



# **PROTEA**

## **Behavioral Health Services**

187 Exchange Street, Bangor, ME 04401-6507

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Bangor Toll-free

Web-Site: [www.proteabhs.com](http://www.proteabhs.com) E-mail: [info@proteabhs.com](mailto:info@proteabhs.com)

### **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.

PROTEA Behavioral Health Services is required by law to maintain the privacy of your health care information, and to provide you with a notice of PROTEA Behavioral Health Services' privacy practices. While required to abide by the terms of the notice that is currently in effect, PROTEA Behavioral Health Services reserves the right to change privacy practices at any time. If privacy practices change, PROTEA Behavioral Health Services will provide you with a revised notice at your next visit following the change.

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

PROTEA Behavioral Health Services may use your information for:

- Treatment
- Payment
- Health Care Operations

For example:

- Your information may be used to develop a diagnosis and treatment plan, or to coordinate referrals to another health care provider
- Portions of your information may be submitted to your insurance carrier or other third-party payer to secure payment on your behalf
- Your information may be used in the course of health care operations, such as for quality assurance, evaluation, training, or audit activities

Business associates performing services on behalf of PROTEA Behavioral Health Services related to treatment, payment, or 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.

PROTEA Behavioral Health Services may disclose information without your authorization as permitted or required by applicable law, including any of the following: to comply with public health statutes and rules; to make any required reports of abuse or neglect; to comply with health oversight activities by government agencies (for example, licensure); to comply with a court order, government subpoena, or other lawful process; for research purposes; in the event of your death, to a medical examiner; to avert a serious threat to health or safety; or for workers' compensation purposes.

PROTEA Behavioral Health Services may use your information to contact you for appointment reminders, or to provide information about treatment alternatives or other health services. Except as described above, PROTEA Behavioral Health Services will not disclose your information, except with your written authorization. You may revoke your authorization at any time by giving written notice of revocation to PROTEA Behavioral Health Services.

## **Your Rights**

You have the right to request restrictions on the use and disclosure of your information. However, PROTEA Behavioral Health Services is not required to agree to a requested restriction, and it is PROTEA Behavioral Health Services' policy not to agree to such restrictions unless PROTEA Behavioral Health Services determines, in PROTEA Behavioral Health Services' sole discretion, that a compelling reason exists to do so.

You have the right to receive communications from PROTEA Behavioral Health Services in a confidential manner. If you would like PROTEA Behavioral Health Services to use another address or telephone number to contact you, you must request so in writing.

You have the right to receive an accounting of disclosures of your health care information that you have not authorized. To receive such an accounting, please contact PROTEA Behavioral Health Services at the address given below.

You have the right to inspect and copy your 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 reasonable costs of copying your information, or of preparing any summaries that you request.

You have the right to amend your health care information. If you wish to do so, please submit the proposed amendment in writing to PROTEA Behavioral Health Services at the address given below.

You have the right to a copy of this Notice of Privacy Practices upon request.

You have the right to complain to PROTEA Behavioral Health Services 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 PROTEA Behavioral Health Services as set forth in this notice. Nobody is permitted to retaliate against you filing a complaint.

For further information about PROTEA Behavioral Health Services' privacy policies, please contact:

Gloria Black  
Health Information Services Manager / Privacy Officer  
PROTEA Behavioral Health Services  
187 Exchange Street  
Bangor, ME 04401  
(207) 992-7010