



## **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.**

### **I. Who We Are**

This Notice describes the privacy practices of NorDx and its personnel. It applies to services furnished to you at all NorDx Patient Service Centers, all other facilities where phlebotomy service is provided and at all NorDx sites where laboratory testing is performed. Locations are listed in Section VIII.

### **II. Our Privacy Obligations**

We are required by law to maintain the privacy of your health information (Protected Health Information or PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

### **III. Permissible Uses and Disclosures Without Your Written Authorization**

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

A. **Uses and Disclosures For Treatment, Payment and Health Care Operations** We may use and disclose PHI, but not your Highly Confidential Information (defined in Section IV.B below), in order to treat you, obtain payment for services provided to you and conduct our Health Care Operations as detailed below:

- **Treatment** We use and disclose your PHI to provide specimen collection and laboratory testing ordered by your healthcare provider and other services to you--for example, to diagnose and treat your injury or illness. We disclose PHI to healthcare providers involved in your treatment.
- **Payment** We may use and disclose your PHI to obtain payment for services that we provide to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (Your Payor) to verify that Your Payor will pay for health care.
- **Health Care Operations** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality of our laboratory services and competence of our personnel. We may disclose PHI internally in order to resolve any complaints you may have and ensure a high quality of service to you.

- We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.
- B. **Disclosures to Relatives and Close Personal Friends** We may disclose your PHI related to payment of your health care to a family member, other relative, a close personal friend or any other person identified by you. We would disclose only information that we believe is relevant to the person's involvement with payment related to your health care.
  - C. **Public Health Activities** We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration;
  - D. **Health Oversight Activities** We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
  - E. **Judicial and Administrative Proceedings** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
  - F. **Law Enforcement Officials** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
  - G. **Organ and Tissue Procurement** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
  - H. **Decedents** We may disclose your PHI to a coroner or medical examiner as authorized by law.
  - I. **Research** We may use or disclose your PHI without your consent or authorization if Maine Medical Center's Institutional Review Board approves a waiver of authorization for disclosure.
  - J. **Health or Safety** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety
  - K. **Specialized Government Functions** We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
  - L. **Workers' Compensation** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

M. **As required by law** We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

#### IV. **Uses and Disclosures Requiring Your Written Authorization**

- A. **Use or Disclosure with Your Authorization** For any purpose other than the ones described above in Section III, we may only use or disclose your PHI when you grant us your written authorization on our authorization form. For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.
- B. **Uses and Disclosures of Your Highly Confidential Information** In addition, federal and state law requires special privacy protections for certain highly confidential information about you including the subset of your PHI that is about HIV/AIDS testing, diagnosis or treatment.

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

- A. **Complaints** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.
- B. **Right to Request Additional Restrictions** You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, or (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with payment related to your care. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.
- C. **Right to Receive Confidential Communications** You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

- D. **Right to Revoke Your Authorization** You may revoke Your Authorization, or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below. A form of Written Revocation is available upon request from the Privacy Office.
- E. **Right to Inspect and Copy Your Health Information**. You may request access to your laboratory results and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records but will allow you to choose a person to access your records on your behalf. If you desire access to your records, please obtain a Access Request Form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we may charge you **\$0.10 (10 cents)** for each page. We may also charge you for our postage costs, if you request that we mail the copies to you.
- F. **Right to Amend Your Records** You have the right to request in writing that we amend Protected Health Information maintained by NorDx. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe the information that would be amended is accurate and complete or other special circumstances apply. You will always be allowed to add a statement to your records, and if you do so we may add a response. We will provide you a copy of our response.
- G. **Right to Receive An Accounting of Disclosures** Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we may charge you \$25 per hour of preparation and \$0.10 per page of the accounting statement.
- H. **Right to Receive Paper Copy of this Notice**. Upon request, you may obtain a paper copy of this Notice.

## VI. **Effective Date and Duration of This Notice**

- A. **Effective Date** This Notice is effective on April 14, 2003.
- B. **Right to Change Terms of this Notice** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas of NorDx Patient Service Centers and on our Internet site at [www.nordx.org](http://www.nordx.org). You also may obtain any new notice by contacting the Privacy Office.

## **VII. Privacy Office**

You may contact the Privacy Office at:

**Privacy Office**

**NorDx**

**102 Campus Drive Unit 118**

**Scarborough, ME, 04074**

**Telephone Number: (207) 885-7840;**

**E-mail: [www.NorDxPrivacy@mmc.org](mailto:www.NorDxPrivacy@mmc.org)**

## **VIII. NorDx Locations**

### **Scarborough, Maine**

**102 Campus Drive**

**96 Campus Drive**

### **Portland, Maine**

**22 Bramhall Street**

**887 Congress Street**

**335 Brighton Avenue**

### **Falmouth, Maine**

**5 Bucknam Road**

### **Gorham, Maine**

**94 Main Street**

### **Windham, Maine**

**584 Roosevelt Trail**

### **Yarmouth, Maine**

**60 Forest Falls Drive**

### **Auburn, Maine**

**4 Washington Street**

### **Bangor, Maine**

**336 Mt Hope Avenue**