

## GALBRAITH FAMILY MEDICINE, LLC

### NOTICE OF PRIVACY PRACTICES

Effective September 23, 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

If you have any questions about this notice, please contact Dr. Kathryn Galbraith:

Kathryn Galbraith, M.D.  
44 Elm Street  
Limerick, Maine 04048  
Phone (207) 793-9586  
Fax (207) 793-9587

The confidentiality of your health information is protected by both State and Federal law. We are required by law to provide you with this notice. It summarizes how we may use and disclose your health information. And, it describes your rights to:

- Inspect and copy your health information.
- Request changes in your health information.
- Obtain a record of certain of our disclosures of your health information.
- Request that we communicate with you in a confidential manner.
- Request restrictions on the use and disclosure of your health information.
- Notification of a breach of your unsecured health information.

Your health information includes information regarding your past, present or future physical or mental health or condition; the health care and services provided to you; and the past, present or future payment for your health care. You have a right to receive a paper copy of this notice on request.

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#### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

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The ways we will use and disclose your health information are described in the following categories:

##### Treatment:

We may use your health information to provide you with medical treatment or services. And, we may disclose your health information to doctors, nurses, technicians and other persons involved in your care. For example, your health information may be disclosed without authorization to:

- A doctor treating you. Or, a nurse or technician who is assisting a doctor in treating you.
- A hospital in which you are admitted as a patient.
- A pharmacist dispensing your medication.
- To persons authorized by law to act on your behalf, such as a guardian, health care power of attorney or surrogate.

##### Payment:

We may use or disclose your health information to bill or receive payment for health services you receive or to seek pre-approval for a hospital stay or procedure. For example, your health information may be disclosed:

- To your health insurance company.
- To your HMO.
- To your health plan.

##### Health Care Operations:

We may use or disclose your health information for our operations. The uses and disclosures are necessary to manage our practice and to ensure quality of patient care. For example, your health information may be used or disclosed for the following purposes:

- To assess the quality of health care services and development of clinical guidelines.
- Where required by the US Department of Health and Human Services to determine our compliance.
- To evaluate competence and qualifications of health professionals.
- For education and training.
- To obtain accreditation, credentialing or licensing of our doctors or other health care personnel.
- To conduct or arrange for medical licensure, or obtain legal or auditing services.
- To support our Electronic Health Record system.
- To manage the business and administration of our practice, including planning and development.

If we involve third parties, such as billing or appointment reminder services, in our business activities, we will have them sign a "business associate agreement" obligating them to safeguard your protected health information (PHI) according to the same legal standards we follow.

##### HealthInfoNet:

We are working to become participants in HealthInfoNet, the statewide health information exchange (HIE) designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a health care facility not affiliated with ours, healthcare providers there will be able to see important health information held in our electronic medical record systems.

Your record in the HIE includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. Specially protected information including substance abuse treatment program records, mental health treatment facility records, HIV/AIDS information and genetic test results are not automatically included in HealthInfoNet. However, your mental health, substance abuse or HIV status may be learned by other HealthInfoNet providers based upon the listing of your medications, or through your services received through this office. To ensure your health information is entered into the correct record, also included are identifiers such as your full name, birth date and social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations such as mandated disease reporting to the Maine Centers for Disease Control and Prevention.

You do not have to participate in the HIE to receive care. If you do not wish to be included in HealthInfoNet, you may "opt-out" by filling out a form found online at <http://www.hinfonyet.org/patients/your-choices>. If you change your mind, you may choose to join again later, but your previous health information will not be included. For more information about HealthInfoNet and your choices regarding participation, visit [www.hinfonyet.org](http://www.hinfonyet.org) or call toll-free 1-866-592-4352.

##### Family Members or Other Persons Involved in Your Care:

We may disclose your health information to a family member, other relative, close friend or other person you identify. Disclosures will be limited to your health information that is relevant to their involvement in your care or payment for your care. If you are present, your health

information will be disclosed if:

- We obtain your agreement.
- We provide you with an opportunity to object and you do not object.
- We reasonably assume that you do not object.

If you are not present, or you do not have an opportunity to agree or object because of incapacity or emergency, we may make disclosures that, in our professional judgment, are in your best interest.

**Treatment Alternatives, Benefits and Services:**

We may use and disclose health information to tell you about treatment options or health-related benefits or services that may be of interest to you.

**Required by Law or Law Enforcement:**

We will disclose your health information when required by federal, state or other applicable law.

And, we will disclose your health information:

- On request of a law enforcement official if you are or are suspected to be a victim of a crime and we are unable to obtain your authorization.
- To alert a law enforcement official of your death if we suspect your death may have resulted from criminal conduct.
- To a law enforcement official when we believe your health information is evidence of criminal conduct that has occurred on our premises.
- To a law enforcement official, in an emergency, to report a crime, the location or victims of a crime, and the identity of the person who committed the crime.
- To a medical examiner or coroner to identify a deceased person, determining cause of death, or other duties authorized by law.
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Funeral Director:**

We will disclose your health information to funeral directors as necessary for them to provide services.

**Public Health or Safety:**

We will disclose your health information when needed to prevent a threat to your health and safety or the health and safety of the public or another person. Also, we will disclose your health information:

- To a public health authority for the purpose of preventing or controlling disease, injury or disability.
  - To a public authority to report vital events such as birth or death.
  - To a public or authorized governmental authority to report child abuse or neglect.
  - To a person under the jurisdiction of the Food and Drug Administration ("FDA") to report defects or problems with FDA-regulated products, to track FDA-regulated products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance to comply with FDA requirements.
  - To a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition if we are authorized by law to notify such person.
  - To an authorized governmental authority, including a social service or protective service agency, when we believe you are the victim of abuse, neglect, or domestic violence and you agree to the disclosure, or to the extent the disclosure is required or authorized by law.
- For disaster relief purposes such as to notify family about your whereabouts and condition.

**Workers' Compensation:**

We may disclose your health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries.

**Judicial and Administrative Proceedings:**

We may disclose your health information:

- To comply with a court or administrative order.
- To comply with a subpoena, discovery request or other lawful process that is not accompanied by a court or administrative order if: (i) we receive satisfactory assurances that reasonable efforts have been made to ensure that you have been given notice of the request; or (ii) we receive satisfactory evidence that reasonable efforts have been made to secure a qualified protective order.

**Healthcare Oversight:**

We may disclose your health information to a health oversight agency for oversight activities authorized by law. These actions may include audits, civil, criminal or administrative investigations, inspections, licensure, disciplinary actions and other activities for oversight of our healthcare system, or to determine compliance with civil rights laws.

**Military Personnel:**

If you are a member of the armed forces, we may disclose your health information as required by the military. The health information of foreign military personnel may be disclosed to their appropriate foreign military authority.

**National Security:**

We may disclose your health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security actions. We may also disclose your health information to authorized federal officials for the provision of protective services to the President, foreign heads of state and other authorized persons.

**Inmates:**

If you are an inmate of a state or local prison, or under custody of a law enforcement official, we may disclose your health information to the facility or law enforcement official for the following purposes:

- To provide you with health care.
- To protect your health and safety and the health and safety of other inmates.
- To protect the health and safety of officers, employees or others at the correctional facility.
- To protect the health and safety of officers and others responsible for transferring inmates.
- To protect the safety, security and good order of the correctional facility.

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**YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION**

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You have the following rights with regard to your health information in our possession or under our control:

**Right to Inspect and Copy:**

You have the right to inspect and copy your health information. If you would like a copy of your health information, you should request an authorization form from Dr. Galbraith's office. To receive a copy, return a signed authorization form to Dr. Galbraith. You will be charged for our reasonable costs of copying and mailing. You may request Dr. Galbraith to give you an estimate of the costs before authorizing a copy. You may ask us to provide your electronic record in electronic format. If we are unable to provide your record in the format you request, we will provide the record in a form that works for you and our office. You may ask us to transmit your record to a specific

person or entity by making a written, signed request. We may deny your request in certain circumstances. For example, we will deny your request if we conclude that access to your health information will endanger your life or physical safety. And, we will deny access to personal notes made by providers that are not related to your health care. If your request is denied, you may request, in writing, that the denial be reviewed. Your request to have a denial reviewed should be sent to Dr. Galbraith. The review will be conducted by a licensed health care professional selected by us. The person who conducts the review will not be the same person who denied your request. We will comply with the decision made on review.

**Right to Correct or Clarify:**

We cannot erase your record, but you have the right to submit information that corrects or clarifies your health information. The information you submit will be retained with our record of your treatment. If we add a statement to your treatment record in response to your submission, we will provide you with a copy of the statement. The information you desire to submit should be sent to Dr. Galbraith. The information must be in writing and should include the reasons why your health information should be corrected or clarified.

**Right to Accounting of Disclosures:**

You have the right to request a written accounting of certain disclosures we make of your health information. The accounting will include:

- The date of each disclosure.
- The name and, if known, the address of the person or entity receiving the disclosure.
- A brief description of your disclosed health information.
- A brief statement of the purpose of the disclosure.

The disclosures for which we do not provide an accounting include:

- Disclosures for treatment, payment or health care operations.
- Disclosures made to you.
- Disclosures made to individuals involved in your care.
- Disclosures authorized by you.
- Disclosures for national security or intelligence purposes.
- Disclosures to correctional institutions or law enforcement officials.

Your request must be in writing and should be sent to Dr. Galbraith. It should state the period for which you desire an accounting. The period cannot be longer than six years. We may charge you for our costs of preparing the accounting. On request, Dr. Galbraith will notify you of the cost.

**Right to Request Restrictions:**

You have the right to restrict our use or disclosure of your health information for purposes of treatment, payment or health operations. For example, you may request that we not disclose your health information to a family member or a friend involved in your care. Your request to restrict the use or disclosure of your health information should be in writing and should be sent to Dr. Galbraith. Your written request must state:

- What health information you do not want used or disclosed.
- Whether you want to limit our use, limit our disclosure or both.
- The names of the persons or entities to whom disclosure should not be made.

We will consider your request carefully, but we are not required to comply with your request. If we agree, we will comply with your request except when our use or disclosure is needed to provide you with emergency treatment. We may terminate our agreement to restrict use or disclosure. Our termination will be effective only for your health information created or received after we inform you of our termination. If you wish to restrict certain sensitive or other health information from your insurer after you or your personal representative have paid out of pocket in full for your services, please discuss this request with us. We will honor your request where we are not required by law to make the disclosure. You will need to make a new restriction request at each office visit. If your insurance plan "bundles" your services together so that we cannot withhold only one item or service from your claim, we will discuss your options with you.

**Right to Confidential Communications:**

You have the right to request that we communicate your health information to you at an alternate address or by alternate means. For example, you can request that we contact you only at your home. Or, you can request that we contact you only by telephone. We will comply with reasonable requests, and, we will not require any explanation for a request. Your request should be in writing and should be sent to Dr. Galbraith. It should specify the alternate address to be used by us and the alternate means to be used by us to contact you.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with Dr. Galbraith or with the Office of Civil Rights (OCR) at the Department of Health and Human Services (you should contact the OCR in writing at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>). Your complaint should be in writing. We will not discriminate or take any other retaliatory action against you by reason of your filing a complaint or exercising any of your privacy rights.

**Fundraising:**

We do not currently conduct fundraising campaigns. If we do so in the future, you have the right to opt-out of any fundraising solicitation or communication.

**Other Authorized Uses and Disclosures:**

You may authorize us to use and disclose your health information in ways not described in this notice. For example, we will ask for permission before promoting a product or service to you for which we will be paid by a company, and generally before sharing your health information in a way that is considered a sale under the law. Your authorization must be in writing and must comply with applicable law. You can obtain an authorization form from Dr. Galbraith. You will receive a copy of each authorization you sign. You may revoke any authorization made by you. Once you revoke an authorization, we will no longer use or disclose your health information for the purposes that you had authorized. Your revocation will be effective except where we have already shared information based upon your permission. Your revocation must be in writing and will be effective when received by Dr. Galbraith.

**Right to Notification of Breach of Your Unsecured Health Information:**

You have a right to notification of any breach of your unsecured protected health information. That means you are entitled to receive notice of any access, use, or disclosure of your unsecured protected health information that is not permitted under applicable law and which poses a significant risk of financial, or other harm to you. Following discovery of a breach of your unsecured protected health information, we will notify you of the breach by sending written notice to you by first class mail at your last known address. We will notify you following our investigation of the circumstances surrounding the breach, but in no event later than 60 calendar days after the date we discover the breach. We will notify you by telephone or other expedited means, in addition to written notice, in any situation we believe is urgent because of a possible imminent misuse of your unsecured protected health information. When required by applicable law, we will also provide notification of a breach to the media and/or to the Secretary of the U.S. Department of Health & Human Services.

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**YOUR PERSONAL REPRESENTATIVE**

There are times when individuals are legally or otherwise incapable of exercising their privacy rights, or chose to designate someone to act

on their behalf. A person authorized to act on behalf of another individual is the individual's "personal representative." A personal representative may have broad authority to make health care decisions for an individual. Or, a personal representative's authority may be limited to specific treatment or care. For example, a legal guardian may have broad authority while a person with an individual's limited health care power of attorney may only have authority regarding a specific treatment. The following table identifies who will be recognized as the personal representative for a category of individuals:

Individual	Personal Representative
Unemancipated Minor	A parent, guardian or other person authorized by State law to make health care decisions on behalf of the minor child. See exceptions noted below
Adult or emancipated minor	A person with legal authority to make health care decisions on behalf of the individual. Examples: Health care power of attorney Court appointed guardian Person authorized by State law

Regardless of whether a parent is the personal representative of a minor child, under certain circumstances we are prohibited from disclosing the child's health care information to the parent. We cannot disclose a minor child's health information to a parent under the following circumstances:

- When State or other law does not require the consent of a parent or other person before a minor can obtain a particular health care service, and the minor consents to the health service.

- When a court determines or other law authorizes someone other than a parent to make treatment decisions for a minor.

- When a parent agrees to a confidential relationship between the minor and our physician.

Under certain circumstances we may choose not to recognize a person as the personal representative of our patient. For example, if we believe that a minor child or incompetent adult has been or may be subjected to domestic violence, abuse or neglect by a personal representative, or that treating a person as the minor child's or incompetent adult's personal representative could endanger the child or adult, we may choose not to treat the person as the personal representative if, in our professional judgment, doing so would not be in the best interest of the minor child or incompetent adult.

We hope this notice is helpful to you. We are committed to protecting the privacy of your health information. And, we want you to understand our Privacy Practices and your rights regarding your health information. Please contact Dr. Galbraith if you have any questions.

**We reserve the right to change our privacy practices and this notice at any time. Any change may apply to health information that we have already created or received, as well as additional information we create or receive. If this Notice is changed, we will post a copy in our workplace. At each appointment, you will be offered a copy of our current Notice of Privacy Practices and can request one at any time.**