

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice of Privacy Practices (“Notice”), please contact our HIPAA Privacy Officer as follows:

HIPAA Privacy Officer
Spectrum Healthcare Partners, P.A.
324 Gannett Drive
South Portland, ME 04106
Tel: (207) 482-7800 or (800) 803-7538
Fax: (207) 482-7898

The confidentiality of your health information is protected by both State and Federal law. Spectrum Healthcare Partners (Spectrum) is required by law to maintain the privacy of your health information and provide you with this Notice. It summarizes how we may use and disclose your health information, and, it describes your rights to:

- Inspect and obtain a copy of your health information.
- Request changes to your health information.
- Obtain a record of certain disclosures of your health information.
- Request that we communicate with you in a confidential manner.
- Request restrictions on the use and disclosure of your health information.
- Notification of a breach of your unsecured health information.

Your health information includes information regarding your past, present, or future physical or mental health or condition, the health care and services provided to you, and the past, present, or future payment for your health care.

A copy of this Notice is available on our website at www.spectrumhcp.com. You have a right to receive a paper copy of this Notice on request even if you received a copy electronically.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The ways we will use and disclose your health information are described in the following categories:

Treatment. We may use your health information to provide you with medical treatment or services and to provide you with appointment reminders. We may also disclose your health information to doctors, nurses, technicians and other persons involved in your care. For example, your health information may be disclosed to:

- A doctor treating you, or a nurse or technician who is assisting a doctor in treating you.
- A hospital in which you are admitted as a patient.

Health Information Exchanges. We may use or disclose your health information when we provide patient services at facilities that participate in one or more health information exchanges.

Payment. We may use or disclose your health information to bill or receive payment for health services you receive. For example, your health information may be disclosed:

- To your health insurance company, including to obtain certification of your eligibility for benefits.
- To your HMO.
- To your health plan.
- To other third parties who may be responsible for the costs of your care, such as family members, care givers, and personal representatives.

Healthcare Operations. We may use or disclose your health information for our operations. The uses and disclosures are necessary to manage our practice and to ensure quality of patient care. For example, your health information may be used or disclosed for the following purposes:

- To assess the quality of healthcare services and development of clinical guidelines. To evaluate competence and qualifications of health professionals.
- To obtain accreditation, credentialing or licensing of our doctors or other health care professionals.
- To conduct or arrange for medical licensure or obtain legal or auditing services.
- To manage the business and administration of our practice, including planning and development.

Business Associates. We sometimes contract with third-party business associates for services and disclose your health information so that the business associate can provide services to us. For example, we may disclose your health information to medical transcriptionists, answering services, and billing services.

Appointment Reminders. Spectrum may use and disclose your health information to contact you and remind you of an appointment.

Family Members or Other Persons Involved in Your Care. We may disclose your health information to a family member, other relative, close friend, or other person you identify. Disclosures will be limited to your health information that is relevant to their involvement in your care or payment for your care.

If you are present, your health information will be disclosed if:

- We obtain your agreement.
- We provide you with an opportunity to object and you do not object.
- We reasonably assume that you do not object.

If you are not present, or you do not have an opportunity to agree or object because of incapacity or emergency, we may make disclosures that, in our professional judgment, are in your best interest.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The ways in which we may also use or disclose your health information for less common purposes include the following:

Sensitive Health Information. Some types of health information have additional privacy protections. We will obtain your consent before we disclose sensitive health information subject to additional privacy protections. Sensitive health information subject to additional privacy protections may include:

- Mental health information
- HIV test results or HIV status
- Alcohol and drug abuse treatment
- Genetic testing and test results

Required by Law or Law Enforcement. We will disclose your health information when required by federal, state, or other applicable law. We will disclose your health information:

- On request of a law enforcement official to identify or locate a suspect, witness, or victim of a crime.
- To alert a law enforcement official of your death if we suspect your death may have resulted from criminal conduct.
- To a law enforcement official to report criminal conduct that has occurred on our premises.
- To a law enforcement official to report a crime, the location or victims of a crime, or the identity, description or location of the person who committed the crime.
- To a medical examiner or coroner to identify a deceased person, determine the cause of death, or other duties authorized by law.
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Deceased Patients. We will disclose your health information to a medical examiner, coroner, or funeral director as necessary for them to provide services, and as authorized by law.

Public Health or Safety. We may disclose your health information to public health authorities that are authorized by law to collect information such as vital records like births and deaths.

Serious Threats to Health or Safety. Spectrum may use and disclose your health information to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.

Research. We may use and disclose your health information for research purposes in certain limited circumstances. We will obtain your written authorization unless an institutional review board or privacy board waives this requirement in certain limited circumstances.

Organ Donation. If you are an organ donor, we may release your health information to organizations that engage in the procurement, banking, or transportation of organs, eyes, or tissues for transplantation or donation.

Workers' Compensation. We may disclose your health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries.

Judicial and Administrative Proceedings. We may disclose your health information:

- To comply with a court or administrative order.
- To comply with a subpoena issued by a governmental entity requesting information to which the governmental entity is entitled by law or rule of court.

Healthcare Oversight. We may disclose your health information to a health oversight agency for oversight activities authorized by law. These actions may include audits, civil, criminal, or administrative investigations, inspections, licensure, disciplinary actions, and other activities for oversight of our healthcare system.

Military Personnel. If you are a member of the armed forces, we may disclose your health information as required by the military. The health information of foreign military personnel may be disclosed to their appropriate foreign military authority, or to determine compliance with civil rights laws.

National Security. We may disclose your health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security actions. We may also disclose your health information to authorized federal officials for the provision of protective services to the President, foreign heads of state, and other authorized persons.

Inmates. If you are an inmate of a state or local prison, or under custody of a law enforcement official, we may disclose your health information to the facility or law enforcement official for certain purposes.

Immunizations. Spectrum may release immunization records to schools, educational institutions, youth camps and correctional facilities as authorized by law.

YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION

You have the following rights with regard to your health information in our possession or under our control:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your health information. If you would like a copy of your health information, you should request an authorization form from the To receive a copy, return a signed authorization form to the facility where you received services.

We have the right to charge for reasonable costs of copying and mailing. You may request an estimate of the costs before authorizing a copy.

We may deny your request in certain circumstances. For example, we will deny your request if we conclude that access to your health information will endanger your life or physical safety. If your request is denied, you may request, in writing, that the denial be reviewed. Your request to have a denial reviewed should be sent to the HIPAA Privacy Officer. The review will be conducted by a licensed health care professional selected by us. The person who conducts the review will not be the same person who denied your request. We will comply with the decision made on review.

Right to an Amendment. You have the right to submit information that corrects or clarifies your health information. The information you submit will be retained with our record of your treatment. If we add a statement to your treatment record in response to your submission, we will provide you with a copy of the statement. The information you desire to submit should be sent to the HIPAA Privacy Officer. The information must be in writing and should include the reasons why your health information should be corrected or clarified.

Right to Accounting of Disclosures. You have the right to request a written accounting of certain disclosures we make of your health information. The accounting will include:

- The date of each disclosure.
- The name and, if known, the address of the person or entity receiving the disclosure. A brief description of your disclosed health information.
- A brief statement of the purpose of the disclosure.

The disclosures for which we do not provide an accounting include:

- Disclosures for treatment, payment, or health care operation unless required by law.
- Disclosures made to you.
- Disclosures made to individuals involved in your care.
- Disclosures authorized by you.
- Disclosures for national security or intelligence purposes.
- Disclosures to correctional institutions or law enforcement officials.
- Disclosures made prior to April 14, 2003.

Your request must be in writing and should be sent to the HIPAA Privacy Officer. It should state the period for which you desire an accounting. The period cannot be longer than six (6) years for all disclosures and cannot include any date prior to April 14, 2003.

We may charge you for our costs of preparing the accounting. On request, the HIPAA Privacy Officer will notify you of the cost.

Right to Request Restrictions. You have the right to request a restriction of your health information for purposes of treatment, payment, or health operations. For example, you may request that we not disclose your health information to a family member, or a friend involved in your care.

You also have the right to restrict our disclosure of your health information to a health plan if you are paying “out of pocket” in full for your health care service(s). We will abide by this restriction if you request it.

Your request to restrict the use or disclosure of your health information should be in writing and should be sent to the HIPAA Privacy Officer. Your written request must state:

- What health information you do not want used or disclosed.
- Whether you want to limit our use, limit our disclosure, or both.
- The names of the persons or entities to whom disclosure should not be made.

Except for your request that we restrict disclosure to a health plan for health care services which you pay out of pocket and in full, we are not required to comply with your request to restrict a use or disclosure of your health information. If we agree, we will comply with your request except when our use or disclosure is needed to provide you with emergency treatment. We may terminate our agreement to restrict use or disclosure. Our termination will be effective only for your health information created or received after we inform you of our termination.

Right to Confidential Communications. You have the right to request that we communicate your health information to you at an alternate address or by alternate means. For example, you can request that we contact you only at your home or only by telephone. We will comply with reasonable requests. We will not require any explanation for a request. Your request should be in writing and should be sent to the HIPAA Privacy Officer. It should specify the alternate address to be used by us and the alternate means to be used by us to contact you. If you believe your privacy rights have been violated, you may file a complaint with the HIPAA Privacy Officer at the address above or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. Your complaint should be in writing. We will not discriminate or take any retaliatory action against you by reason of your filing a complaint or exercising any of your privacy rights. All complaints must be submitted in writing and should be submitted within one hundred eighty (180) days of when you knew or should have known that the alleged violation occurred. See the Office for Civil Rights website, <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> for more information.

Right to Provide Authorization for Other Uses and Disclosures. Spectrum will obtain your authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. We will obtain your authorization before we use or disclose your health information for marketing or fundraising purposes. For example, we will obtain your authorization before we send you a communication about a product or service if we are receiving financial compensation from a third party for making such communication to you. We will also obtain your authorization before we make any disclosures of your health information which constitute a sale of your information as defined by the HIPAA.

Your authorization must be in writing and must comply with applicable law. You can obtain an authorization form from the HIPAA Privacy Officer. You will receive a copy of each authorization you sign.

You may revoke any authorization made by you. Once you revoke an authorization, we will no longer use or disclose your health information for the purposes that you had authorized. Your revocation will be effective except with regard to the uses and disclosures made by us in reliance on your authorization. Your revocation must be in writing and will be effective when received by the HIPAA Privacy Officer.

Right to Notification of Breach of Your Unsecured Health Information. You have a right to notification of any breach of your unsecured health information. We will notify you following our investigation of the circumstances surrounding the breach, but in no event later than sixty (60) calendar days after the date we discover the breach. We will notify you by telephone or other expedited means, in addition to written notice, in any situation we believe is urgent because of a possible imminent misuse of your unsecured health information. When required by applicable law, we will also provide notification of a breach to the media and/or to the Secretary of the U.S. Department of Health & Human Services.

We hope this Notice is helpful to you. We are committed to protecting the privacy of your health information. We want you to understand our Privacy Practices and your rights regarding your health information. Please contact Spectrum's HIPAA Privacy Officer if you have any questions.

We reserve the right to change our privacy practices and this Notice at any time. Any change may apply to health information that we have already created or received, as well as additional information we create or receive. If the Notice is changed, we will post a copy in our workplace and on our website. If the Notice is changed, you will be offered a copy of our revised Notice of Privacy Practices at your next appointment. You may request a copy of this Notice at any time.

Effective Date of Notice

This Notice was published and originally became effective on March 12, 2013. This Notice was last revised August 2022. Please note that changes in law affecting your privacy rights may take effect at different times. Please speak with the HIPAA Privacy Officer if you have any questions.