

Anne R. Bulger, RN, LMFT

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL (Mental Health) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I have a legal duty to safeguard your protected health information (PHI).

I am legally required to protect the privacy of your health information. This information is called “protected health information” or “PHI” for short. It means any information that you have given me about you and your health, as well as information that I have gathered while I have taken care of you (including health information provided to me by those outside my practice). It is information that can be used to identify your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I am required to maintain the confidentiality of your PHI, and have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. I must provide you with this notice about my privacy practices that explains how, when, and why I use and disclose your PHI. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. I am legally required to follow the privacy practices that are described in this notice. I will follow this Notice of Privacy Practices and any future changes to the Notice that I am required or authorized by law to make. I have the right to change this Notice and to make the revised or changed Notice effective for health information I already have about you, as well as any information I receive in the future. I will have a copy of the current Notice with an effective date in clinical locations. You may also request a copy of this notice from me.

Who will follow this notice?

This notice describes the practices of Anne R. Bulger, RN, LMFT.

How I may use and disclose your protected health information?

I may use and disclose your PHI without your prior written permission. Below, I describe the different categories of uses and disclosures and give you some examples of each category. The following section describes different ways that I use and disclose PHI for treatment, payment and health care operations. Not every use or disclosure will be noted and there may be incidental disclosures that are a byproduct of the listed uses and disclosures. The ways I use and disclose health information will fall within one of the categories.

For Treatment. This is the most important and most common use and disclosure of your PHI. I use and disclose your PHI to diagnose, evaluate, coordinate and manage your care. I may disclose your PHI another health care provider such as your primary care physician.

For Payment. I may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, I may provide portions of your PHI to my billing department and your health plan to get paid for the services I provided to you. For Medicaid clients or low-income clients on a sliding fee schedule, I will also provide demographic and service information to the Maine State Department of Health and Human Services Office of Mental Health Services.

For Operations. I may disclose your PHI in order to operate this mental health office. For example, I may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the professionals who provided health care services to you. I may also use health information about clients to help me decide what additional services I should offer, how I can improve efficiency, or whether certain treatments are effective. Or I may give health information to clinical staff, interns or students for review, analysis and other teaching and learning purposes. I may also provide your PHI to my accountants, attorneys, consultants, and others in order to make sure I am complying with the laws that affect me.

For Appointment Reminders. I may use and disclose your PHI to contact you to remind you of your appointment.

For Treatment Alternatives and Health Related Products and Services. I may contact you to describe services I offer, for treatment, for case management and care coordination, or to recommend treatment options. For example, I may tell you about a new therapy group that may be appropriate for your treatment.

To Business Associates. I may contract with business associates to perform certain functions or activities on our behalf such as payment and health care operations. The business associates must agree to safeguard your PHI.

For Disaster Relief. I may disclose your name, city of residence, age, gender and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.

For Public Health Activities. Many functions performed or authorized by government agencies promote and protect the public's health and may require me to disclose your PHI. For example I have an obligation to report certain diseases or exposure to disease, injuries, conditions and vital events such as deaths. I may use and disclose your PHI as needed to comply with federal and state laws governing workplace safety.

For Health Oversight. As a health care provider, I am subject to oversight conducted by federal and state agencies. These agencies may conduct audits of my operations and activities and in that process; they may review your PHI.

For Worker's Compensation. I may use and disclose your PHI to comply with workers' compensation laws by providing information to administrators, insurance carriers or others responsible for evaluating your claim for benefits.

For Military Activity and National Security. I may use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to carry out military missions. I may also disclose your PHI to authorized federal officials for national security and intelligence activities or for protection of the President and other authorized persons or foreign heads of state, or related to the conduct of special investigations. I may disclose PHI as required by military command or other government authority for information about a member of the domestic or foreign armed forces.

For Fundraising. I may use or disclose PHI to contact you to raise funds for our organization.

As Required by Law. In some circumstances federal or state law requires that I disclose your PHI. For example, the Secretary of the Department of Health and Human Services may review my compliance efforts, which may include seeing your PHI.

For lawsuits and other legal disputes. I may use and disclose PHI if responding to a court or administrative order, a subpoena, or a discovery request. I may also use and disclose PHI to the extent permitted by law without your authorization to defend a lawsuit or arbitration.

For Law Enforcement. I may disclose PHI to authorized officials for law enforcement purposes, for example to respond to a search warrant, report a crime on my premises or help identify or locate someone.

For Serious Threat to Health or Safety. I may disclose your PHI if I believe it is necessary to avoid a serious threat to your health or safety or to the health and safety of the public or another person.

For Abuse and Neglect. I may disclose PHI to the appropriate authority to report suspected abuse or neglect of a child, older adult, or other protected person, or to identify suspected victims of abuse, neglect, or domestic violence.

To Coroners, Medical Examiners or Funeral Directors. I may disclose PHI to a coroner or medical examiner to determine cause of death or for other official duties.

Inmates. Under the federal law that requires me to give you this notice, inmates do not have the same rights to control their PHI as other individuals. I may disclose your PHI to a correctional institution (if you are an inmate) or a law enforcement official (if you are in that person's custody) as necessary (a) for the institution to provide you with health care; (b) to protect your or others' health and safety; or (c) for the safety and security of the correctional institution.

Except for those uses and disclosures described above, I will not use or disclose your PHI without your written authorization. You may revoke that authorization by notifying me in writing at any time. The revocation will not apply to any authorized use or disclosure that took place before I received your revocation. To remove your authorization, deliver or fax a written revocation to my office.

Your rights regarding your PHI.

You have the right to see and get copies of your PHI. With some exceptions, you have the right to see and receive copies of the PHI in your medical record or billing records. I will charge you the standard copying fees allowed by Maine State law. In certain situations, I may deny your request. If I do, I will tell you in writing, give you my reasons for the denial, and explain your right to have the denial reviewed.

The right to choose how I send PHI to you. You have the right to ask that I send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). When I can reasonably and lawfully agree to your request, I will. I am permitted to charge you for any additional costs incurred by granting your request.

The right to amend your PHI. If you believe there is a mistake in your PHI or that important information is missing, you may request in writing that I amend or add to the record. I will require that you provide a reason for the request. I may deny your request for an amendment if the request is not properly submitted, or if it asks me to amend information that (a) I did not create, (unless the source of the information is no longer available to make the amendment); (b) is not part of the health information that I keep; (c) is of a type that you would not be permitted to inspect and copy; or (d) is already accurate and complete. I will respond in writing. If I approve your request, I will make the amendment or addition. If I deny your request, I will tell you why and explain your right to file a written statement of disagreement.

The right to an accounting of disclosures of PHI. You may ask for a list of disclosures of your PHI. The list will not include disclosures I have made for treatment, payment and health care operations, disclosures described above, or that occurred prior to January 1, 2013, disclosure for which I had a signed authorization, disclosures of your PHI to you; disclosures for notifications for disaster relief purposes; or disclosure to persons involved in your care.

The right to request restrictions of your PHI. I will attempt to honor your right to limit use of your PHI, but may not be able to meet all requests. You may not limit the uses and disclosures that I am legally required or allowed to make.

How to contact me about this notice or to complain about my privacy practices. If you have any questions about this notice please contact me at 207-518-9595. If you believe your privacy rights have been violated, you may file a written complaint with the Department of Professional and Financial Regulation in Augusta, Maine at (207) 624-8660.

Effective Date of this Notice. This notice went into effect on January 1, 2013.