



# NOTICE OF OUR 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.**

Each time you visit us, we keep a record of your care and treatment. We take the protection of your personal information seriously. We are required to provide you with this Notice of Privacy Practices to tell you about our legal duties and ways we may use and share your information, and to inform you about your rights regarding your health information. We give a small number of examples to describe what the categories mean, but not every use or disclosure can be listed on this Notice.

This Notice is effective as of September 7, 2021. We will ask you to sign a written acknowledgment of receipt of our Notice yearly. We reserve the right to change the terms of this Notice and post the current Notice in our office. You may obtain an updated Notice from our practice at any time.

If you have any questions about the Notice of Privacy Practices, please contact our Privacy Officer at 207.828.2020.



# NOTICE OF OUR PRIVACY PRACTICES

## **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

### **For Treatment**

We will use and disclose your protected health information to provide, coordinate, and/or manage your healthcare and related services in our office or with a third party. For example, we may share your protected health information with a pharmacy for filling prescriptions, a laboratory or imaging center if you need diagnostic services, a specialist to whom we refer you, or a home health agency that provides care to you. The disclosure of your protected health information may extend to persons involved in your care, such as family members.

### **For Payment**

We will use your protected health information to get paid for the healthcare services we provide you. We may share information with your insurance company to obtain payment for services or to seek pre-approval for procedures.

### **For Our Healthcare or Business Operations**

We may disclose your protected health information to support the business activities of this office, such as reviewing your care with our employees for education and training purposes, to support our electronic health record system, for legal or accounting matters. We may use a sign-in sheet at the registration desk so that we may call you by name when we are ready to see you, and we may contact you to remind you of your appointment. If we involve third parties, such as billing services in our business activities, we will have them sign a "Business Associate Agreement" obligating them to safeguard your protected health information according to the same legal standards we follow.



# NOTICE OF OUR PRIVACY PRACTICES

## **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;
- 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, Mainecare (Medicaid), licensing audits, investigations, or inspections;
- Where required by U.S. Department of Health and Human Services to determine our compliance;
- In connection with Workers' Compensation claims for benefits;
- 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 when and where necessary to prevent or lessen a serious or imminent threat to you or others;
- 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;
- If you are an inmate, we may release your information for your health or safety in the correctional facility.



# NOTICE OF OUR PRIVACY PRACTICES

## **WITH YOUR AUTHORIZATION**

Other uses and disclosures will be made only with your written authorization. For example, we will ask for your written permission before promoting a product or service to you for which we will be paid by a company, and generally before sharing your health information in a way that is considered a sale under the law. If you sign an authorization, you may revoke it at any time, except where we have already shared your information based upon your permission.

### **You have the right to access, inspect, and copy your protected health information.**

This usually includes medical and/or billing records. You must submit a written request to us, and you agree to pay the reasonable costs associated with complying with your request before we provide you with your record.

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 record in a format 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 and signed request. You may request the information be sent via our email system if you sign a statement that you understand that email comes with inherent risks for which our office is not responsible.

Under certain circumstances, your provider may not allow you to see or access certain parts of your record. You may ask that this decision be reviewed by another licensed professional.

### **You have the right to request to receive confidential communications, and request contact from us by alternative means or at an alternative location.**

### **You have the right to request a restriction of your protected health information.**

This means you may ask us not to use or disclose all or part of your protected health information for certain purposes. We will consider your request carefully, and may honor reasonable requests where possible. The law does not require us to agree to every request.

Please discuss with us any requests to restrict certain sensitive or other health information from your insurer. We will honor your request when we are not required by law to make the disclosure. You will need to make a new restriction request at each office visit. If your insurance plan "bundles" your services together so that we cannot withhold only one item or service from your claim, we will discuss your options with you. You or your personal representative will need to pay out of pocket, in full, for any services related to a restriction request.

You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.



# NOTICE OF OUR PRIVACY PRACTICES

**You have the right to receive an accounting of certain disclosures** we have made of your protected health information. Please speak with us if you have such a request.

**You may have the right to request an amendment of your protected health information.**

While we cannot erase your record, we may add your written statement to your protected health information to correct or clarify the record where your provider approves. If the provider disapproves, you may submit a statement of disagreement and we may submit a rebuttal, which will remain with your record.

**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.

**We are required to have safeguards in place that protect your health information.** In the event that there is a breach of those protections, we will notify you, the U.S. Department of Health and Human Services, and others, as the law requires.

**You may file a complaint with us** by notifying our Privacy Officer with your written complaint. We will not retaliate against you for filing a complaint with our Privacy Officer by calling 207.828.2020.

**You may file a complaint to the Office of Civil Rights at the Department of Health and Human Services (OCR)** if you believe your privacy rights have been violated by us. You should contact the OCR in writing at: <https://www.hhs.gov/ocr/complaints/index.html>.