



## **Blue Sky Counseling Notice of Privacy Practices**

This **NOTICE OF PRIVACY PRACTICES** encompasses all Blue Sky Counseling locations: Waterville, Bangor, Skowhegan, Augusta, Lewiston, and Rumford.

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

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR Compliance/Privacy Officer at 207-616-0705.**

### **Who Will Follow This Notice**

Employees of the entities listed above will follow this notice. These individuals will follow this notice in their use of and disclosure of protected health information they receive or create. We will share protected health information with other member organizations so we can treat you, obtain payment and carry out necessary operations. Some of your information may be available to people or companies, known as business associates, who are not employed by us. These Business Associates work on our behalf performing necessary functions, which allow us to deliver quality Healthcare Services to you. Each of our Business Associates is subject to the same confidentiality rules regarding your Protected Health Information as we are.

### **Your Protected Health Information**

Protected Health Information (PHI) is information, including demographic information, which may identify you and relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health condition, in the past, present or future. The contents of this information may include information we have created and recorded about you **AND** information that we have **received** about you from another health care provider, such as a hospital, doctor, or therapist. 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. We are required by Federal Law to maintain the privacy of PHI and 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 this 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. If a change is made to this Notice, it will be posted at all of our locations, and a paper copy of the revised Notice will be made available to all individuals receiving services at their next appointment.

Our notice is also posted on BSC's Website at [www.blueskycounseling.com](http://www.blueskycounseling.com).

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

The following statements outline your rights regarding your protected health information.

#### **Right To Request Limits on Uses and Disclosures of Your Protected Information**



(207) 616-0705



[info@blueskycounseling.com](mailto:info@blueskycounseling.com)



(207) 241-4016



[www.BlueSkyCounseling.com](http://www.BlueSkyCounseling.com)



You have the right to ask that we limit or restrict how we use and disclose your protected information for Treatment, Payment, and Health Care Operations. We will consider your written request and may honor reasonable requests where possible. The law does not require us to agree to every request.

### **Self-Pay Restriction Right:**

If you or your personal representative pays out-of-pocket in full for a specific service or item, you have the right to request that we **not disclose information about that service to your health plan** for payment or health care operations. We are required to agree to this request unless disclosure is otherwise required by law.

### **Your written request must indicate:**

1. The specific restriction requested.
2. Whether you wish to limit use, disclosure, or both.
3. To whom the restriction applies

If we agree, we will comply except in emergencies. You may terminate a restriction in writing. We may terminate the approved restriction by notifying you in writing for future information only.

### **Right To Choose How We Send Information to You**

You have the right to ask that we send information to you at an alternate address or by alternate means to ensure your confidentiality. Your request must be in writing, and you can make your request at the time of intake or with your provider. We must accommodate reasonable requests so long as we can easily provide them in the format and manner you requested. We may condition accommodations on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or method of contact to resolve billing and payment issues.

### **Right To Inspect and Get Copies of Your Health Information**

In most cases, you have the right to review or request copies of information used to make decisions about your care. Your request must be in writing and can be submitted to your provider. If we did not create the information or if we do not have your information but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and how you can have the denial reviewed. If you request copies of your information, we may charge a reasonable, cost-based fee. **You have the right to request a paper or electronic copy of your record, and if maintained electronically, you may request secure electronic transmission to a person or entity you designate when technically feasible.** You may ask us to provide your electronic record in electronic format. If we are unable to provide your record in the format you request, we will provide the records in a form that works for you and our office. You may ask us to transmit your record to a specific person or entity by making a written, signed request.

### **Right To Correct or Amend Your Information**



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If you believe that your information is inaccurate or incomplete, you have the right to request that we correct the existing information or add the missing information. That request must be made in writing, and you must provide a reason for the change. We will respond within 60 days of receiving your request. Your request and our response will become part of your record. If we accept your request, we will make reasonable efforts to inform others, as identified by you, of the amendment. We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if the information in your record is accurate and complete, not created by us, not allowed to be looked at and copied for you, or not a part of our records. Our written denial will tell you the reasons for the denial and how to file a written statement of disagreement, should you choose to submit one.

### **Right To Obtain a List of The Disclosures We Have Made of Your Information**

You have the right to obtain a list of instances in which we have disclosed your information by submitting your written request to our Privacy Officer. This list will not include uses or disclosures that you have already consented to, those made for treatment, payment, or health care operations, made directly to you, or before the effective date of April 14, 2003. We will respond within 60 days of receiving your written request and will include disclosures made in the last six years, but not before the effective date of this notice, unless you request a shorter time. We will provide the list to you at no charge. If you make more than one request in the same year, we may charge you a reasonable fee for each additional request.

### **Right To a Paper Copy of and Notification of Changes to This Notice**

You have the right to a paper copy of this notice and may ask us to give you one at any time. We reserve the right to change the terms of this notice and will post any changes in our waiting areas and on our website. We will provide you with a revised copy at your next visit or you may obtain a copy of this notice at the following website, [www.blueskycounseling.com](http://www.blueskycounseling.com).

### **Right To Withdraw Your Authorization to Use or Disclose Your Information**

If you give us permission to use or disclose your information, you may withdraw or cancel that permission at any time. If you withdraw your permission, we will no longer use or disclose PHI information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

### **Fundraising**

We do not currently conduct fundraising campaigns. If we do so in the future, you have the right to opt out of any fundraising solicitation or communication.

### **Breach notification**

We are required by law to maintain safeguards that protect your protected health information. If a breach of unsecured protected health information occurs, we will notify you without unreasonable delay and will notify the U.S. Department of Health and Human Services and others as required by law.



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### **You may file a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with **Blue Sky Counseling's Privacy Officer at 207-616-0705**. Our Privacy Officer will work with you to resolve your complaint. You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR)** electronically at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or by mail or phone.

*You will not be penalized or retaliated against for filing a complaint.*

### **PERMITTED USES AND DISCLOSURES**

#### **Treatment, Payment, and Health Care Operations**

*Federal law allows for the use and disclosure of PHI, for the purposes of Treatment, Payment, and Healthcare Operations, without your authorization. Examples of the uses and disclosures that we may make under each section are listed below:*

#### **Treatment**

Treatment refers to the provision, coordination, or management of your health care by Blue Sky Counseling and other health care providers involved in your care. This includes services provided by therapists, psychiatrists, social workers, nurses, case managers, and other qualified professionals responsible for your treatment. Information obtained during assessments and sessions will be documented in your record and may be shared with members of your treatment team for the purpose of coordinating care and developing or modifying your treatment plan.

For treatment purposes, Blue Sky Counseling may:

- Share relevant health information with laboratories when ordering tests.
- Disclose information to pharmacies for the purpose of dispensing medication.
- Coordinate care with other health care providers involved in your treatment.
- Access prescription monitoring databases and review prescription history as permitted by law to support safe and effective treatment.

**Payment.** Payment refers to the activities of a health care provider such as obtaining or providing reimbursement for the provision of health care, determining eligibility or coverage, billing, claims management, collection activities, review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges, and utilization review activities, including pre-certification and preauthorization of services and concurrent and retrospective review of services. For example, we may collect your name, social security number, diagnosis, treatment location, and type of procedure in order to complete a claim form. We may then send that claim form to your insurance company so that we may receive payment from them for the services we provided.



**Health Care Operations.** Health Care Operations refers to the basic business functions necessary to operate as a health care provider. Examples of uses and disclosures under this section include: conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines; policy development; reviewing the competence or qualifications of staff; evaluating staff performance; conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers; accreditation, certification, licensing, or credentialing activities; legal services and auditing functions, including fraud and abuse detection and compliance programs; and other related functions that do not include treatment. For example, we may review information in your record to see if you and other clients are meeting their treatment goals. We will then analyze this information and make changes to the way we provide care. We may read your treatment plans and those of others we are treating at BSC to ensure that your therapist and other treatment professionals are completing the treatment plans in a timely manner. We may review your record, and many others at BSC, to help us prepare for a forthcoming licensing or accreditation visit.

#### **OTHER ALLOWABLE USES AND DISCLOSURES**

Blue Sky Counseling participates in **HealthInfoNet**, the statewide health information exchange (HIE) designated by the State of Maine. HealthInfoNet is a secure electronic system that allows authorized health care providers to share limited health information to support safe, coordinated care.

Blue Sky Counseling provides **behavioral health, substance use disorder treatment, and medication management services**, including medications for substance use disorders and certain mental health conditions. Our providers are **not primary care providers**, but participation in the HIE allows us to view and share relevant health information with other treating providers, such as primary care offices, hospitals, pharmacies, laboratories, and specialists, when appropriate for treatment or care coordination.

Information that may be shared through the HIE can include medications, allergies, diagnoses, laboratory results, and visit information necessary to support clinical decision-making and continuity of care. Demographic information such as your name and date of birth may also be included to ensure records are accurately matched.

Participation in HealthInfoNet is **not required to receive services** at Blue Sky Counseling. You have the right to choose whether your information is included or shared through the HIE. For more information about HealthInfoNet, your privacy rights, or how to opt out, please visit [www.hinonet.org](http://www.hinonet.org) or call **1-866-592-4352**.

All information shared through the HIE is protected in accordance with applicable federal and Maine privacy laws, including HIPAA and, when applicable, 42 CFR Part 2.

**When Allowed by Law:** The law allows us to use or disclose your protected health information in certain situations, including:

- When required by state or federal law;
- To report abuse or neglect;



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- To persons authorized by law to act on your behalf, such as a guardian, health care power of attorney or surrogate;
- For disaster relief purposes, such as to notify family about your whereabouts and condition;
- For public health activities such as reporting on or preventing certain diseases;
- To comply with Food and Drug Administration requirements;
- For health oversight purposes such as reporting to Medicare, Medicaid or licensing audits, investigations, or inspections;
- Where required by U.S. Department of Health and Human Services to determine our compliance;
- To assist coroners or funeral directors in carrying out their duties.
- To comply with a valid court order, subpoena or other appropriate administrative or legal request if you are involved in a lawsuit or to assist law enforcement where there was a possible crime on the premises. We may also share your information where necessary to prevent or lessen a serious or imminent threat to you or another.
- If you are an inmate, we may release your information for your health or safety in the correctional facility. We may share your information with appropriate military entities if you are a member or veteran of the armed forces. We may be required to disclose information for national security or intelligence purposes.

Any uses and disclosures not described in this Notice will be made only with your written authorization. These authorizations are typically completed on a Blue Sky Counseling Release of Information form. You may take back your authorization (revoke) at any time by making a request in writing to BSC Record Room or to your service provider at BSC. Revoking an authorization will not affect any information released before the authorization was revoked. Taking away your approval to release records could result in improper diagnosis, improper treatment, and denial of insurance coverage or have other negative consequences.

If you would like to file a complaint regarding our privacy practices, policies or procedures OR you think your rights under this notice have been violated, please feel free to contact Blue Sky Counseling's Privacy Officer, at 207-616-0705. Our Privacy Officer will work with you to resolve your complaint. You may also contact the Secretary of the United States Department of Health and Human Services at 1-877-696-6775.

You will not be penalized or otherwise retaliated against for filing a complaint.

### **SUBSTANCE USE SERVICES AND RECORDS CONFIDENTIALITY STATEMENT**

The confidentiality of substance use disorder treatment records maintained by **Blue Sky Counseling** is protected by federal law and regulations (42 U.S.C. § 290dd-2 and 42 CFR Part 2) and applicable state law. These records generally may not be used or disclosed without your **written consent** unless otherwise permitted by law.



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You may provide a **single written consent** allowing Blue Sky Counseling to use and disclose your substance use disorder information for **Treatment, Payment, and Health Care Operations (TPO)**. You may revoke this consent in writing at any time, except to the extent that action has already been taken in reliance upon it.

You have the right to report any violations to the Director of the Substance Use Program or to our Privacy Officer.

### **Redisclosure Notice:**

Federal law prohibits the recipient of substance use disorder information from redisclosing this information unless expressly permitted by your written consent or otherwise allowed by law.

Blue Sky Counseling may maintain **unified medical records** that include medical, mental health, and substance use disorder information. Substance use disorder information continues to receive additional federal protections even when included within a unified record.

Substance use disorder records, or testimony relating their content, may not be used in civil, criminal, administrative, or legislative proceedings without your specific written consent or a qualifying court order that complies with federal law.

Federal law does **not** protect information related to crimes committed on program premises, against program staff, or reports of suspected child abuse or neglect when reporting is required by state law.

### **SPECIAL PRIVACY PROTECTIONS**

Certain types of health information receive additional protections under federal and state law. Blue Sky Counseling complies with all applicable confidentiality requirements, including but not limited to the following:

#### **Mental Health Information**

Information relating to mental health diagnosis and treatment is protected under Maine and federal law. We will not disclose this information except as permitted or required by law or with your written authorization.

#### **Substance Use Disorder Treatment Records (42 CFR Part 2)**

Records relating to substance use disorder diagnosis, treatment, or referral for treatment are protected by federal law and regulations. These records generally may not be used or disclosed without your written consent unless otherwise permitted by law. Additional limitations on redisclosure apply.

#### **HIV and Communicable Disease Information**

Information relating to HIV status, AIDS, or other communicable diseases is provided with additional protections under Maine law and will only be disclosed as permitted or required by law.

### **CHANGES TO THIS NOTICE**



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Blue Sky Counseling reserves the right to change the terms of this Notice of Privacy Practices at any time and to make the new provisions effective for all protected health information that we maintain.

If we make material changes to this Notice, we will update the effective date and make the revised notice available:

- At all Blue Sky Counseling locations
- On our website
- Upon request, in paper or electronic form
- At your next appointment or service delivery, when feasible

You have the right to receive a current copy of this Notice at any time.

Effective Date of This Notice: 02/11/26

### Signature

I have read and understand this Notice of Privacy Practices. I have had the opportunity to ask questions.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Staff/Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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