

SUMMARY: We are legally required to protect the privacy of information that is related to your health care that can be used to identify you. This information is called your "Protected Health Information" or PHI. This notice highlights how we use and disclose your PHI.

This Notice describes the privacy practices of St. Joseph Healthcare, its medical staff, allied health professionals, employees, volunteers, contracted services, students, and other business associates. It applies to services furnished to you at all St. Joseph Healthcare business sites. Disclosure of your PHI includes but is not limited to the following (in some instances you may say NO to a disclosure):

- Treatment (including emergencies)
- Billing and payment
- General operations
- Public Health initiatives
- To protect your welfare
- Reminders or Appointments

Specifically you may object to the following use or disclosures:

- Facility directory
- Notification of family, friends or others.

All other disclosures, if they are not listed in the Notice of Privacy Practices, will require us to ask for your written authorization.

You have the following rights:

- The right to request restrictions on certain uses and disclosures of protected health information; however the covered entity is not required to agree to a requested restriction;
- The right to receive confidential communications of protected health information;
- The right to inspect and copy protected health information;
- The right to request to amend protected health information;
- The right to receive an accounting of disclosures of protected health information;
- The right to receive breach notification in the event that unsecured protected health information is inappropriately disclosed;
- The right to request restrictions on protected health information disclosures to a health plan when items are paid out-of-pocket in full;
- The right to obtain a paper copy of the notice from the covered entity upon request.

PLEASE READ THE ENTIRE NOTICE OF PRIVACY PRACTICES (BELOW) FOR A FULL EXPLANATION.

St. Joseph Healthcare reserves the right to make changes to the Notice of Privacy Practices. Copies of the Notice of Privacy Practices are available throughout our facilities and are available upon request.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with the St. Joseph Healthcare Office of Organizational Integrity or with the Office of Civil Rights of the U.S. Department of Health and Human Services.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

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.

I. Who We Are

This Notice describes the privacy practices of St. Joseph Healthcare, its medical staff, allied health professionals, employees, volunteers, contracted services, students, and other business associates. It applies to services furnished to you at all St. Joseph Healthcare business sites.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures For Treatment, Payment and Health Care Operations: We may use and disclose PHI, but not your "Highly Confidential Information" (defined in Section IV.C below), in order to treat you, obtain payment for services provided to you and conduct our "health care operations" as detailed below:

Treatment: We use and disclose your PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

Payment: We may use and disclose your PHI to obtain payment for services that we provide to you, for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("Your Payor") to verify that Your Payor will pay for health care.

Health Care Operations: We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose PHI internally to designated individuals in order to resolve any complaints or inquire you may have and ensure that you have a comfortable visit with us.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

B. Use or Disclosure for Directory of Individuals at St. Joseph Hospital: We may include your name, location in St. Joseph Hospital, and general health condition in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name. If you choose not to be in the directory, this may mean that you will not be able to receive all visitors, deliveries, or telephone calls. Your religious affiliation will only be disclosed to members of the clergy unless you

object to being on the religious listing.

C. Disclosure to Relatives, Close Friends and Other Caregivers: We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practically be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

D. Fundraising Communications: We may use certain information about you (e.g., your name, address, phone number and dates of service) to contact you to request a charitable contribution to support important activities of St. Joseph Healthcare. You have the right to be removed from any fundraising listing so that you will not be contacted. Opting out of fundraising activities will in no way affect any access or level of care to any patient. Once a patient opts-out of the fundraising listing, we will avoid contacting you unless you decide at a later time to opt-in for fundraising contact. Opting out or in for fundraising can be done by phone or email. We will not use or disclose your PHI for fundraising purposes without your written authorization. If you do not want to receive any health related materials, you may contact the Community Networks and Foundations Office at (207) 907-1740.

E. Public Health Activities: We may disclose your PHI for the following public health activities including, but not limited to: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child and adult abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

F. Victims of Abuse, Neglect or Domestic Violence: If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

G. Health Oversight Activities: We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

H. Judicial and Administrative Proceedings: We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

I. Law Enforcement Officials: We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

J. Decedents: We may disclose your PHI to a coroner or medical examiner as authorized by law.

K. Organ and Tissue Procurement: We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

L. Research: We may use or disclose your PHI without your consent or authorization if our Institutional Review Board approves a waiver of authorization for disclosure.

M. Health or Safety: We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

N. Specialized Government Functions: We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

O. Workers' Compensation: We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

P. As Required By Law: We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

Q. Genetic Information: Consistent with the Genetic Information Nondiscrimination Act (GINA), your health plan is prohibited from using or disclosing genetic information for underwriting purposes.

R. School Immunization Admission Requirements: You do not need to provide an authorization for schools to receive immunization information.

S. HealthInfoNet (HIN): You do not have to participate with HealthInfoNet to be able to seek medical care, and may decide to have your health information removed. If you choose to opt-out, complete the opt-out form securely online, or request a printed copy when your register at St. Joseph Healthcare and send it to HealthInfoNet. For more information about HealthInfoNet visit www.hinonet.org or call toll-free 1-866-592-4352.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization: For any purpose other than the ones described above in Section III, we only may use or disclose your PHI when you grant us your written authorization. For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

B. Marketing: We may use certain information about you (e.g., your name, address, phone number, age, and dates on which we provided health care to you) to contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you. Otherwise, we will not use or disclose PHI for a marketing purpose without your written authorization unless it is a face-to-face encounter or a communication involving a promotional gift of nominal value. We are prohibited from selling lists of patients to third parties or from disclosing PHI to a third party for the marketing activities of the third party without your authorization. If you do not want to receive any health related materials, which may be of interest to you, you may contact the Public Relations office at (207) 907-1720.

C. Activities Requiring Authorization: Specific patient authorization is required for disclosure of Protected Health Information in the event of (1) disclosures that constitute a sale of PHI, (2) disclosure of PHI for Marketing Purposes and (3) disclosures of psychotherapy notes. You may revoke an authorization at any

time.

D. Uses and Disclosures of Your Highly Confidential Information: 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 information has more protection in Maine. For those types of information, we are required to get your permission before disclosing that information to others in many circumstances.

V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints: If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Office of Organizational Integrity at the address or telephone number listed at the end of this Notice. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Office of Organizational Integrity will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

B. Right to Request Additional Restrictions: You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions that are not covered on the General Consent to Care form, please obtain a request form from our Office of Organizational Integrity and submit the completed form. We will send you a written response.

C. Right to Receive Confidential Communications: You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Revoke Your Authorization: You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Office of Organizational Integrity.

E. Right to Inspect and Copy Your Health Information: You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. In these circumstances, we will allow you to designate in writing another person to inspect and receive a copy of your records. You may also request that the denial be reviewed. If you desire access to your records, please obtain Release of Information Form from the Health Information Department and submit the completed form to the Health Information Department. If you request copies, we will charge a reasonable fee as permitted by law. We may also charge you for any postage costs incurred.

F. Right to Amend Your Records: You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Health Information Department and submit the completed form to the Health Information Department. We will add your request into the record, and may also add a response which we will provide to you.

G. Right to Receive An Accounting of Disclosures: Upon request, you may obtain an accounting of disclosures or access of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed four years. If you request an accounting more than once during a twelve (12) month period, we will charge a reasonable fee.

H. Right to Receive Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

I. Rights Related to Alcohol and Drug Abuse Records: Federal law protects the confidentiality of alcohol and drug abuse patient records maintained by St. Joseph Healthcare. We may not tell anyone not a part of St. Joseph Healthcare, or release any information identifying a patient as an alcohol and drug abuser, unless:

1. The patient authorizes this in writing;
2. The release is allowed by a court order; or
3. The release is made to St. Joseph Healthcare staff involved in a medical emergency or to qualified personal for research, audit or program evaluation.

Violation of Federal law dealing with alcohol and drug abuse patient records is a crime and suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

J. Right to Restrict PHI to Health Plan: If a patient wants to restrict the disclosure of their PHI to a health plan they have the right to do so. Patients who pay out-of-pocket in full for a health care item or service must be permitted to restrict the disclosure of their PHI to a health plan for carrying out payment or health care operations, unless otherwise required by law.

K. Right to Breach Notification: In the event that unsecured protected health information is inappropriately disclosed, an investigation of the event will be conducted. If it is determined to be a breach of your information, you will receive notification of the breach.

L. Right of the Deceased: Your healthcare providers are permitted to disclose a deceased person's protected health information to family members and others who were involved in the care or payment for care if not contrary to prior expressed preference.

VI. Effective Date and Duration of This Notice

A. Effective Date: This Notice is effective on April 14, 2003.

B. Right to Change Terms of 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 Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas at St. Joseph Healthcare facilities. You also may obtain any new notice by contacting the Office of Organizational Integrity / Corporate Compliance Office.

C. Revision Date(s): August 4, 2003; December 18, 2003; April 14, 2003; September 23, 2013

VII. Office of Organizational Integrity

You may contact the Office of Organizational Integrity at:

St. Joseph Healthcare
360 Broadway, Bangor, ME 04401
Telephone Number: Compliance Officer
(207) 907-1530 or Privacy Officer at (207) 907-1370