



Behavioral Health
77 Court St. Bangor, ME
(207) 941-0879 • 1-800-499-0879

Consent to Use and Disclose Your Health Information

This form is an agreement between you, _____ and Behavioral Health Center. When we use the word "you" below, it can mean you, your child or a person you are a legal guardian of, if you have written his or her name here _____.

When we examine, test, diagnose, treat, or refer you we will be collecting what the law calls Protected Healthcare Information (PHI) about you. We need to use this information to decide what treatment is best for you and to provide treatment to you. We may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions. In most cases, as defined in our Notice of Privacy Practices, your written consent will be needed to disclose your PHI.

Your PHI may include: records covered by federal rules governing confidentiality of alcohol and drug abuse treatment programs, records covered by state rules governing mental health services and records concerning you, or your child's, diagnosis or treatment for HIV or AIDS.

By signing this form you are agreeing to let us use your information here and send it to others. The Notice of Privacy Practices explains in more detail your rights and how we can use and share your information.

If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices we cannot treat you.

In the future we may change how we use and share your information and so may change our Notice of Privacy Practices. If we do change it, you can get a copy from our Privacy Officer.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment or administrative purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, we promise to do as you asked.

After you have signed this consent, you have the right to revoke it (by writing a letter to our Privacy Officer telling us you no longer consent) and we will comply with your wishes about using or sharing your information from that time on but we may already have used or shared some of your information and cannot change that.

By signing below you are confirming you have read the above and received a copy of our Notice of Privacy Practices.

Signature of client or his or her personal representative

Date

Printed name of client or personal representative

Relationship to the client

Signature of authorized representative of this office or practice

Please see *Rights of Recipients of Mental Health Services* on the reverse of this form.



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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.

Notice of Privacy Practices

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and professional ethics. Because the rules are so complicated some parts of this Notice are very detailed. If you have any questions, our Privacy Officer will be happy to help you understand our procedures and your rights. Her name and address are at the end of this Notice.

Introduction - To our clients

This Notice will tell you how we handle your medical information. It tells how we use the information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. Because the laws of this state and the laws of federal government are very complicated, and we don't want to make you read a lot that may not apply to you, we have removed a few small parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for an explanation or further detail.

What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or any other what are called "healthcare providers" information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI which stands for **Protected Health Information**. This information goes into your **medical or healthcare record** or file at office.

In this office this PHI is likely to include these kinds of information:

- Your history. As a child, in school and at work, marriage and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, or needs.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. A list of the treatments and any other services which we think will be best to help you.
- Progress notes. Each time you come in we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.

- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters
- Billing and insurance information

This list is just to give you an idea and there may be other kinds of information that go into your healthcare record here.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- To show that you actually received the services from us which we billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy we can make one for you (but may charge you for the costs of copying and mailing). In some very rare situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing you can ask us to amend (add information to) your record although in some rare situations we don't have to agree to do that. If you want, our Privacy Officer, can explain more about this.

Privacy and the laws

We are also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your Personal Healthcare Information (or PHI) private and to give you this notice of our legal duties and our privacy practices which is called the **Notice of Privacy Practices (or NPP)**. We will obey the rules of this notice as long as it is in effect but if we change it the rules of the new NPP will apply to all the PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can also get a copy from our Privacy Officer at any time.

How your protected health information can be used and shared

When your information is read by me or others in this office and used by us to make decisions about your care that is called, in the law, "use." If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure." Except in some special circumstances, when we use your PHI here or disclose it to others we share only the **minimum necessary PHI**

needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared) and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose it for routine purposes and we will explain more about these below. For other uses we must tell you about them and have a written Authorization form unless the law lets or requires us to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures of PHI in healthcare *with your consent.*

After you have read this Notice you will be asked to sign a separate **Consent form** to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide **treatment** to you, arrange for **payment** for our services, or some other business functions called **health care operations**. Together these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO. Take a minute to re-read that last sentence until it is clear because it is very important. Next we will tell you more about TPO.

1a. For treatment, payment, or health care operations.

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it to care for you properly. Therefore you must sign the Consent form before we begin to treat you because if you do not agree and consent we cannot treat you.

When you come to see us, several people in our office may collect information about you and all of it may go into your healthcare records here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. Let's see what these mean.

For treatment

We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of our services.

We may share or disclose your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team we can share some of your PHI with them so that the services you receive will be work together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record and so we all can decide what treatments work best for you and make up a Treatment Plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

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3. Uses and disclosures of PHI from mental health records that don't require a Consent or Authorization

The laws allow us to use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when we might have to share your information.

When required by law

There are some federal, state, or local laws which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- We have to disclose some information to the government agencies which check on us to see that we are obeying the privacy laws.

For Law Enforcement Purposes

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

For public health activities

We might disclose some of your PHI to agencies which investigate diseases or injuries.

For specific government functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

To Prevent a Serious Threat to Health or Safety

If we come to believe that there is a serious threat to your health or safety or that of another person or the public we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

4. Uses and disclosures where you to have an opportunity to object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about who you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law. This information will be stated on an Authorization form signed by you.

If it is an emergency - so we cannot ask if you disagree - we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve we will stop, as long as it is not against the law.

5. An accounting of disclosures

When we disclose your PHI we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

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