

WABAN PROJECTS, INC.  
NOTICE OF PRIVACY PRACTICES

Effective: September 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.

**Who Is Bound By This Notice?**

This Notice of Privacy Practices describes the practices of Waban and its programs and services as well as the use or disclosure for treatment, payment and/or health care options.

This notice applies to the following sites: Residential Services, Case Management Services, Community Supports, Clinical Services, Children's Day Services and Administrative Support Staff.

We all will follow what is said in this Notice.

**How We May Use and Disclose Medical Information About You.**

We will share medical information about you with each other as necessary to carry out treatment, payment, or our health care operations.

**We use and disclose medical information about you for a number of different purposes.**

When you begin receiving services from us, we will ask that you (or your legally authorized representative) sign consent form, which will permit us to release information about you in order to provide services to you, in order to be paid by your insurance company or MaineCare for the services provided to you, and to conduct our regular business activities.

Your consent will permit us to share information with other parties who provide services to you. We will specifically ask your permission to share information related to psychiatric treatment, substance abuse or substance abuse treatment, and information pertaining to HIV testing and treatment.

We will share information with:

- Other providers in the community who provide services to you,
- Your insurance company or MaineCare, so that your services will be paid for,
- and to healthcare providers (i.e. we may conclude that you need to receive services from physician or medical specialist; at the time of referral, we will need to provide medical information about you.
- With the DHHS related to required reporting such as "Reportable Events and for licensing requirements."
- Child Protective Services as a mandated reporter for abuse, neglect, and/or exploitation.
- Accreditors that we contract with to assure quality standards of service.
- We will share information to resolve any complaints or grievance that you may have.
- We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate and maintain quality of your health and safety needs. Photographs may be necessary at times to assess treatment needs. Photographic images are considered protected health information and will be treated as such.
- We may disclose to a family member, relative or 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 for payment for those services unless doing so is inconsistent with prior expressed preference.
- In the event of death, we may disclose to any of those persons who were involved in your care for payment and/or healthcare information about your passing unless doing so is inconsistent with previous expressed preference.

*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 notify Waban Projects, Inc. 5 Dunaway Drive, Sanford Maine 04073 or tell our staff member who is providing care*

to you.

- We may use or disclose medical information about you when we are required to do so by law and to a coroner or medical examiner.
- We may use or disclose medical information about you to report medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease.
- We may use or disclose immunization information to a school about you: (a) if you are a student or prospective student of the school; (b) the information is limited to proof of immunization; (c) the school is required by State or other law to have the proof of immunization prior to admitting you; and, (d) we obtain and document the agreement to the disclosure from either: (1) your parent, guardian, or other person standing in place of the parent of you if you are an unemancipated minor, or (2) from you if you are an adult or an emancipated minor.
- We may disclose medical information about you to a law enforcement official for law enforcement purposes as required by law.
- We 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.
- We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.
- We may use and disclose medical information about you to contact you to raise funds for Waban. We may disclose medical information to a business associate of Waban so that business associate may contact you to raise money for the benefit of Waban. We will only release: (a) demographic information relating to you, including your name, address, other contact information, age, gender, and date of birth information.

**You have the right to opt out of receiving fundraising communications. If you do not want Waban to contact you for fundraising, you must notify Waban Projects, Inc by emailing at [waban@waban.org](mailto:waban@waban.org) or phone at (207)324-7955 or send your request to 5 Dunaway Drive, Sanford Maine, 04073.**

#### Using Protected Health Information for other Purposes:

- **Psychotherapy Notes.** Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) for our own training programs for students, trainees, or practitioners in mental health; (c) to define ourselves in a legal action or other proceeding brought by you; (d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.
- **Marketing.** We must obtain your written authorization prior to using your protected health information to communicate with you to use and disclose 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 or disclose 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 Waban is involved.

#### 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 the Privacy Officer, Cynthia Wilcox at 5 Dunaway Drive, Sanford Maine 04073 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

## 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) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. 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 Cynthia Wilcox Privacy Officer, Waban Projects, Inc. 5 Dunaway Drive, Sanford, Maine 04073 or call Waban at (207) 324-7955 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 confidential communication, you must do so in writing to Cynthia Wilcox Privacy Officer Waban Projects, Inc. 5 Dunaway Drive, Sanford Maine 04073 with the program name services are received. 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.**

With a few very limited exceptions, such as psychotherapy notes, 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 in writing to the Privacy Officer, Cynthia Caron Wilcox at 5 Dunaway Drive, Sanford Maine 04073. 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 thirty (30) calendar days 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.

We may deny your request to inspect and copy medical information if the medical information involved is:

- a) Psychotherapy notes;
- b) Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;
- c) Protected health information subject to the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. 263a, to the extent provision of access to the individual would be prohibited by law.

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

- **Right to Amend.**

You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to Cynthia Wilcox Privacy Officer, Waban Projects, Inc. 5 Dunaway Drive, Sanford, Maine 04073. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days 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 copying.

If we grant the request, in whole or in part; we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- Is not part of the medical information maintained by us;
- Would not be available for you to inspect or copy; or,
- Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed 2 pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request.

- **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:

- Disclosures to carry out treatment, payment and health care operations;
- Disclosures of your medical information made to you;
- Disclosures that are incident to another use or disclosure;
- Disclosures that you have authorized;
- Disclosures for our facility directory or to persons involved in your care;
- Disclosures for disaster relief purposes;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials having custody of you;
- 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).
- 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 Cynthia Wilcox Privacy Officer, Waban Projects, Inc. 5 Dunaway Drive, Sanford Maine 04073. 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.waban.org](http://www.waban.org).

To obtain a paper copy of this notice, contact Cynthia Wilcox Privacy Officer, Waban Projects, Inc. 5 Dunaway Drive, Sanford, Maine 04073.

## 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 in each program providing services and at the main office. A copy of the current notice also will be posted on our web site, at [www.waban.org](http://www.waban.org).

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting Cynthia Wilcox Privacy Officer, Waban Projects, Inc. (207)324-7955 ext. 610.

- **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.

To file a complaint with us, contact Cynthia Wilcox Privacy Officer at Waban Projects, Inc. 5 Dunaway Drive, Sanford, Maine 04073 or (207)324-7955 ext. 604. 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>

You will not be retaliated against for filing a complaint.

- **Questions and Information.**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Cynthia Wilcox Privacy Officer, Waban Projects, Inc. 5 Dunaway Drive, Sanford, Maine 04073 or call at (207) 324-7955, ext. 604.