



# HIPAA Notice of Privacy Practices

---

1059 Meadow Road, Casco, ME 04015 (207)627-2267 fax: (207)627-2269  
102 Tandberg Trail, Windham, ME 04062 (207)893-0244 fax: (207)893-0277  
643 Congress St, Portland, ME 04101 (207)899-3525 fax: (207)899-3526  
1 Main Road North, PO Box 657, Hampden, ME 04444 (207)907-4501 fax: (207)862-0081  
[www.momentumme.com](http://www.momentumme.com)

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information.

Please review it carefully.

***Momentum understands the importance of privacy and we are committed to maintaining the confidentiality of your private health information. We create records of the support we provide and we may receive reports from others. We use these records to provide or enable other healthcare providers to provide quality care, to obtain payment for services provided to you as allowed under Section 21 and 29 Mainecare rules, and to enable us to meet our professional and legal obligations. We are required by law to maintain the privacy of private health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. Momentum holds substance abuse and HIV/AIDS information with additional protections under state and federal law. This notice describes how we may use and disclose your health information. It also describes your rights and legal obligations with respect to your health information. We are obligated to provide you with a notice of the privacy practices. While required to abide by the terms of the notice that is currently in effect, the organization reserves the right to change its' privacy practices at any time. If privacy practices change, we will provide you with a revised notice the next time we provide service after the change. If you have any questions about this notice, please contact our Privacy Officer, Jane Gagnier at 627-2267 ext 303.***

### ***Use or Disclosure of Your Health Care Information***

Momentum collects health information about you and stores it in a chart and in electronic health records (Therap). This is your record. The record is the property of this agency, but the information in the record belongs to you. The law permits us to use or disclose your health information for the following purposes:

**Treatment.** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die. Your information may be used to develop a diagnosis and treatment plan, or to coordinate referrals to another health care provider. Business Associates performing services on Momentum's behalf related to treatment may also have access to your information solely for the purpose of providing such services, provided that the business associate has agreed in writing to maintain the confidentiality of such information.

Payment. We use and disclose medical information to your insurance carrier or other third-party payor about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. Business Associates performing services on Momentum's behalf related to payment may also have access to your information solely for the purpose of providing such services, provided that the business associate has agreed in writing to maintain the confidentiality of such information. A client has a right to restrict these disclosures if the client pays for services out of pocket in full (See 34-B M.R.S.A. § 1207 (1) (E)). Under the HITECH Act, Momentum would be required to abide by a requested restriction if the restriction relates to sharing information about a service with payors for payment and/or operations purposes *only if* the client has already paid out of pocket for such services.

Health Care Operations. We may use and disclose medical information about you to operate Momentum's practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. Business Associates performing services on Momentum's behalf related to health care operations may also have access to your information solely for the purpose of providing such services, provided that the business associate has agreed in writing to maintain the confidentiality of such information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification, or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. Momentum may also disclose information to a client's spouse or next of kin regarding physical or mental status (See 34-B M.R.S.A. § 1207(1) (D)). In the event of a disaster, we may disclose information to a relief organization so

that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professions will use their best judgment in communication with your family and others. Momentum does, however, consider your right to choose with whom we share information (See Disclosure Notice).

Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities. If Momentum employs mental health professionals, such professionals are required to disclose certain dangers (*Tarasoff* warning) and make disclosures to law enforcement under certain circumstances (See 34-B M.R.S.A. §§ 1207(6-A)-(8)).

Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependence adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infestation exposure. When we report suspected elder or

dependant abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We will also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners. We may, and are often require by law, to disclose you health information to coroners in connection with their investigations of deaths.

Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Public Safety. We may, and are sometimes required by law, to disclose you health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.

Proof of Immunization. We will disclose proof of immunization to an agency that is required to have it before admitting a client to their services where you have agreed to the disclosure on behalf of yourself or your dependant.

Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are

also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another agency and/or medical provider.

Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current telephone number or are a part of our Secure Communication Network in Therap, we will use these methods to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

Research. Momentum allows for the disclosure of information for statistical compilation purpose (See 34-B M.R.S.A. § 1207(2)). We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as provided by an Institutional Review Board or privacy board, in compliance with governing law.

Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the bottom of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

Appointment Reminders. Momentum may use your information to contact you for appointment reminders, or to provide information as they relate to Community Support and Shared Living Option Programming.

***Except as described above, Momentum will not use or disclose your information, except with your written authorization reliance on. You may revoke your authorization at any time by giving written notice of revocation to Momentum, however, a revocation of authorization has no effect to the extent that the authorization has already been relied upon before receiving notice of its' revocation.***

## ***Your Rights***

Right to Request Special Privacy Protections: You have the right to request restrictions on the certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. In compelling situations, Momentum reserves the right to accept or reject any request for restrictions, and will notify you of our decision.

Right to Request Confidential Communications: You have the right to receive communications from Momentum in a confidential manner. If you would like Momentum to use another address or telephone number to contact you, you must so request in writing.

Right to an Accounting of Disclosures: You have the right to receive an accounting of disclosures of your health information made by Momentum, except that this agency does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described earlier in this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities. This information will be provided to you in accordance with HIPAA. To receive such an accounting, please contact Momentum at the address given below.

Right to Inspect and Copy: You have the right to inspect and copy your health information. If you wish to do so, you will be provided an opportunity to inspect your information within 30 days of receipt of your written request. You may be charged a reasonable fee which will cover our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have the right to appeal our decision.

Right to Amend or Supplement: You have the right to request that we amend your health information that you believe is incorrect or incomplete. If you wish to do so, please submit the proposed amendment in writing that includes the reasons you believe the information is inaccurate or incomplete to Momentum at the address given below. We are not required to change your health information, and will provide you with information about Momentum's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to

inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

Right to a Paper or Electronic Copy of this Notice: You have the right to a notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices. If you would like a more detailed explanation of these rights or you would like to exercise one or more of these rights then contact our Privacy Officer listed at the top of this Notice.

***Momentum reserves the right to amend this Notice at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Practices will apply to all PHI that we maintain, regardless of when it was created or received. We will post a copy at each of Momentum's locations as well as post the most current Notice on our website.***

## ***Complaints***

Any complaints about this Notice or how Momentum handles your PHI should be directed to our Privacy Officer.

You have the right to complain to Momentum and to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint, please contact Momentum's Privacy Officer as listed below. Nobody is permitted to retaliate against you for filing a complaint.

For further information about Momentum's privacy policies, please contact:

Jane Gagnier, QA Manager and Privacy Officer  
Momentum  
1059 Meadow Road  
Casco, Maine 04015  
Phone: (207) 627-2267 ext 303  
Fax: (207) 627-2269

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Civil Rights Team Project  
Office of the Attorney General  
6 State House Station  
Augusta, ME 04333-0006  
Phone: 207-626-8800  
TTY: 207-626-8865

The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf) . You will not be penalized in any way for filing a complaint.