

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.

This joint Notice describes the privacy practices of the three hospital facilities and the home health and hospice agency that comprise the North Country Healthcare affiliated covered entity, or “ACE”: Androscoggin Valley Hospital, Upper Connecticut Valley Hospital, Weeks Medical Center, and North Country Home Health and Hospice Agency, Inc. The ACE designation permits the members of the ACE to share health information which was created or received while you were a patient at one of the hospitals among themselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs.

In addition, each of the hospitals participates in an organized health care arrangement (OHCA) with independent practitioners on their medical staffs. Those independent practitioners participating in this arrangement have agreed to abide by the practices described in this Notice with respect to care they provide to you in the hospital and the medical information in your records at the hospital. The participants in each OHCA will share information with each other as necessary to carry out treatment, payment or health care operations relating to the OHCA.

This joint Notice applies to the three hospitals and home health and hospice agency comprising the North Country Healthcare ACE, and their OHCAs, and to the home health and hospice agency, at all of their service delivery sites. All service delivery sites are listed at the end of this Notice.

If you have any questions about this Notice, please contact the Privacy Officer listed on the second-to-last page of this Notice.

Protected Health Information (“PHI”) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI.

As providers of health care, we are required by Federal and state law to maintain the privacy of PHI. We are also required to notify you following a breach of the privacy of your PHI.

We are required to provide you with this Notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. We will provide you with any revised Notice of Privacy Practices upon request; you may either call the office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. We will also promptly post the revised Notice of Privacy Practices on our websites and at our facilities.

PERMITTED USES AND DISCLOSURES

General Rules

Federal law allows a health care provider to use or disclose PHI as follows:

- **You.** We will disclose your PHI to you, as the covered individual, at your request.
- **Authorization.** We will disclose your PHI pursuant to the terms of an authorization signed by you.
- **Personal representative.** We will disclose your PHI to a personal representative designated by law such as the parent or legal guardian of a child, attorney-in-fact under a durable power of attorney for health care, representative of the estate of a deceased individual, or, in certain circumstances, your surviving spouse.
- **Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your treatment. Treatment refers to the provision and coordination or management of health care and related services by one or more health care providers, including consultation or referral. For example, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist laboratory or pharmacy) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.
- **Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. Payment refers to the collection of premiums, reimbursements, coverage, determinations, billing, claims management, medical necessity determinations, utilization review, and pre-authorization services. For example, we may provide portions of your PHI to our billing services provider and your health plan to get paid for the health care services we provided to you.
- **Health care operations.** We may disclose your PHI in order to operate our hospitals and the home health and hospice agency. Health care operations refer to specified administrative support activities by or for a health care provider, including quality assessment and improvement, peer review, training and credentialing of providers, and legal and auditing functions. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.
- **Appointment reminders and other notifications.** We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives.
- **Business Associates.** We will share your PHI with third party “business associates” that perform various activities (for example, billing or transcription services) for the hospitals or the home health and hospice agency, including North Country Healthcare, Inc., the system parent. Whenever an arrangement with a business associate involves the use or disclosure of your PHI, we have a written contract that contains legally required terms that will protect the privacy of your PHI.
- **Fundraising.** We may send you fundraising notices and appeals, unless you opt out of receiving fundraising communications. With each communication, we will provide you with an opportunity to opt out of any further fundraising communications. Or, you may contact our Privacy Officer to opt out of fundraising communications.

Uses and Disclosures Allowed Without Authorization or Opportunity to Agree or Object

- Federal law also allows a health care provider to use and disclose PHI, without your consent or authorization, or opportunity to agree or object, in the following ways:
- **As required by law.** When a disclosure is required by Federal, state, or local law, judicial or administrative proceedings, or by law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
 - **For public health activities.** For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we may provide coroners, medical examiners, and funeral directors necessary information relating to an individual’s death.
 - **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
 - **For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
 - **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
 - **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
 - **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And, we may disclose PHI for national security purposes.
 - **For workers’ compensation purposes.** We may provide PHI in order to comply with workers’ compensation laws.
 - **Correctional Institutions.** If you are an inmate of a correctional institution or under the

custody of a law enforcement official, we may release PHI about you to the correctional facility or law enforcement official, under certain, limited circumstances permitted by law. These situations may arise when the institution needs to offer you healthcare services, ensure the health and safety of you and others, or maintain the security of the correctional facility.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

- We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.
- **Others Involved in Your Healthcare.** If you agree or do not object, we may disclose to a member of your family, a relative, a close personal friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care or payment for your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We also may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
 - **Directories.** We may maintain a directory of patients that includes your name and location within the facility, your religious affiliation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religious affiliation, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy. You have the right to object, in writing, upon admission to the hospital, and any time during hospitalization, to the use or disclosure of your medical information from the hospital directory to family members, friends, visitors, clergy, and others who may ask for you by name, and, if you do so, we will follow your wishes. As allowed by law, we may use your personal information from the hospital directory in the event you are incapacitated or undergoing emergency medical treatment, but only consistent with your prior expressed wishes.
 - **Following your death.** After your death, we may disclose to a member of your family, a relative, a close personal friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care or payment for your health care prior to your death. We will not make such disclosures to the extent you inform us, prior to your death, that you object to some or all such disclosures. Notwithstanding the above, when there is no estate administration, the surviving spouse or next of kin of the deceased will be designated your personal representative for the limited purpose of obtaining your medical records if the requestor provides us with (a) a notarized affidavit indicating that they are authorized to access your records; (b) a signed NCH authorization for use and disclosure of PHI; and (c) a copy of your death certificate.

ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

In any other situation not described in this notice, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures.

- Specific examples of uses or disclosures that require authorization include:
- **Psychotherapy Notes.** Most uses and disclosures of psychotherapy notes require your written authorization. “Psychotherapy notes” are the recorded notes (in any form) of a mental health professional that document or analyze the contents of conversations during a counseling session, if kept separately from the rest of your medical record.
 - **Sensitive Data.** Some information, such as HIV information, genetic information, reproductive health information, and mental health information is entitled to special restrictions related to its use and disclosure.
 - **Marketing.** Uses and disclosures of your PHI for marketing require your written authorization. Marketing is a communication that encourages you to purchase or use a product or service. However, it is not marketing if we communicate with you about health-related products or services that we offer, as long as we are not paid by a third party for making the communication. Nor is your written authorization required for us to communicate with you face-to-face or for us to give you a gift of nominal value.
 - **Sale.** We may not sell your PHI without your written authorization, except as permitted by law.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

You have the following rights with respect to your PHI:

- **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or health care operations purposes or notification purposes. We are not required to agree to your request, with one exception: If you have paid out of pocket and in full for a health care item or service, you may request that we not disclose your health information related to that item or service to a health plan for purposes of payment or health care operations. If you make such a request, we will not disclose your information to the health plan unless the disclosure is otherwise required by law. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Privacy Officer listed on the final page of this Notice.
- **Alternative Modes of Communication.** You have the right to ask that we send PHI to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format that you request.
- **Access.** In most cases, you have the right to look at or obtain copies of your PHI that we have, but you must make the request in writing. You also have the right to have us provide a copy of your PHI directly to another person whom you designate by providing us with a completed authorization form. You are also entitled to an electronic copy of your Electronic Health Record (“EHR”), if one exists. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.
- **Copies.** If you request paper copies of your PHI, we may charge you a reasonable, cost-based fee for each page in accordance with state and federal law. For EHR, you may be charged the cost of labor to produce the electronic copy or make the electronic transmission, and the cost of any portable media device on which the copy is provided. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.
- **Accounting of Disclosures.** You have the right to an accounting of instances in which we have disclosed your PHI for a period of up to six years prior to the date of the request, except for certain disclosures, including disclosures that you have authorized and disclosures made for the purpose of carrying out treatment, payment, or health care operations. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee for each additional request.
- **Amendment of Records.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement

- of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and notify others that need to know about the change to your PHI.
- **Paper Notice.** You have the right to request a paper copy of this Notice.
 - **To Receive Notice of Breach.** You have the right to be notified upon a breach of any of your unsecured health information.

Information relating to your substance use disorder (“SUD”) care is protected by federal regulations to SUD, which are issued by a government agency called “SAMHSA” and found at 42 C.F.R. Part 2. They are often referred to simply as “Part 2”). These regulations protect the confidentiality of information relating to the identity, diagnosis, prognosis, or treatment of any client with a SUD. NCH and its affiliated entities may not disclose records relating to your SUD treatment without your written consent, except in narrowly limited circumstances. Pursuant to Part 2, the terms of a written consent to disclose information must specify the scope and types of SUD information to be disclosed, the parties to whom the information may be disclosed, the purpose of the disclosure and the timeframe of the consent. You may revoke a consent to disclose information relating to SUD care verbally or in writing at any time. NCH and its affiliated entities use one form for authorization of release of medical records and SUD, in order to simplify the authorization process. The form has a special SUD release section.

NCH and its affiliated entities may ask for your written consent to disclose SUD treatment information in certain circumstances, including releasing treatment information to or obtaining information from your other medical providers, obtaining payment from insurance or other payors, or contacting your family either for treatment purposes or in the case of a medical or other emergency. NCH and its affiliated entities will not disclose your treatment information for these purposes without your consent.

In certain very limited situations, NCH and its affiliated entities may disclose treatment information without your written consent, as allowed under Part 2. For treatment purposes, NCH and its affiliated SUD entities only are permitted to use and disclose treatment information internally and to entities with which your SUD provider shares administrative control. NCH and its affiliated entities are permitted to share treatment information as necessary with qualified service organizations that agree to maintain the confidentiality of the information. NCH and its affiliated entities also may disclose treatment information to outside auditors, regulatory agencies and evaluators and for certain research purposes. NCH and its affiliated entities may disclose treatment information without your written consent when necessary in a life-threatening medical emergency and may disclose to report a crime on the premises or against NCH and/or affiliated entity staff. NCH and its affiliated entities also may disclose client information without consent where the State mandates child abuse and neglect reporting; when cause of death is being reported; or when required by a valid court order that contains specific required findings. NCH and its affiliated entities may contact you to share information about NCH and its affiliated entities’ treatment services or to send you reminder notices of future appointments for your treatment.

Violations of SAMHSA’s protections are not legal, and may be reported to:

Bureau of Drug and Alcohol Services | N.H. Department of Health and Human Services | 105 Pleasant St. Concord, NH 03301

PRIVACY OFFICER

Our Privacy Officer may be reached by mail, phone or email at:

Privacy Officer
8 Clover Lane | Whitefield, NH 03598 |
603-326-5608 | privacy@northcountryhealth.org

COMPLAINTS

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer at 603-326-5608 for further information about the complaint process.

EFFECTIVE DATE OF NOTICE

This Notice was published and becomes effective on October 30, 2024.

SERVICE LOCATIONS

This joint Notice applies to the three hospitals and home health and hospice agency comprising the North Country Healthcare ACE, and their OHCAs, at all of their service delivery sites. These include the following locations:

Androscoggin Valley Hospital | 59 Page Hill Road | Berlin, NH 03570

AVH Surgical Associates | 59 Page Hill Road | Berlin, NH 03570

AVH Surgical Associates | 7 Page Hill Road | Berlin, NH 03570

AVH Outreach Laboratory | Coos County Family Health Services | 133 Pleasant Street | Berlin, NH 03570

AVH Outreach Laboratory | Coos County Family Health Services | 2 Broadway Street | Gorham, NH 03581

NCH Patient Care Center | 167 Main Street | Gorham, NH 03581

NCH Patient Care Center | 1976 White Mountain Highway Suite 110B | North Conway, NH 03860

AVH Surgical Associates Outreach Clinics | Weeks Medical Center | 173 Middle Street | Lancaster, NH 03584

AVH Surgical Associates Outreach Clinics | Upper Connecticut Valley Hospital | 181 Corliss Lane | Colebrook, NH 03576

North Country Home Health and Hospice Agency, Inc. | 536 Cottage Street | Littleton, NH 03561

NCH Home Medical Supplies | 252 Meadow Street | Littleton, NH 03561

Upper Connecticut Valley Hospital | 181 Corliss Lane Colebrook, NH 03576

Weeks Medical Center | 173 Middle Street | Lancaster, NH 03584

Lancaster Patient Care Center | 173 Middle Street | Lancaster, NH 03584

Whitefield Patient Care Center | 8 Clover Lane | Whitefield, NH 03598

Groveton Patient Care Center | 47 Church Street | Groveton, NH 03582

Littleton Patient Care Center | 536 Cottage Street | Littleton, NH 03561

Stewartstown Patient Care Center | 6 Duranleau Street | West Stewartstown, NH 03597

Colebrook Patient Care Center | 141 Corliss Lane | Colebrook, NH 03576

Weeks Medical Center and The Doorway | 7 Page Hill Road | Berlin, NH 03570