

# Notice of Privacy Practices

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, then sign the Acknowledgement on the last page and return the Acknowledgement to Dr. Skinner.**

## Understanding Your Health Record /Information

Each time you visit Family Psychiatry of Maine, a record of your visit is made. Typically, this record contains your symptoms, examination and any test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party can verify that services billed were actually provided
- source of information for public health officials charged with improving the health of the nation
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- understand your condition and the care you are receiving
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

## Your Health Information Rights

Although your health record is the physical property of Family Psychiatry of Maine, the information belongs to you.

You have the right to:

- request a restriction on your health information that is used or disclosed to carry out treatment, payment or health care operations and other permitted disclosures
- obtain a paper copy of the notice of privacy practices upon request.
- inspect and receive a copy your health record
- amend your health record
- obtain an accounting of disclosures of your health information

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- revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- be notified if we are unable to agree to a requested restriction or alternate communication methods.

You also have the right to request that reasonable accommodations be made to have health information communicated to you by alternative means or at alternative locations.

### **Our Responsibilities**

Family Psychiatry of Maine is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you (this notice)
- abide by the terms of the notice currently in effect
- notify you when we cannot fulfill your request for restricted access or for alternate notification.

Except as described in this notice, we will not use or disclose your health information without your authorization, and you may revoke that authorization at any time as described in this notice.

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, we will make the notice available to you.

### **For More Information or to Report a Problem**

If you have questions or would like additional information, please contact our Privacy Officer at (207) 650-1393.

If you believe that your privacy rights have been violated, you can file a complaint by calling (207) 650-1393, or by writing to: Privacy Officer, Family Psychiatry of Maine, 26 School Street, Yarmouth, ME 04096. You may also contact the United States Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Examples of Disclosures for Treatment, Payment and Healthcare Operations:**

#### **We will use your health information for Treatment ~**

Your medical record will contain information about your condition, symptoms, treatment responses, examination findings, laboratory and other findings as well as records we received from other parties involved in your care. It will also contain diagnostic information and assessments of your conditions, as well as plans for your current or future care.

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**We will use your health information for Payment:**

For example: A bill may be sent to you or to a third-party payer, such as a health insurer or health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis code and billing codes and description for treatments you received.

**We will use your health information for regular Healthcare Operations:**

For example: We may use your PHI to assist us in determining how to improve the quality of our services.

**DISCLOSURES MAY OCCUR WITHOUT YOUR AUTHORIZATION IN SOME CIRCUMSTANCES:**

**Notification:** We may use or disclose information to notify, or assist in notifying, a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with family:** In the event that you are unable to provide consent or guidance about your care, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research:** We may disclose your information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Family Psychiatry of Maine is not currently involved in research.

**Funeral Directors, Coroners, and Medical Examiners:** We may disclose medical information to funeral directors only to the extent required by applicable law to carry out their duties. We may also release information to Coroners and Medical Examiners for such activities as identifying a deceased person or determining a cause of death.

**Contacts:** 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.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information for law enforcement purposes, but only as required by law.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities, for example, include audits, investigations, inspections, and licensure.

We may, **without authorization**, use or disclose protected health information regarding:

- Victims of abuse, neglect or domestic violence.
- Judicial and administrative proceedings.
- Disclosures to avert a serious threat to health or safety.
- Specialized government functions.
- Circumstances when, in good faith, we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to a person or to the public.
- Substance abuse in accordance with the regulations contained in 42 CFR part 2.

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**Notice of Privacy Practices Acknowledgement**

My signature below indicates that I have received and read the Family Psychiatry of Maine Notice of Privacy Practices document. My questions were answered to my satisfaction.

Patient name: \_\_\_\_\_

Patient signature (14 or over): \_\_\_\_\_ date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ date: \_\_\_\_\_