d) treating physician; (e) outcome information; and, (f) health insurance status.

You have the right to opt out of receiving fundraising communications. If you do not want Group Main Stream to contact you for fundraising, you must [Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098](mailto:mgiesecke@gmsme.org) or mgiesecke@gmsme.org; (207) 523-5170 ext. 101.

Certain Uses and Disclosures that Require Your Written Authorization

- **Psychotherapy Notes.** Your authorization is required before we may use or disclose psychotherapy notes except as allowed by law.
- **Marketing.** We may use medical information about you to communicate with you about a product or service to encourage you to purchase the product or service. Generally, this may occur without your authorization. However, your authorization is required if: (a) the communication is to provide refill reminders or otherwise communicate about a drug or biologic that is, at the time, being prescribed for you and we receive any financial remuneration in exchange for making the communication which is not reasonably related to our cost in making the communication; or, (b) except as stated in (a), we use your medical information for marketing purposes and we receive direct or indirect financial remuneration from a third party for doing so. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to Group Main Stream is involved.
- **Sale of Information.** Your authorization is required for any disclosure of your medical information when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the medical information. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of ours for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; or (h) when permitted by applicable law where the only remuneration received by us is a fee permitted by law.

Other Uses and Disclosures

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

Special Protections for Certain Information

HIV information and records have extra protection under Maine law. Group Main Stream will not disclose your HIV status, HIV test results, or records containing HIV information without your written authorization, unless such disclosure is authorized under Maine's HIV confidentiality laws without your written authorization. Examples of permissible disclosures of HIV information that do not require a client's authorization include:

- a) Disclosures to the Maine Department of Health and Human Services' Bureau of Health when necessary to carry out its statutory duties, including the duty to protect the public health and to notify individuals in at risk for the transmission of communicable diseases;
- b) Disclosures pursuant to a court order;
- c) Disclosures in proceedings held under Maine's communicable disease laws;
- d) Disclosures in proceedings held pursuant to Maine's Adult Protective Services Act;
- e) Disclosures in proceedings pursuant to Maine's child protection laws;
- f) Disclosures in proceedings held pursuant to Maine's mental health laws; and

- g) Certain disclosures to utilization review committees or peer review organizations for utilization review, audits, and program evaluation purposes.

Your Rights With Respect to Medical Information About You

You have the following rights with respect to medical information that we maintain about you:

- **Right to Request Restrictions.** You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to a family member, other relative, a close personal friend or any other person identified by you. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101 and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

With one exception, we are not required to agree to any requested restriction. The exception is that we will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid us in full.

If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

- **Right to Receive Confidential Communications.** You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request a confidential communication, you must do so in writing to Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of medical information about you.

To inspect or copy medical information about you, you must submit your request to Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101. Your request should state specifically what medical information you want to inspect or copy. Your request should state the form of access and copy you desire, such as in paper or in electronic media. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed, the cost of mailing.

We usually will act on your request within one business day after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

- **Right to Amend, Correct, or Clarify.** You have the right to ask us to amend, correct, or clarify medical information about you. You have this right for so long as the medical information is maintained by us.

To request an amendment, clarification, or correction, you must submit your request in writing to Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101. Your request must state the amendment, clarification, or correction desired and provide a reason in support of that amendment, clarification, or correction. If you are requesting a change to the medical information in your treatment record, we will place your requested amendment, correction, or clarification in your record. We may add a response to your record, and will provide to you a copy of our response.

We will act on your request within sixty (60) calendar days after we receive your request.

We will seek your identification of and agreement to share the amendment, correction or clarification with relevant other persons. We also will make the appropriate amendment, correction, or clarification to the medical information by appending or otherwise providing a link to the amendment, correction, or clarification.

- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incident to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for our facility directory or to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials having custody of you;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- j. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101. Your request must state a time period for the disclosures. It may not be longer

than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Copy of this Notice.** You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.gmsme.org.

To obtain a paper copy of this notice, contact Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101.

Our Duties

- **Generally.** We are required by law to maintain the privacy of medical information about you, to provide individuals with notice of our legal duties and privacy practices with respect to medical information, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

- **Our Right to Change Notice of Privacy Practices.** We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.
- **Availability of Notice of Privacy Practices.** A copy of our current Notice of Privacy Practices will be posted at 15 Saunders Way, Suite 500-G, Westbrook, ME 04092. A copy of the current notice also will be posted on our web site, www.gmsme.org.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101.

- **Effective Date of Notice.** The effective date of the notice is stated on the first page of this notice.
- **Complaints.** You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You will not be retaliated against for filing a complaint.

To file a complaint with us, contact Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: <http://www.hhs.gov/ocr>

- **Questions and Information.** If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Matt Giesecke at GMS, PO Box 1280, Westbrook, ME 04098 or mgiesecke@gmsme.org; (207) 523-5170 ext. 101.