



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Dr. Kim Tousignant.

WHO WILL FOLLOW THIS NOTICE.

This notice describes our practices and that of:

Any health care professional authorized by this agency to enter information into your chart.

Any member of a volunteer group we allow to help you working with Dr. Kim Tousignant.

All employees, staff and other personnel of Dr. Kim Tousignant.

All these entities, sites and locations follow the terms of this notice. In addition these entities, sites and locations may share mental health information with each other for treatment, payment, or Dr. Kim Tousignant's operations and purposes described in this notice.

OUR PLEDGE REGARDING MENTAL HEALTH INFORMATION.

We understand that mental health information about you and your health is personal. We are committed to protecting mental health information about you. We create a record of the care and services you receive with Dr. Kim Tousignant. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Dr. Kim Tousignant. Other Health Care Rehabilitation Facilities may have different policies or notices regarding use and disclosure of your mental health information.

This notice will tell you about the ways in which we may use and disclose mental health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of mental health information.

We are required by law to:

Make sure that mental health information that identifies you is kept private;

Give you this notice of our legal duties and privacy practices with respect to mental health information about you; and

Follow the terms of the notice that is currently in effect.

Generally, information will only be released with your express permission to release. We can not talk to anyone or share your information with anyone without your express written permission, and you have the right to withdraw your permission at any time.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU.

As Required By Law. We will disclose mental health information about you when required to do so by federal, state, or local law.

Health Oversight Activities. We will disclose mental health information as required by law to health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

To Avert a Serious Threat to Health or Safety We will disclose mental/medical health information about you when we have a “Duty to Report” under state or federal law, because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks We will disclose mental / medical health information about you for public health reporting required by federal or state law. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report suicidal or homicidal situations;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we will disclose mental health information about you when properly ordered to do so by a court under certain circumstances. Your permission is generally required for Dr. Kim Tousignant to release information to a court or regulatory board if a formal complaint is filed or in defense of legal action. Each board generally has guidelines to de-identify client records in these situations, and these guidelines will be followed.

Law Enforcement. We will release mental health information if required to by specific law enforcement officials, i.e. judges, and if permitted by state and federal law.

HOW WE MAY USE AND DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose mental health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every uses or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use mental health information about you to provide you with mental health treatment or services. We may disclose mental health information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other in-house personnel who are involved in assisting/treating you. Different departments may share mental health information about you in order to coordinate the different things you need and making sure you receive professional and competent services. At times we may seek outside consultation from professionals. Either clients sign a release allowing the sharing of information or every attempt is made to remove any identifying information or every attempt is made to remove any identifying information such as name, family members, age, etc. With a release of information, we also may disclose mental health information about you to people outside Dr. Kim Tousignant, such as other health care providers involved in providing mental health treatment for you and to people who may be involved in your mental health care, such as family members, clergy or others we use to provide services that are part of your care.

For Payment. We may use and disclose mental health information about you so that the treatment and services you receive with DR. KIM TOUSIGNANT, or other health care providers from whom you receive treatment, may be billed to, and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you receive with DR. KIM TOUSIGNANT so your health plan will pay or reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for operations or to another health care provider or health plan, if you have a relationship with that health care provider or

health plan. These uses and disclosures are necessary to operate this practice and make sure that all of our clients receive quality care. For example, we may use mental health information to review our treatment and services and to evaluate the performance of our staff in providing services for you. We may also combine mental health information about many clients to decide what additional services this practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, psychologists, technicians, interns, and other personnel for review and learning purposes. We may also combine the mental health information we have with mental health information from other Health Care Providers to compare how we are doing and see where we can make improvements in the care and service we offer. We may remove information that identifies you from this set of mental health information so others may use it to study health care and health care delivery without identifying the names of specific clients. In order to maintain licensure and accreditation of the agency, periodic reviews of client files may need to be made by quality assurance professionals, spot reviewers, MaineCare reviewers, licensure and accreditation reviewers. They will be bound by state and federal confidentiality regulations.

Appointment Information. With your written permission we may use and disclose medical information to contact you about an appointment for treatment or medical care with DR. KIM TOUSIGNANT

Individuals Involved in Your Care or Payment for Your Care. We may release certain limited information about you to a friend, family member, or others (emergency contact) who are involved in your medical care with a release of information. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

SPECIAL SITUATIONS

Military and Veterans. If you are a member or the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of DR. KIM TOUSIGNANT to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each of our facilities. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted with DR. KIM TOUSIGNANT for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with DR. KIM TOUSIGNANT or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotlines – Voice: 1-800-368-1019

We will never retaliate against you for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.