



## LifeFlight of Maine

### NOTICE OF PRIVACY PRACTICES Revised Effective Date: March 1, 2022

LifeFlight protects the privacy and confidentiality of your health information and any other information you share with LifeFlight. We do this because it is the right thing to do and is also required by law. When you need healthcare, you give information about yourself and your health to our clinical teams. This includes insurance coverage financial information, contact information, and other personal information. We use this information for various purposes, including to provide you emergency medical services, to obtain payment for this care, and to conduct and support our operations. We also create records for these same purposes. These records may be in paper or electronic form. All of this information is called “protected health information” (or “PHI”) or “health information.” We describe how we use your health information in this Notice. Federal law requires that we give (or at least offer) you a copy of this Notice so you are able to learn about:

1. How, when and why we share your health information;
2. How the law requires us to protect your health information;
3. Your rights to your health information; and
4. What happens if your health information is lost or improperly used or shared.

**WHO FOLLOWS THIS NOTICE** – This Notice is followed by LifeFlight and the individuals who work there, including:

1. All employees, volunteers, and staff including contractors who interface with a patient on transport and our clinicians who are allowed to enter information into your medical records and review records for quality purposes.

**ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE** – Except in emergencies, we may ask you to sign a statement affirming that you were offered a copy of this Notice. The statement does not mean you agree with our Notice, only that we offered you a copy of it. We will treat you even if you do not sign the statement.

**OUR DUTIES REGARDING YOUR HEALTH INFORMATION** – The law requires that we:

1. Keep your health information private and secure;
2. Let you know promptly if a breach occurs that compromises the privacy or security of your health information;
3. Follow the practices described in this Notice and give (or offer) you a copy of this Notice; and
4. Not use or share your health information other than as described in this Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. We need you to let us know in writing if you change your mind.

STATE HEADQUARTERS: 189 Odlin Road | Building 600 | Bangor ME 04401 | (207) 275-2961

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(207) 973-5205 | fx (207) 973-5290

300 Main Street  
Lewiston ME 04240  
(207) 795-2878 | fx (207) 795-2747

28 Presidential Drive  
Sanford ME 04073  
(207) 324-4492



5. We may change our privacy practices and this Notice at any time. If we change this Notice, the revised Notice will cover all of your health information that we have. We will provide the revised Notice to you upon request and post it in our service delivery sites and on our website.

#### **A. HOW WE MAY USE OR DISCLOSE (SHARE) YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION**

Here are some of the ways that we may share your health information. We do not need to ask you for permission to do the things listed in this section.

**FOR YOUR TREATMENT** – We will share your health information to provide you with healthcare services. This means we provide our records and talk with other clinicians and healthcare organizations involved in your care.

LifeFlight is one of the many healthcare providers in the state of Maine that participate in a health information exchange called HealthInfoNet. We share your health information with HealthInfoNet so that it is available to other healthcare providers who are directly involved with your care.

**HEALTH BENEFITS AND SERVICES** – We may use or share your health information to tell you about health benefits and services.

**LIFELIGHT RELATED FUNDRAISING ACTIVITIES** – We may use or share your health information to tell you about our fundraising efforts. You can ask us not to send you fundraising information. Any fundraising request you receive will tell you how you can ask not to receive these requests. We will not send you fundraising requests if you decide you do not want to receive them. If you change your mind, we will tell you how you can begin receiving fundraising information again.

**PAYMENT FOR SERVICES YOU RECEIVE** – We may use or share your health information to get payment for the healthcare services and products we provide to you. For example, we may contact your insurance company to find out if it will pay for your treatment. If you make full and timely payment for your care out of your own pocket, you may ask that we not share health information about that care with your insurance. We must honor this request.

**FOR OUR HEALTHCARE OPERATIONS** – We may use or share your health information in our quality system to improve and manage our care and services. We sometimes share your health information with other parties who need this information to do work for us. These other parties are called our “business associates,” and they must protect your health information the same way we do.

#### **B. OTHER USES AND DISCLOSURES**

**WHEN REQUIRED BY LAW** – We may share your health information if a law or regulation requires us to do so.

**FOR PUBLIC HEALTH ACTIVITIES** – We may share your health information with a public health agency or with law enforcement when required by law. For example, we may share your health information to:

1. Prevent a threat to the health or safety of any person;
2. Report births and deaths;

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3. Tell a person who may have been exposed to a communicable disease or who could get or spread a disease or condition;
4. Report bad reactions to medications or medical products; and
5. Tell the appropriate government agency if we believe a patient has been the victim of abuse, neglect, or domestic violence.

TO THE FOOD AND DRUG ADMINISTRATION – We may share your health information with the Food and Drug Administration (“FDA”). This agency tracks the quality, safety and effectiveness of certain products that may be used in your care.

FOR HEALTH OVERSIGHT ACTIVITIES – We may share your health information with Federal or state government agencies. The government may need your health information for audits, investigations, or inspections. The government also uses this information to review how Medicare and MaineCare are working, and to make sure we follow the law.

FOR LEGAL PROCEEDINGS – We may share your health information to respond to a court order or some other legal process.

FOR LAW ENFORCEMENT – We may share your health information for law enforcement purposes when permitted by state and Federal law.

TO CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS – We may share health information with a coroner or medical examiner to identify a person who has died, or to find out why a death happened. We may share health information with a funeral director so that they can do their work.

FOR ORGAN AND TISSUE DONATION – If you are an organ donor, we may share your health information for organ, eye and tissue donation and transplant purposes if you are near death or have died.

FOR HEALTHCARE RESEARCH – We may share your health information for research, such as studying how well a treatment worked. All research must protect the confidentiality of your health information.

TO THE MILITARY OR VA – If you are a member of the Armed Forces, we may share your health information as required by the military or the Department of Veterans Affairs. If you are in a foreign military, we may also share your health information with that foreign military agency.

FOR NATIONAL SECURITY – We may share your health information with the government for national security reasons, or for the protection of the President.

IF YOU ARE AN INMATE – We may share your health information with a prison or jail or with a law enforcement official: (1) for your treatment; (2) to protect your health or safety or the health or safety of others; or (3) to ensure the safety and security of the prison or jail.

FOR WORKERS’ COMPENSATION – We may share your health information for workers’ compensation and other programs that provide benefits for work-related illnesses and injuries.

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**PARENTAL ACCESS** – Some Maine laws about minors limit, allow, or require the sharing of health information with parents, guardians, and persons in a similar legal status. We will follow Maine law.

### **C. USES AND DISCLOSURES YOU MAY LIMIT OR ASK NOT BE MADE AT ALL**

This section lists some situations where you can limit the sharing of your health information. Even if you allow us to share your health information in these situations, you always have the right to take back your permission at any time.

- With family members and others involved in your care – We may share your health information with your family members or others who are involved in your care or in payment for your healthcare. We may share your health information during disasters so your family can find out about your condition and location. If you do not want us to share your health information with family members or others, please let us know.

If you are in an emergency condition and cannot make your wishes known, or if we cannot understand your wishes due to a communication difficulty, we will use our best judgment when deciding to share your health information with family members or others we believe are involved in your care.

### **D. USES AND DISCLOSURES WE CANNOT MAKE WITHOUT YOUR AUTHORIZATION**

In some situations, we must get your written permission before sharing your health information. We ask patients or their representatives to sign these at the point of service. Even if you sign this form, you can at any later time ask us to stop sharing your health information. If you withdraw your permission, this will not affect any of your health information that you already allowed us to share. Types of situations that require your written authorization include:

- Sharing your health information for marketing purposes;
- Communications with you that we are paid to make;
- Selling your health information; and

*Some types of health information have special protections under the law. We may be required to get your written permission to share, or make a reasonable effort to notify you when we share:*

- *Your HIV/AIDS infection status;*
- *Information obtained by a federally assisted drug and alcohol abuse treatment program. In most situations we must have your written permission or a court order to share this information. One exception is in an emergency to provide you with the treatment you need.*

Any use or disclosure of your health information not described in this Notice requires your written authorization.

### **E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

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You have the following rights related to your health information. If you want to exercise any of these rights, please reach out to the contact person where you receive your healthcare listed below at the end of this Notice. You may be asked to put your request in writing by completing our standard form.

**REQUEST RESTRICTIONS ON WHAT WE SHARE** – You can ask that we not share your health information or a portion of your health information. We do not have to agree to your request. If we do agree to your request, we will do what we agreed except in an emergency or if the law requires us to break our agreement. You can decide to end a restriction at any time by telling us in writing.

If you make full and timely payment for your care out of your own pocket, you may ask that we not share health information about that care with your insurance. We must honor this request.

**REQUEST CONFIDENTIAL COMMUNICATIONS** – If you want us to contact you in a certain way or at a certain place, you can ask us to do this. For example, you may ask us to call you on your cell phone instead of your home phone. We will agree to all reasonable requests.

**INSPECT AND COPY YOUR HEALTH INFORMATION** – You can look at and get a paper or electronic copy of your health information. You can direct us to share your health information with others. We may require you to put your request in writing. Sometimes you will be charged a fee to cover the cost of making copies of your records and sending the copies to you or others as requested.

If we think there is information that could put your health or safety in danger, or put the health or safety of others in danger, we can deny your request to look at or copy your records.

**ASK US TO AMEND YOUR HEALTH INFORMATION** – If you think something is wrong or missing in your healthcare record, you can ask us in writing to change it. We may deny your request but we will tell you why in writing within 60 days.

**ACCOUNTING OF DISCLOSURES** – You can ask us to tell you who we shared your health information with. The list we give to you will not include information about when we shared your health information:

- For your treatment;
- To receive payment for your treatment;
- For our business operations; or
- When you were the one who asked us to share your health information.

We will provide you with one free list in any 12 month period. We may charge a reasonable, cost-based fee for any additional lists you request within 12 months.

**OBTAIN A COPY OF THIS NOTICE** – You can get a paper copy of this Notice from us at any time. Just ask for a copy from the place where you receive your healthcare. An electronic version of this Notice is available on our website at: <http://lifeflightmaine.org//Legal/Notice-of-Privacy-Practices.aspx>.

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**CHOOSE SOMEONE TO ACT FOR YOU** – If you have appointed somebody your agent to make healthcare decisions on your behalf, or if someone is your legal guardian, that person will be able to exercise your rights and make decisions for you about how your health information is used and disclosed.

**FILE A COMPLAINT** – You may complain to us or to the Maine Department of Health and Human Services if you have concerns about your privacy or how we have used or disclosed your health information. If you do have any concerns, please contact the person listed at the end of this Notice for the place where you receive healthcare services. We will answer your questions about this Notice and look into your concerns. You also may contact the United States Department of Health and Human Services Office for Civil Rights at:

200 Independence Avenue, S.W., Washington, D.C. 20201

Phone: 1-800-696-6775

Website: <http://www.hhs.gov/hipaa/filing-a-complaint>

**WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.**

If you have questions about your privacy rights or this Notice, please contact any listed contact person or at LifeFlight's Compliance Officer Marcia Wood at 207 275 2961 or [mlwood@lifeflightmaine.org](mailto:mlwood@lifeflightmaine.org).

**NONDISCRIMINATION STATEMENT**

LifeFlight of Maine complies with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language. LifeFlight does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language.

If you believe you have been discriminated in another way on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language, you can file a grievance with LifeFlight's Compliance Officer at 207 275 2961, 189 Odlin Road Building 600 Bangor, ME. or at [mlwood@lifeflightmaine.org](mailto:mlwood@lifeflightmaine.org) (email). If you need help filing a grievance, our Compliance Officer is available to help.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

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