

**Maine Dental Health Out-Reach, Inc.**  
**HIPAA Notice of Privacy Practices**  
**Effective April 14, 2003**

This document describes how medical/dental information about you may be used and disclosed and how you can get this information. It is required by a federal law known as HIPAA. HIPAA, which is the Health Insurance Portability & Accountability Act, establishes standards for privacy and access to personally identifiable healthcare records. If you have any questions, please don't hesitate to call our office at 207-377-7003.

This notice describes MDHOI practices and that of:

- Any healthcare professional with permission to enter information into your medical record
- All departments and units of MDHOI
- All employees, staff and volunteers

All of these places and persons listed above, all sites and locations follow these requirements. They may also share medical/dental information with each other to treat you, for payment or for healthcare operations.

NOTE: Regulations about mental health, substance abuse and HIV status require additional approval from you.

**Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We create a record of the care and services you receive. We need this record to provide you with quality care and to make sure we are following legal requirements. This notice will tell you about the ways we use and share medical/dental information about you.

**Requirements**

We are required by law to:

- Make sure medical/dental information that includes your name or other information that may identify you, is kept private
- Give you this notice of our legal duties and how we protect medical/dental information about you
- Follow the terms of the notice that is now in effect

**How MDHOI may use and disclose information**

1. For Treatment

- a. We may use medical information about you to provide dental treatment or services to you or your child
- b. We may disclose dental/medical information about you to doctors, nurses, dental hygienists and dental assistants. We may also share information about you with people outside MDHOI who may be involved in your dental/medical care after you leave our care.

2. For Payment

We may use and disclose your medical/dental information so we can bill and get paid by your insurance company.

3. As Required by Law

We will give out medical/dental information about you when required by federal, state or local law.

4. Public Health Risks

We may disclose medical/dental information about you for public health activities.

These activities generally include the following:

- a. To report child abuse or neglect

- b. To notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition
- c. To notify appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

#### 5. Health Oversight

We may give out medical/dental information to certain health agencies for things required by law (e.g., audits, investigations, inspections and licensing).

#### 6. Law Enforcement:

We may release medical information to law enforcement officials:

- a. Responding to a court order
- b. To identify or locate a suspect, fugitive a key witness or missing person
- c. About the victim of a crime if, under certain limited circumstances, we are not able to get the person's agreement
- d. About a death we believe may be the result of a crime
- e. In emergencies to report a crime, locate the crime or victims, or the identity, description or location of the people who committed the crime

### **Your Rights**

You have the following rights regarding information we maintain about you:

#### 1. Inspect and Copy

You have the right to look at and make copies of medical/dental information that may be used to make decisions about your care (e.g., medical/dental and billing records).

#### 2. Request in Writing

To look at and make copies of medical/dental information that may be used to make decisions about you, you must ask for it in writing to the Maine Dental Health Out-Reach, Inc. at:

Medical Records Department

P.O. Box 275

Winthrop, ME. 04364

#### 3. Costs

Reasonable costs associated with providing copies of your medical/dental record may be your responsibility. Payment may be requested prior to providing the requested copies.

#### 4. To Amend

If you feel that the medical/dental information we have about you is incorrect or incomplete, you may correct the information. You have the right to request a correction for as long as the information is kept by or for MDHOI.

#### 5. Request in Writing

To get a correction, you must ask for it in writing to the Medical/Dental Records Department. You must also have a reason for asking for the correction.

#### 6. Accounting of Disclosures

You have the right to ask for a list of all the people, departments, or agencies that asked for information from your medical/dental record if it was not for treatment, payment or healthcare operations.

#### 7. Request in Writing

To request this list, you must ask MDHOI in writing. Please make your written request as described in Right to Amend. Your request must include a time period. This time period cannot be longer than six years and cannot be for services before April 14, 2003.

#### 8. Request Restrictions

You have the right to ask us to limit the medical/dental information we pass along about you for treatment, payment or healthcare operations. You also have a right to ask us to limit the medical/dental information we pass along to a family member or friend.

#### 9. Exceptions

We aren't required to agree to your request.

#### 10. Request in Writing

Your request for limits must be made in writing to MDHOI. You state what information you want to limit and to whom it applies. To ask for confidential communications, you must ask in writing to the office. We will okay request if they are reasonable. Your request must tell us how or where you wish to be contacted.

#### 11. Paper Copy

A copy of this notice is available to patients upon request.

#### 12. Changes to this Notice

We have the right to change this notice. We have the right to make the changes effective for medical/dental information we already have about you as well as information we receive in the future.

#### 13. Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the facility or the Secretary of the Department of Health and Human Services. If you wish to file a complaint with MDHOI, you must do so by contacting our HIPAA Privacy Officer in writing at:

MDHOI HIPAA Privacy Officer

P.O. Box 275

Winthrop, ME. 04364

#### 14. Revoking Your Permission

Other uses and disclosures of medical/dental information not covered by this notice or the law that applies to us will be made only with your permission. If you give us permission to use or pass along medical/dental information about you, you may take back your permission, at any time by writing to MDHOI. If you take back your permission, we will no longer use or disclose medical/dental information about you. Please understand that we can't take back any disclosures we have already made with your permission, and that we are required to keep our records of the care that we provided to you.