

# Notice of Privacy Practices for Martin's Point Health Plans and Health Care Providers

## **We care about your privacy.**

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## **1. Our Pledge Regarding Your Health Information**

The health plans and health care providers covered by this Notice are committed to protecting the privacy of health information we create or obtain about you. The privacy of your medical information is important to us. This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to: (i) make sure your health information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your health information; (iii) follow the terms of the Notice that is currently in effect. Before we make an important change in our privacy practices, we will change this Notice and make the new Notice available upon request and on our website at [www.martinspoint.org](http://www.martinspoint.org).

## **2. Use and Disclosure of Your Protected Health Information (PHI)**

The following section describes different ways that we may use and disclose your health information. We abide by all applicable laws related to the protection of this information. Please know that we will not use or disclose your health information for any purpose

not listed in this Notice without your authorization. All the ways that we are permitted to use and disclose information will fall within one of the following categories:

### **Treatment**

We may use and disclose your health information for treatment purposes. For example, a doctor treating you for a particular condition may need to obtain information from us about prior treatment of a similar or different condition, including the identity of the health care provider who treated you previously. We may disclose health information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you.

### **Payment**

We may use and disclose your health information for purposes related to payment for health care services. For example, we may use your health information to settle claims, to reimburse health care providers for services provided to you or give it to another health plan to coordinate benefits. Payment activities also include work we do to determine eligibility, claims processing, risk adjustment, assessing medical necessity, and utilization review.

### **Health Care Operations**

We may use, access, and disclose your health information for health plan operations. For example, we may use or disclose your health information for quality assessment and improvement activities, case management and care coordination, to comply with law and regulation, accreditation purposes, plan members' claims, grievances or lawsuits, health care

contracting relating to our operations, legal or auditing activities, business planning and development, business management and general administration, underwriting, obtaining re-insurance and other insurance activities, to operate the health plan.

### **Health Information Exchange**

We may share information that we obtain or create about you with other health care entities, such as your health care providers, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your participation in a care management program may be shared with your treating provider for care coordination purposes if they participate in the HIE as well. Exchange of health information can provide you with faster access and better coordination of care and assist entities in making more informed decisions. We may use or disclose your health information for quality assessment, case management and care coordination, evaluating a practitioner and provider performance, credentialing activities, underwriting and enrollment activities, medical review, legal services and auditing functions, or business management, and general administrative activities.

### **Business Associates**

Martin's Point may contract with other organizations called "business associates" to provide services on our or your behalf. We enter into agreements with business associates that explicitly set forth the requirements associated with the protection and safeguarding of your PHI as required under HIPAA.

### **Family and Friends**

We may disclose your PHI to a friend or family member that is involved in your care, or who assists in your care taking; provided that such disclosures will be limited to your PHI that is relevant to their involvement in your care or the payment for your care. If you are present, your PHI will be disclosed to a friend or family member: if we obtain your consent, if we provide you with an opportunity to object and you do not object, or if we reasonably assume that you do not object. If you are not present or you do not have an opportunity to agree or object because of incapacity or emergency, we may

make disclosures that, in our professional judgement, are in your best interest.

### **Parents as Personal Representative of Minors**

In most cases, your minor child's PHI may be disclosed to you. However, we may be required by law to protect a minor's health information for certain diagnoses or treatment that involves sensitive health information, such as information about sexually transmitted diseases, family planning, abortion, substance abuse, or mental health services.

Please also know that the use or disclosure of certain sensitive health information may be further limited by applicable state or federal law. Sensitive health information may include certain information related to mental health treatment, HIV test results, alcohol and drug abuse treatment, and genetic testing and test results. Martin's Point will comply with the stricter provisions when they apply, and we will request an authorization from you for any use or disclosure that requires your express authorization.

### **Revocation of authorization**

If you have given an authorization for a use or disclosure of your PHI, you may revoke your authorization at any time by providing us with a written notification of revocation. Please be aware that a revocation will not affect certain disclosures, such as those made in reliance of your authorization before your revocation was communicated.

## **ADDITIONAL USES AND DISCLOSURE OF YOUR HEALTH INFORMATION**

### **Appointment Reminders and Treatment Options**

We may use and disclose your PHI to contact you to remind you of an appointment or to inform you of potential treatment options or alternatives. Your appointment reminder may be automated in order to improve our operations.

### **Plan Sponsor**

We may disclose certain health and payment information about you to the Plan sponsor to obtain premium bids for the Plan or to modify, amend, or terminate the Plan. We may release other health

information about you to the Plan sponsor for purposes of Plan administration, but only if certain provisions have been added to the Plan to protect the privacy of your health information, and the sponsor agrees to comply with the provisions.

### **Workers' Compensation**

Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

### **Public Health Activities**

Your PHI may be used or disclosed for public health activities, such as to assist public health authorities to prevent or control disease, injury, or disability, or to report child abuse or neglect.

### **Research**

We may use and disclose your PHI for research purposes in certain limited circumstances. Any research that includes the use of PHI is required to undergo additional review for compliance with the HIPAA requirements for uses and disclosures of PHI for research purposes.

### **Legal Proceedings**

Your PHI may be disclosed in the course of a legal proceeding, in response to an order of a court or an administrative tribunal and, in certain cases, in response to a subpoena, discovery request, or other lawful process.

### **Health Oversight**

Your PHI may be disclosed to a government agency authorized to oversee the health care system or government programs or its contractors, such as the U.S. Department of Health and Human Services, a state insurance or health department or the U.S. Department of Labor, for activities authorized by law, such as audits, examinations, investigations, inspections, and licensure activity.

### **Fundraising**

Martin's Point Health Care is a not-for-profit organization, and we may engage in fundraising efforts to support our mission. We may use and disclose your PHI to contact you regarding our fundraising efforts. You have the right to opt out of receiving future

fundraising communications by following the opt-out instructions on the communication you receive or by contacting our Privacy Officer and making a request to opt out of receiving fundraising communications.

### **De-Identified Information**

We may use your PHI to create de-identified information, or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. Once de-identified, the information will not identify you or be able to be used to identify you.

### **Limited Data Set**

We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research, public health, and health care operations.

### **To Avert Serious Threat**

We may use or disclose your PHI to prevent or reduce a serious and imminent threat to the health or safety of yourself, another person, or the public.

### **As Required by Law**

We may use and disclose information about you as required by law. For example, we may disclose information to make a report related to victims of abuse, neglect, or domestic violence or to assist law enforcement officials in performing their duties.

### **Government Functions**

We may also disclose your PHI to authorized federal officials for national security purposes. For example, we may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your PHI to certain federal officials for lawful intelligence, counterintelligence, and other national security activities.

### **Inmates**

If you are an inmate, your PHI may be disclosed to a correctional institution or a law enforcement official having lawful custody for certain permitted purposes, such as if the provision of such information is necessary to provide you with health care, protect

your or another's health and safety, or maintain the safety and security of the correctional institution.

#### **Decedents**

PHI may be disclosed to funeral directors, coroners, and medical examiners to enable them to carry out their lawful duties.

#### **Organ, Eye, and Tissue Donation**

Your PHI may be used or disclosed to organ procurement organizations to facilitate cadaveric organ, eye, or tissue donation and transplantation purposes.

### **USES AND DISCLOSURES OF PHI THAT MAY REQUIRE YOUR AUTHORIZATION INCLUDE THE FOLLOWING:**

#### **Marketing Communications**

We may use your health information to send you certain types of communications that do not require your authorization, such as communications for treatment, including case management, care coordination, or recommended alternative treatments, providers, or settings of care. We may also communicate with you to inform or update you about health-related products or services provided by Martin's Point. In most other circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes.

#### **Psychotherapy Notes**

Most uses and disclosures of psychotherapy notes require your authorization. However, there are certain limited circumstances under which we may use or disclose psychotherapy notes without your authorization, such as to defend ourselves in a legal action brought by you or for certain oversight activities.

#### **Genetic Information**

We will not use your genetic information to make determinations about whether to provide you with coverage and the price of that coverage.

### **3. Your Rights Regarding Your Health Information**

#### **Access and Receive Copies of Your Health Information**

With certain exceptions, you have the right to inspect and/or receive a copy of your health information that is maintained by us or for us or that is part of a designated record set that is otherwise used by us to make a decision about you. You have the right to request that we send a copy of your Health Plan/Health Care Provider record to a third party.

You are required to submit your request in writing. We may charge you a reasonable fee for providing you a copy of your records. We may deny access, under certain circumstances. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

#### **Amend Your PHI**

If you believe that your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Care Provider in a designated record set, or the Plan in enrollment, payment, claims settlement and case- or medical-management records systems, or that is part of a set of records that is otherwise used by us to make a decision about you. You are required to submit your request in writing, as explained at the end of this Notice, with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. We cannot change what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete health information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if the health information: (i) was not created by the Plan (unless the person or entity that created the health information is no longer available to respond to your request); (ii) is not part of

the enrollment, payment, claims settlement and case—or medical—management record systems maintained by or for us, or part of a set of records that we otherwise use to make decisions about you; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is determined by us to be accurate and complete.

### **Request Confidential Communications**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. If you want us to communicate with you in a special way, you will need to give us details about how to contact you. You will need to give us information as to how payment will be handled. We may ask you to explain how disclosure of all or part of your health information could put you in danger. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

### **Request Restrictions on Uses and Disclosures of Your PHI**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. To request a restriction, you must submit a written request. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so.

### **Accounting of Disclosures of PHI**

You have the right to receive an accounting of certain instances in which we disclosed your PHI. An accounting will not include disclosures made for treatment, payment, or health care operations. An accounting will also not include certain other disclosures, such as disclosures made directly to you or persons involved in your care, disclosures made pursuant to an authorization, or disclosures made as part of a limited data set. You are required to submit your request in writing, as explained at the end of this

Notice. You must state the time period for which you want to receive the accounting. The first accounting you request in a 12-month period will be free, and we may charge you for additional requests in that same period.

### **Receive Notice of Privacy Practices**

You have the right to a paper copy of this Notice. You may ask us to provide you a copy of this Notice at any time. Copies of this Notice are available from Martin's Point Health Care, LLC or by contacting the Privacy Officer as explained at the end of this Notice. You may also obtain an electronic copy at [www.martinspoint.org](http://www.martinspoint.org).

### **Future Changes to Martin's Point Privacy Practices**

We reserve the right to change this Notice and the privacy practices of the Plans and Providers covered by this notice. We reserve the right to make the revised or changed Notice and will post the current version on the Martin's Point website, <https://martinspoint.org/Disclaimer-and-Policies/Notice-of-Privacy-Practice>

### **Plans and Providers that will follow this Notice include the following:**

- Martin's Point Generations Advantage
- Martin's Point US Family Health Plan
- Martin's Point Health Care Centers

### **Breach Notification**

We will notify you if your health information has been “breached,” which means that your health information has been used or disclosed in a way that is inconsistent with law and results in it being compromised. We are required to comply with all applicable breach notification requirements under HIPAA.

### **Non-Discrimination Notice**

Martin's Point complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### **Questions and Complaints**

If you have any questions about this Notice, please let Patient/Member Services know you would like to speak

to our Privacy Officer.

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer at:

Martin's Point Privacy Officer  
c/o Compliance and Legal Affairs Department  
331 Veranda Street  
PO Box 9746  
Portland, ME 04104  
Phone: (207) 791-3848

You may also notify the Secretary of the Department of Health and Human Services by sending your complaint to: Centralized Case Management Operations, U. S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D.C., 20201. You may also send the information by email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or file a complaint online through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

Martin's Point Health Care will not take retaliatory action against you if you file a complaint.

Revision dates: November 2011  
September 23, 2013  
September 29, 2014  
November 15, 2018  
July 1, 2022  
May 14, 2024