

**LIFE ENRICHMENT ADVANCING PEOPLE
NOTICE OF PRIVACY PRACTICES**

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

LEAP may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. LEAP has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Services. LEAP may use your health information to coordinate care within LEAP and with others involved in your care, and other health care professionals who have agreed to assist LEAP in coordinating care. LEAP also may disclose your health care information to individuals outside of LEAP involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. LEAP may include your health information in invoices to collect payment from third parties for the care you receive from LEAP. For example, LEAP may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or LEAP. LEAP also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for the services that will be provided to you.

To Conduct LEAP Operations. LEAP may use and disclose health information for its own operations in order to facilitate the function of LEAP and as necessary to provide quality care to all of LEAP 's clients or members. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve services or reduce care costs.
- Contacting health care providers and clients or members with information about service alternatives and other related functions that do not include treatment.

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- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of LEAP.
- Fundraising for the benefit of LEAP (although you have the right to ask not to receive fundraising communications).

For example LEAP may use your health information to evaluate its staff performance, combine your health information with other LEAP clients or members in evaluating how to more effectively serve all LEAP clients or members, disclose your health information to LEAP staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For Appointment Reminders. LEAP may use and disclose your health information to contact you as a reminder that you have an appointment.

For Service Alternatives. LEAP may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED WITHOUT YOUR AUTHORIZATION.

When Legally Required. LEAP will disclose your health information when it is required to do so by any Federal, State or local law.

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When There Are Risks to Public Health. LEAP may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence. LEAP is allowed to notify government authorities if LEAP believes a client is the victim of abuse, neglect or domestic violence. LEAP will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. LEAP may disclose your health information to an oversight agency LEAP utilizes for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. LEAP, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of services or public benefits.

In Connection With Judicial And Administrative Proceedings. LEAP may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when LEAP makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State law, LEAP may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

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- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if LEAP has a suspicion that your death was the result of criminal conduct including criminal conduct at LEAP.
- In an emergency in order to report a crime.

To Coroners And Medical Examiners. LEAP may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. LEAP may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, LEAP may disclose your health information prior to and in reasonable anticipation of your death.

In the Event of A Serious Threat To Health Or Safety. LEAP may, consistent with applicable law and ethical standards of conduct, disclose your health information if LEAP, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize LEAP to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. LEAP may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

LEAP will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. LEAP is required to obtain a separate authorization to use or disclose psychotherapy notes, to use or disclose your health information for marketing purposes, or for a use or disclosure that is a sale of your health information. If you or your representative authorizes LEAP to use or disclose your health information, you may revoke that authorization in writing at any time.

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YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that LEAP maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on LEAP's disclosure of your health information to someone who is involved in your care or the payment of your care. However, LEAP is not required to agree to your request, unless the request is that LEAP not disclose health information to a health plan for payment or health care operations if the information relates to services you have paid for in full. If you wish to make a request for restrictions, please contact Darryl Wood at 313 Farmington Falls Road in Farmington.

- **Right to receive confidential communications.** You have the right to request that LEAP communicate with you in a certain way. For example, you may ask that LEAP only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact Darryl Wood at 313 Farmington Falls Road in Farmington. LEAP will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to Darryl Wood at 313 Farmington Falls Road in Farmington. If you request a copy of your health information, LEAP *may* charge a reasonable fee for copying and assembling costs associated with your request.

- **Right to amend health care information.** You or your representative have the right to request that LEAP amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by LEAP. A request for an amendment of records must be made in writing to Darryl Wood at 313 Farmington Falls Road in Farmington. LEAP may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by LEAP, if the records you are requesting are not part of LEAP's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of LEAP, the records containing your health information are accurate and complete.

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- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by LEAP for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Darryl Wood at 313 Farmington Falls Road in Farmington. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. LEAP would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- **Right to receive notice of breach.** You or your representative has the right to receive notice whenever a breach of your unsecured health information occurs.

- **Right to a paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact Darryl Wood at 313 Farmington Falls Road in Farmington. ***A copy of the current version of LEAP's Notice of Privacy Practice is available at our website, www.leapcommunity.org.***

DUTIES OF LEAP

LEAP is required by law to maintain the privacy of your health information, to provide to you and your representative this Notice of its duties and privacy practices, and to notify you and your representative of any breach of unsecured protected health information. LEAP is required to abide by the terms of this Notice as may be amended from time to time. LEAP reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If LEAP changes its Notice, LEAP will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to LEAP and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to LEAP should be made in writing to Darryl Wood at 313 Farmington Falls Road in Farmington. LEAP encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

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CONTACT PERSON

LEAP has designated the Executive Director as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact *Darryl Wood at **LEAP, Inc.** 313 Farmington Falls Road, Farmington ME 04938*

Receipt of Privacy Notice.

I received a copy of LEAP's Notice of Privacy Practices.

Individual or Guardian Signature

Date:

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT
Darryl Wood at LEAP, Inc. 313 Farmington Falls Road, Farmington, ME 04938