

Privacy Practice Notice

Saving Smiles



HHealth through **O**Oral **P**Prevention and
EEducation

HOPE

For Maine families one smile at a time!

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. READ CAREFULLY.

This Privacy Practice Notice describes how your medical/dental record will be used and your rights to access and control your medical/dental information. By requesting care through Saving Smiles of Maine, you consent to our treatment of you, your child, or the individual you are by law acting on the behalf of and to us making a record of that care. This medical/dental record may contain existing conditions, symptoms, screening results, referral information, and any health care services received, including any noted primary and preventive medical care, care management, mental health, physical therapy, speech therapy and audiology, and dental care. This record also contains demographic information about you, your child, or the individual you are by law acting on the behalf of, such as name, address, telephone number and family information. We refer to this record as medical/dental information. By consenting to have Saving Smiles of Maine provide care to you, your child, or the individual you are by law acting on the behalf of you also consent to Saving Smiles of Maine making certain uses and disclosures of medical/dental information which you may be asked to authorize and those uses and disclosures which are permitted or required by law. It also describes the rights you have concerning medical/dental information on your, your child, or the individual you are by law acting on the behalf of. We are required by law to provide you with this Notice. We are required to follow the terms of the Notice that is currently in effect; however, Saving Smiles of Maine reserves the right to change the terms of this Notice, as described further below. Please review this Notice carefully and let us know if you have any questions.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL/DENTAL INFORMATION

The following categories describe different ways we may use and disclose your medical/dental information that do not require your authorization. The situations that require your written authorization are described in the next section. For each category, we explain what we mean and give examples (but please note, the examples given are not exhaustive).

- **Treatment:** we will use and disclose your medical/dental information to provide, coordinate and manage your dental health care and related services. Your medical/dental information will be contained in an electronic health record which may include information about your physical and mental health, HIV/AIDS, and substance abuse treatment, among other things. The Saving Smiles of Maine providers, school nurses, technicians, and administrative staff directly involved in your care may access the medical/dental information contained in your electronic health record, even if they are in different physical locations. For example, your medical/dental information may help a Saving Smiles of Maine provider at one location and a specialist in another location reach a diagnosis. Saving Smiles of Maine providers may disclose medical/dental information to a family member or friend who is involved in your care or to someone who helps pay for your care. Finally, we may disclose certain medical/dental

information to other health care providers for purposes related to your treatment, when permitted by applicable law.

- **Payment:** We may use and disclose your medical/dental information to get paid for the services and supplies we provide for you. For example, your health plan may ask to see parts of your medical/dental record before they will pay us for your treatment. Please let us know if you would rather pay for a procedure privately rather than have sensitive information sent to your insurance company.
- **Treatment Alternatives, Health-Related Benefits and Appointment Reminders:** In the course of providing treatment to you, we may use your medical/dental information to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you. For example, we may suggest services to you if you have a condition that would benefit from that service. We may use and disclose your medical/dental to contact you and/or remind you of an appointment.
- **Individuals Authorized by Law to Act on Your Behalf:** We may disclose your medical/dental information to persons authorized by law or designated by you to act on your behalf, such as a guardian, health care power of attorney, or health care surrogate or proxy agent. We may also disclose your medical/dental information to a family member, close friend, or another person you identify, to the extent the information is relevant to that person's involvement in your case or payment related to your care. Parents or guardians generally have the authority to act on behalf of minor patients, unless the law authorizes the minor to act for him or herself.
- **Disclosures Required By Law:** We will disclose medical/dental information about you when required to do so by federal, state or local law. We will notify you of these uses and disclosures if notice is required by law.
- **Public Health Activities:** We may report to government agencies certain medical/dental information for public health purposes, such as preventing the spread of disease, to report medical/dental conditions, or to report spread of disease, to report certain medical conditions, or to report abuse or neglect.
- **Legal Proceedings:** If you are involved in a lawsuit or dispute, we may disclose your medical/dental information if we are ordered to do so by a valid court order. We may also disclose your medical/dental information in response to a lawful subpoena from a governmental entity that is legally entitled to such information.
- **Law Enforcement:** We may release protected health information if asked to do so by a law enforcement official in certain circumstances regarding a crime victim when authorized by law, concerning a death we believe resulted from criminal conduct when authorized or required by law, regarding criminal conduct at our offices, and in response to a warrant, court order or similar legal process.

- **Mandatory Reporting of Abuse and Neglect:** We may disclose medical/dental information in connection with state mandatory reporting laws such as those requiring reporting of suspected abuse and neglect of children and incapacitated adults.
- **Third Parties:** We may disclose your medical information to third parties who provide services on your behalf. These third parties may be known as "Business Associates" or a "Qualified Service Organization." For example, we may share your medical/dental information with an accounting or law firm that provides professional advice to us about how to improve our health care services or comply with the law. If we disclose your information to these entities, we will have an agreement with them to safeguard your information.
- **Special Circumstances:**
 - **Health Oversight Activities:** We may disclose medical/dental information to a government agency that is charged with monitoring our compliance with certain laws and regulations, and which may conduct inspections, audits, or investigations. For example, where appropriate, we may disclose your information to the Medicare or Medicaid (MaineCare) programs for their review, or to the Maine Department of Health and Human Services and Maine Board of Dental Examiners. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
 - **Threats to Health or Safety:** We may use and disclose your protected health information when necessary to reduce or prevent a serious and imminent threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
 - **Deceased Patients:** We may disclose medical/dental information concerning deceased patients to coroners, medical examiners, or to funeral directors to assist them in carrying out their duties. We may also disclose PHI to your personal representative and to family members and others involved in your care or payment for care unless you have told us not to.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

If we wish to use or disclose your medical/dental information for a purpose that is not discussed in this Notice, we will seek your written authorization. If you authorize the disclosure, you can revoke your authorization at any time, except to the extent we have already relied on your authorization to use or disclose the information. If you would like to withdraw or revoke your written authorization, please contact Saving Smiles of Maine, Attn: Medical Records, P.O. Box 119, Windsor, Maine 04363, or 207 445 2852.

Certain laws provide greater protection about the following categories of information about you, including part of your medical health, substance abuse treatment and HIV/AIDS testing, diagnosis and treatment. These categories of information in your medical record are available to Saving Smiles of Maine providers, school nurses, technicians, administrative staff and specialists directly involved in your care, even if they are located at different physical locations, as described above. These providers work as a team to provide the best possible care. These categories of information will only be disclosed outside of Saving Smiles of Maine as follows.

- **Mental Health:** Mental health information will only be disclosed to people you allow to have it by signing a written authorization from or as otherwise required by law or a court order.
- **Substance Abuse Disorder Situations:** If you are receiving substance abuse treatment at a clinic or with a case worker the confidentiality of those records is protected by Federal law and regulation. This may not be discussed unless (1) you consent in writing, (2) the disclosure is allowed by court order, or (3) the disclosure is made to medical/dental personnel in a medical emergency or to qualified personnel for research, audit or program evaluation. Federal law and regulations do not protect information about a crime committed against any person who works for either program or about any threat to commit such a crime HIV-related illness or AIDS, or have an HIV-related infection, will not be disclosed to an external individual unless required by law or unless you have provided written authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- **Right to See and Copy Your Health Information:** You have a right to look at your own medical/dental information and to get a copy of that information. This includes your patient record, your billing record, and all other records we use to make decisions about your care. To do this, write to Saving Smiles of Maine, Attn: Medical Records Department, P. O. Box 119, Windsor, Maine 04363. We may charge you for our costs to copy the information. We will tell you in advance what the copying cost will be. You can look at your record for free by arranging an appointment with the department listed above.
- **Right to Amend (Update) Your Medical Record:** If you review your medical/dental information and believe that some of the information is wrong or incomplete, you may submit a written request to amend or clarify for as long as the information is kept by or for Saving smile of Maine. To do so, please write to Saving Smiles of Maine, Attn: Medical Records Department, P. O. Box 119, Windsor, Maine 04363. We may deny your request to amend if we believe the information is (i) accurate and complete; (ii) was not completed by us, unless you provide us with a reason to believe that the person who created the information is no longer available; (iii) is not part of the information that you would be permitted to copy or inspect; or (iv) the information is not part of the information kept by Saving Smiles of Maine.

- **Right to a List of Certain Disclosures of Your Medical Records:** After April 14, 2003, you have the right to request a list of certain disclosures we make of your medical information. This list does not include certain disclosures, such as medical information disclosed for treatment, payment or health care operations, unless disclosures were made through an electronic health record; disclosures made to create a limited data set; disclosures made pursuant to your authorization; or disclosures made directly to you or to you through your child. If the disclosures were made through an electronic health record, you have the right to request an accounting of disclosures for treatment, payment and health care operations during the previous three (3) years. If you would like to receive such a list, please submit your request in writing to Saving Smiles of Maine, Attn: Medical Records Department, P. O. Box 119, Windsor, Maine 04363. Please call 207 445 2852 for more information. We will provide the first list to you for free, however, may charge you for additional lists that you request during a 12-month period. We will tell you in advance what this list will cost. The list will not go back before April 14, 2003, when the HIPAA privacy regulations came into effect, or go back for more than six (6) years from disclosure.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your medical matters in a particular manner or at a certain location. For example, you may ask that we contact you at home instead of at work. To do this, please make a written request. Please specify in your request how or where you wish to be contacted. Saving Smiles of Maine will accommodate reasonable requests.
- **Right to Request restrictions:** You have the right to request further restrictions on the way we use or disclose certain medical/dental information about you to family and friends involved in your care. For example, you could request that we not disclose information about a procedure that you had. To request restrictions, please write to Saving Smiles of Maine, Attn: Medical Records Department, P. O. Box 119, Windsor, Maine 04363. We will consider your request carefully, but we are not required to agree to it, except that if you paid out-of-pocket in full for a health care service or item provided by Saving Smiles of Maine, you have the right to restrict disclosure of your protected health information to your health plan for purposes of payment or health care operations and we are required to honor your request. If we agree to a requested restriction, we will be bound by our agreement, unless information is needed to provide you with emergency treatment or to comply with the law.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may request a paper copy at any time. To do so, please request one from the Saving Smiles of Maine location where you receive care. You may also obtain a copy of this Notice from our website at www.savingsmilesomaine.org.

CHANGES TO 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 medical/dental information that we maintain, including any

information created or received prior to issuing the new notice. If we make a material change to this Notice, we will post the new notice in our mobile office and on our website at www.savingsmilesofmaine.org we will provide a copy of the new Notice to you upon request.

WHO THIS NOTICE APPLIES TO

This Notice applies to Saving Smiles of Maine and its workers, including all personnel, volunteers, students and trainees, as well as third parties who provide services to Saving Smiles of Maine, as discussed above.

DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights or how Saving Smiles of Maine uses or discloses your medical/dental information. If you have a concern, please contact the Privacy Officer, whose contact information is listed at the end of this notice, or you may file a complaint with the Office of Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue, S. W., Washington, DC 20201. All complaints must be submitted in writing and should be submitted within one hundred eighty (180) days of when you knew or should have known that the alleged violation occurred. See the Office of Civil Rights website, www.hhs.gov/ocr/hippa for more information. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

RIGHT TO RECEIVE NOTICE OF A BREACH

Saving Smiles of Maine is required by law to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in the event, no later than sixty (60) days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secure, through the use of a technology or methodology identified by the Secretary of the Department of Health and Human Services to render the IPH unusable, unreadable, and indecipherable to unauthorized users. This notice is required to include the following information:

- A brief description of the breach, including the date of the breach and the date of its discovery, if known;
- A description of the type of Unsecured Protected health Information involved in the breach;
- Steps you should take to protect yourself from potential harm resulting from the breach;
- A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail addresses, website or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves ten (10) or more patients whose contact information is out-of-date, we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than five hundred (500) patients in the state or

jurisdiction, we are required to immediately notify the Secretary of the Department of Health and Human Services. We are also required to submit an annual report to the Secretary of the DHHS of a breach that involves less than five hundred (500) patients and during the year and will maintain a written log of breaches involving less than five hundred (500) patients.

EFFECTIVE DATE OF NOTICE

This Notice originally became effective on April 14, 2003. This Notice was last updated on July 1, 2019. Please note that changes in law affecting your privacy rights may take effect at different times. Please speak with the Privacy Officer if you have any questions.

If you have any questions about this Notice, or further questions about how Saving Smiles of Maine may use and disclose your medical/dental information, please contact the Privacy Officer at:

Privacy Officer

Saving Smiles of Maine
P. O. Box 119
Windsor, Maine 04363
Tel. 207-445-2852