



## NOTICE OF PRIVACY PRACTICES

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.**

We have summarized our responsibilities and your rights on this first page. For a complete description of our privacy practices, please review this entire notice.

### **SKILLS, Inc. responsibilities:**

- ◆ Maintain the privacy of your health information
- ◆ Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- ◆ Abide by the terms of this notice

### **Your rights:**

As a client of SKILLS, Inc., you have several rights with regard to your health information, including the following:

- ◆ The right to request that we not use or disclose your health information in certain ways.
- ◆ The right to request to receive communications in an alternative manner or location.
- ◆ The right to access and obtain a copy of your health information.
- ◆ The right to request an amendment to your health information.
- ◆ The right to an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes on the bulletin boards in our programs. A copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your health information without your authorization, except as described in this notice.

If you have any questions and/or would like additional information, you may contact our agency's Privacy Officer at Main Office - North or call 938-4615, extension 14.

## **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- ◆ Basis for planning your care and treatment
- ◆ Means of communication among the many health professionals who contribute to your care
- ◆ Legal document describing the care you received
- ◆ Means by which you or a third party payer can verify that services billed were actually provided
- ◆ A tool in educating health professionals
- ◆ A source of data for medical research
- ◆ A source of information for public health officials who oversee the delivery of health care in the United States
- ◆ A source of data for facility planning and marketing
- ◆ A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## **How We Will Use or Disclose Your Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations, both internally and outside SKILLS, Inc.

**Treatment:** We may use or disclose your health information to provide, or arrange for, treatment and care. For example: We may share this information with a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. For example: We may provide information to the person who will pay for your services.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Business Associates:** There are some services provided in our agency through the use of outside people and entities. Examples of these “business associates” include accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we’ve asked them to do. To protect your health information, we require the business associates to appropriately safeguard your information.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Individual Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location and your general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is relevant to the person's involvement in your healthcare.

We will also use our professional judgment and our experiences with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Transfer of Information at Death:** We may disclose health information to funeral directors, medical examiners, and coroners consistent with applicable law to carry out their duties.

**Research:** The agency may disclose your health information to researchers when the research proposal has been approved by an institution review board and protocols have been established to ensure the privacy of the information.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to authorized federal officials health information required for lawful intelligence, counter-intelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Public Health:** When permitted or required by law, we may disclose health information to public health authorities to prevent or control infectious disease, injury, disability; to report adverse drug reactions or problems with products or devices; or assist government authorities with health oversight activities.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Appointment Reminders:** WE may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, answering machines, postcards).

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Your Authorization:** Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

## **Understanding Your Health Information Rights**

Although your health record is the physical property of SKILLS, Inc., the information in your health record belongs to you. You have the following rights:

- ◆ **Restrictions:** You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the Agency's general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing to the Privacy Officer. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.
- ◆ **Alternative Communication:** If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests.
- ◆ **Access:** You may request to inspect and/or obtain copies of health information about you, with limited exceptions. This will be provided to you in the time frames established by law. You may make such request orally or in writing; however, in order to better respond to your request we ask that you make such requests in writing and submitted to the Privacy Officer. If you request to have copies made, we will charge you a reasonable fee.
- ◆ **Amendments:** If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. Please submit written request to the Privacy Officer.
- ◆ **Disclosure Accounting:** You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (up to six years). Disclosures will not be made of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security.
- ◆ **Paper Copy:** You are entitled to receive a paper copy of this Notice at any time. To obtain a paper copy contact the Privacy Officer, designated below.
- ◆ **Authorization:** You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

### **For Questions or to Report a Problem**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complain to the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Contact Officer: Deb Uber, Privacy Officer**  
**Telephone: (207) 938-4615, ext. 14      Fax: (207) 938-5670**  
**SKILLS, Inc., PO Box 65, St. Albans, ME 04971**  
**E-mail: [duber@skillsinc.net](mailto:duber@skillsinc.net)**