



Bates College Health Services Notice of Privacy Practices for Students

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.

Understanding Your Medical Record

We understand that medical information about you is personal and we are committed to protecting that information. The use and disclosure of your medical information is protected according to State and Federal law and ethical standards that govern medical providers. Each time you visit a provider at Bates College Health Services (“Health Services”) a record of your visit is made. We refer to this as your medical record. During your visit personal information about you is collected and recorded. Typically, this record contains your demographic information (including your social security number), your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information serves as a means of communication among the many authorized health professionals who enter or use the information. Your medical information is:

- A basis for planning your care and treatment.
- A legal document describing the care you received.
- A means by which you or a third party payer (insurance company), if applicable, can verify that services billed were actually provided.
- A source of information for public health officials charged with improving the health of the nation, as required by law.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Records Maintained by Central Maine Medical Center

As of August 22, 2016, Central Maine Medical Center (“CMMC”), an independent healthcare provider, operates and manages Clinical Services at Health Services, directs and supervises Health Services personnel and maintains the Health Services medical records of actively enrolled students in CMMC’s electronic medical record system. CMMC’s affiliates include Bridgton Hospital, Rumford Hospital, and the Central Maine Medical Group, a primary and specialty care practice organization with a presence in a number of Maine communities (“Affiliates”).

This Notice of Privacy Practices (Notice) will be followed by CMMC, Health Services personnel, and Bates College as it relates to your medical information.

CMMC, Health Services personnel, and Bates College are committed to protecting the confidentiality of your medical information, and are required by law to do so. This Notice describes how we may use your medical information and how we may disclose it to others. The Notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions. We will ask you to sign an acknowledgement that you received this Notice.

We regard the safeguarding of your medical information as an important duty. The elements of this notice and the consents &/or authorizations you sign are required by state and federal law for your protection. We have in place safeguards to protect the privacy of your information. Our staff is regularly trained on the obligation to protect the privacy of our patients. We hold medical records in a secure area. Only staff members that have a “need to know” are permitted access to your medical records or other information. Our staff understands the legal and ethical obligation to protect your information. A violation of this Notice of Privacy Practices will result in disciplinary action.

Records Maintained by Bates College

The Bates College Liaison maintains a close working relationship with CMMC with the goal of coordinating health care for Bates College students and interfacing with third parties when necessary (e.g., for student-athletes). The Bates College Liaison may access certain of your medical information and may create records related to your medical information in the role as liaison. Any such records are “education records” protected by the Family Education Rights and Privacy Act (FERPA), and may be used and disclosed as required or permitted by FERPA, including without your consent under certain situations. For more information on FERPA, please contact Registrar & Academic Systems at (207) 755-5949 or registrar@bates.edu.

Health Services Responsibilities

CMMC and Health Services personnel will:

- Maintain the privacy of your medical record.
- Use and disclose your medical record only as (i) permitted or described in this Notice, and/or (ii) as consented to by you.
- Notify you if it is unable to agree to a requested restriction on use or disclosure of your medical record.
- Notify you if it does not agree to a requested amendment to your medical record.
- Accommodate reasonable requests you may have to communicate your medical information by alternative means or at alternative locations.

Uses and Disclosures of Health Information For Treatment, Payment and Healthcare Operations

CMMC and Health Services personnel may use and disclose your medical record without consent to the extent necessary to provide you quality healthcare regarding treatment, payment and healthcare operations.

Treatment: Information obtained by Health Services personnel involved in your care, including physicians, nurses, counselors, social workers, the patient care services representative and the Bates College Liaison, will be recorded in your record and used to determine the course of treatment. CMMC, the Bates College Liaison, and Health Services personnel will communicate with one another personally and through the health record to coordinate care provided.

CMMC participates in a state-wide arrangement of healthcare organizations who have agreed to work with each other to make available electronic health information that may be relevant to your care. This is called HealthInfoNet (“HIN”) and allows Maine hospitals, doctors and other health care providers to quickly share certain health information about their patients. For example, if you are admitted to a hospital participating in HealthInfoNet on an emergency basis and cannot provide important information about your health condition, this arrangement will help those who need to treat you at the hospital to see your health information held by another participating provider. When it is needed, ready access to your

health information means better care for you. You may choose to not make your protected health information available to this state-wide arrangement by completing an “opt-out” election form available online at <https://secure.hinfont.org/PatientOptions/optout>.

Payment: CMMC may use your medical information to bill for treatment or services rendered. For example, CMMC may need to give your medical information to your health insurance plan for payment to another facility or reimbursement to you.

Healthcare Operations: CMMC may also use and disclose your medical information to improve the quality of care. CMMC and Health Services personnel may use health information to evaluate the performance, quality and effectiveness of the care we provide.

We may contact you to remind you of an upcoming appointment, to inform you about possible treatment options, or to tell you about health-related services available to you.

Other Uses and Disclosures of Health Information Without Consent

We will use and share your medical records in an emergency to ensure you receive the necessary medical services.

If there is a substantial communication barrier and we try but cannot obtain your consent, and your doctor, using his or her professional judgment, concludes that you would consent to the use or disclosure of your medical record, the necessary information will be shared.

Family Members and Others Involved in Your Care: We may share your medical information with a family member or friend who is involved in your medical care or to someone who helps pay for your care. For example when a patient is not present or without capacity, we may allow a third party to pick up prescriptions, supplies, or x-rays. We also may share your medical information with disaster relief organizations to help locate a family member or friend in a disaster. If you do not want us to share your medical information with family members or others, please let us know.

Decedent Information: Surviving family members or other persons involved in your care will have continued access to your personal medical information, unless you previously expressed preferences to the contrary. Otherwise you will be protected by these privacy rules for a period of 50 years following the date of death.

Research: We may use or share your medical information for research projects, such as studying how well a type of treatment worked. These research projects must go through a special process that protects the confidentiality (privacy) of your medical information. We are prohibited from using or disclosing your genetic information for underwriting purposes.

Required by Law: Federal, state, or local laws sometimes require us to share patients’ medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the State Workers’ Compensation Program for work-related injuries.

Public Health: We may report certain medical information for public health purposes. We may need to report patient problems with medications or medical products to the Food and Drug Administration (FDA) or notify patients of recalls of products they are using. In some circumstances we may need to notify schools of immunization records and once received by the school they are protected by another set of privacy guidelines.

Public Safety: We may share medical information for public safety purposes in limited circumstances. We may share medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We may share medical information to assist law enforcement officials in identifying or locating a person. To prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the facility. We may share your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: We may share medical information with a government agency that oversees the Facility or its staff, such as the State Department of Health & Human Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to watch how well we follow state and federal laws.

Coroners, Medical Examiners and Funeral Directors: We may share medical information concerning patients who have died to coroners, medical examiners and funeral directors. We may share medical information to groups that handle organ, eye or tissue donation or transplantation.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may share medical information to federal officials for intelligence and national security purposes, or for presidential Protective Services.

Judicial Proceedings: We may share medical information to comply with a judicial order or lawfully issued subpoena or process, or if we receive a search warrant.

Information with Additional Protection: Certain types of medical information have additional protection under state or federal law. For instance, medical information about HIV/AIDS, mental health, and alcohol and drug abuse treatment has more protection in Maine. We are required in many circumstances to get your permission before sharing this information.

To Bates College Officials: CMMC, Bates College, and Health Services personnel may disclose information to Bates College officials when Bates College has determined there is a legitimate educational interest.

Other Uses and Disclosures: If we wish to use or share your medical information for a reason that is not discussed in this Notice, we will seek your permission. If you give your permission, you may change your mind at any time, unless we have already relied on your permission to use or share the information. If you want to change your mind about sharing your medical information, please notify the Privacy Office in writing.

Uses and disclosures of your medical record not covered by this notice or the laws that apply to us will be made only with your consent. If you provide us with consent to use or disclose your medical record for particular uses, you may revoke that consent, in writing, at any time. If you revoke your consent, we will no longer use or disclose your medical information for those particular uses. However, you understand that we are unable to take back any uses or disclosures we have already made with your consent and that we are required to retain records of the care provided.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, should our information practices change.

Your Rights Regarding Your Medical Information

Right to Request Your Medical Information: You have the right to look at your own medical information and to get a copy. (The law requires us to keep the original record.) This includes your medical record,

your billing record, and other medical records we use to make decisions about your care. To request a copy of your medical information, write to the Medical Records Department. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. When you request a copy of your information, we will tell you then how much the copy will cost. You can look at your record at no cost. You also have the right to your medical records in an electronic format that is suitable to you at cost.

However, you do not have the right to psychotherapy notes or information gathered in reasonable anticipation of a civil, criminal, or administrative proceeding. Your right of access may be limited if providing this information could endanger the health or safety of yourself or others.

Right to Request Changes to your Medical Information: If you look at your medical information and believe that some of the information is wrong or incomplete, you may submit a request to have it fixed. To request a change, write to the Medical Records Department. We will respond as soon as possible, but no later than 60 days from the date of your request. If we deny your request, you have the right to submit a written statement of reasonable length disagreeing with the denial. We then have the right to send a rebuttal statement.

Right to Get a List of Certain Disclosures of Your Medical Information: You have the right to request a list of many of the disclosures we make of your medical information. This list does not include information used for treatment, payment, health care operations or any information released with your consent. If you would like to get a copy of the list, write to the Medical Records Department. We will respond as soon as possible, but no later than 60 days from the date of request. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How We Will Use or Share Your Medical Information for Treatment, Payment, or Health Care Operations: You have the right to request us not to share your medical information for your treatment, payment for care, or to operate the facility. We are required to agree to such requests if the disclosure of information is to a health plan regarding payment or health care operations and the protected health information relates to an item or service that has been paid for out of pocket in full to the provider AND the disclosure is not required by law. We are not required to agree to your requests that do not match these criteria, but if we do agree, we will comply with that agreement. If you want to make a request that we not share your information, you must make this request in writing to the Medical Records Department and describe your request in detail.

Right to Request Private Communications: You have the right to ask us to communicate with you in a way that you feel is more private. For example, you can ask us not to call your home, but to contact you only by mail. To do this, you must make this request in writing of the office at which you receive your care.

Right to a Paper Copy: If you have received this notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the notice from our Web site, at www.cmmc.org or you may obtain a paper copy of the notice at any CMH Office.

Changes to this Notice

From time to time, we may change our practices concerning how we use or share patient medical information, or how we will protect patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time by stopping in any of CMH locations or from the website.

Health Care Providers Covered by this NoticeThis Notice of Privacy Practices applies to CMMC and Health Services personnel, which may include volunteers, students, and trainees. The Notice also applies to other health care providers that come to Health Services to care for patients, such as physicians, physician assistants, therapists, and other health care providers who are not employed by us, unless these other health care providers give you their own Notice that describes how they will protect your medical information. We may share your medical information with these providers for treatment purposes, payment and health care operations. This arrangement is solely for sharing information and not for any other purpose.

DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights or how we use or share your medical information. If you have a concern, please contact the Privacy Contacts listed at the end of this Notice.

If for some reason we cannot resolve your concern, you may also file a complaint with the federal government at Region 1, Office for Civil Rights, U.S. DHHS, JFK Federal Building – Room 1875, Boston, MA 02203; phone (617) 565-1340 or TDD (617) 565-1343. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS?

We are required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. It is also our responsibility to notify any affected individuals if there has been a breach of your unsecured protected health information. If you have any questions about this Notice, or have further questions about how we may use and share your medical information, please contact the Privacy Officer for Central Maine Healthcare at the number listed below, or your local practice or department

CMH HOSPITAL LOCATIONS AND SERVICE DELIVERY SITES, ALONG WITH PRIVACY CONTACT AND PHONE NUMBER Office 207-795-0111 or Privacy Hotline 207-795-2906.