

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES (HIPAA)

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO, YOUR PRIVACY:

As a patient of MAX HEALTH MAINE LLC (the "Practice"), you have legal rights concerning how we use or disclose protected health information ("PHI") about you. PHI is information that we create or receive that identifies you and concerns your past, present, or future physical or mental health or condition

We are required by the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Act, and applicable Maine state law to maintain the privacy of your PHI, and provide you with this Notice of Privacy Practices ("Notice") This Notice describes how we may use and disclose your PHI to carry out treatment, payment, or health care Operations and for other purposes that are permitted or required by state and federal law. This Notice also explains your rights to access and control your PHI, our duties regarding your PHI, and the practices we have established to protect the privacy of your PHI

This Notice relates to PHI created or received by Max Health Maine LLC in connection with medical treatment provided by the Practice. The Practice is a "covered entity" within the meaning of HIPAA to help you understand your rights, and explain our legal obligations regarding your PHI; we are pleased to provide you with the following important information

- How we may use and disclose your PHI
- Your privacy rights with respect to your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this Notice apply to all records containing your Patient Health Record (PHI) that are created or received by the Practice. We are required by law to abide by the terms of the Notice currently in effect. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that the Practice has created or received in the past, and for any of your records that we may create or receive in the future. The Practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

YOUR PRIVACY RIGHTS ARE IMPORTANT TO US. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OF PRIVACY PRACTICES OR OUR HEALTH INFORMATION POLICY PLEASE CONTACT OUR PRIVACY OFFICER AT 207-699-0901.

The following categories describe the different ways in which we may use and disclose your PHI:

- Treatment: The Practice may use and disclose your PHI to provide you with medical treatment or services, including your treatment options. For example, we may use your PHI in order to write a prescription for you. We will record your current health care information in a record so we can see your medical history to help in

diagnosing and treatment. We may provide your health information to other health care providers, such as referring to a specialist physician to assist in your treatment. We may also ask you to have laboratory tests, and we may use the results to help us reach a diagnosis.

- **Payment:** The Practice may use and disclose your PHI in order to bill and collect payment for the treatment and services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, the treatment. We also may choose to disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.
- **Health Care Operations:** The Practice may use and disclose your PHI to assist in the Operation of the Practice For example, the Practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for the Practice. We may also provide such information to other health care entities for their health care operations. For example, we may provide information to your health insurer for its quality review purposes
- **Business Associates:** The Practice sometimes contracts with third-party business associates for services Examples include medical transcriptionists, answering services, billing services, consultants and legal counsel The Practice may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, the Practice requires its business associates to appropriately safeguard your information
- **HealthInfoNet:** The Practice participates with HealthInfoNet, the statewide health information exchange ("HIE") designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a health care facility not affiliated with MAX HEALTH MAINE, health care providers there will be able to see important health information about you. Your record in the HIE includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name and birth date. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare Operations such as mandated disease reporting to the Maine Centers for Disease Control and Prevention.
- **Appointment Reminders:** We may use and disclose your PHI to contact you, or your designee to remind you about an appointment. You may request that we provide such reminders only in a certain way or only at a certain place. We will try to accommodate reasonable requests.

Release of Information to Family/Friends: The Practice may disclose your health information to a family member, close friend or other Person you identify, to the extent the information is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever it is reasonably practicable for us to do so. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

- **Disclosure Required by Law:** The Practice may disclose your health information as required by federal, state, or local law.

- **Personal Representative:** If you have a personal representative such as a legal guardian or an agent under a health care power of attorney, the Practice will disclose PHI to that Person as if that Person were you. If you become deceased, we may disclose PHI to your personal representative.
- **De-identified Information.** The Practice may use your PHI to create de-identified information or we may disclose, your information to a business associates that the business associate can create - de-identified information on our behalf. When we de-identify health information, we remove information that identifies you as the source of the information. Health information is considered de-identified only if individual identifiers have been removed and there is no reasonable basis to believe that the health information could be used to identify you.
- **Limited Data Set.** We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data and not identify the information or use it to contact any individual.
- **Health Related Benefits and Services.** The Practice may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you. In face-to-face communications, such as appointments with your physician, we may tell you about other products or services that may be of interest to you.
- **Newsletters and Other Communications:** We may use your personal information in order to communicate to you via newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating. We do not disclose your health information for marketing purposes. We do not sell or license your PHI.

DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES: The following categories describe special circumstances in which we may use or disclose your PHI:

- **Public Health Risk.** The Practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purposes of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury, or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate movement agencies and authorities regarding the potential abuse or neglect of an adult (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

- **Health Oversight Activities.** We may disclose your PHI as part of health oversight activities as authorized by law. Those kinds of activities can include investigations, inspections, audits, surveys, licensure and disciplinary activities, civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care System in general.

HIV InfectionStatus. State law protects the confidentiality of HIV infection status. We may not disclose any information regarding HIV infection status without your written consent except as required by law.

- **Lawsuits and Similar Proceedings.** We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official under the following circumstances: Regarding a crime victim when authorized by law; Concerning a death we believe has resulted from criminal conduct when authorized or required by law; Regarding criminal conduct at our offices; In response to a warrant, summons, court order, or similar legal process

- **Deceased Patients.** The Practice may release PHI to a medical examiner, coroner, or funeral director as required by law to enable them to carry out their lawful duties.

- **Mental Health Information.** State law protects the confidentiality of certain mental health information. We may not disclose certain mental health information without your written consent. :

ORGAN DONATION: If you are an organ donor we may need to disclose certain information in order to allow authorities to handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.

- **Research.** The Practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: our use or disclosure was approved by an Institutional Review Board or Privacy Board When we obtain the oral or written agreement of a researcher that:

- The information being sought is necessary for the research study

- The researcher will not remove any of your PHI from the Practice

- The PHI sought by the researcher only relates to decedents and the researcher agrees orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of decedents.

- **Serious Threats to Health or Safety.** We may, use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

- **Military.** The Practice may disclose your PHI if you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.

- **National Security.** We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.

- Inmates. The Practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

For the institution to provide health care services to you

- For the safety and security of the institution, and/or
- To protect your health and safety or the health and safety of other individuals
- Workers' Compensation. The Practice may disclose your PHI to the extent authorized by and necessary to comply with laws relating to workers' compensation and similar programs.

D. YOUR RIGHTS REGARDING YOUR PHI: You have the following rights regarding the PHI that we maintain about you:

- Confidential Communications. You have the right to request that Max Health Maine communicate with you about your health and related issues in a particular manner or at a certain location. The request must be made in writing to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Call (207) 699-0901 for more information. Max Health Maine will accommodate all reasonable requests. You do not need to give a reason for your request.
- Requesting Restrictions. You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment, or health care operations. If you paid out-of-pocket in full for a health care service or, item provided by the Practice, you have the right to restrict disclosure of your PHI to your health plan for purposes of payment or health care operations, and we are request additionally, you have the right disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. Except as noted above, we are not required to agree to your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

In order to request a restriction on our disclosure of your PHI, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion:

- The information you wish restricted
- Whether you are requesting to limit the Practice's use, disclosure, or both; and
- To whom you want the limits to apply.

Call (207) 699-0901 for more information.

Inspection and Copies: You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including your medical records and billing records, but not including psychotherapy notes. You must submit a request in writing to Max Health Maine LLC c/o Privacy Officer in order to inspect and to obtain a copy of your PHI. Call (207) 699-0901 for more information. If your medical information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. Max Health Maine may charge a fee for the costs of copying, mailing, labor, and supplies associated with the request. Max Health Maine may deny the request under certain limited circumstances; however, you may request a review of the denial. Another licensed health care professional chosen by Max Health Maine will conduct such reviews.

- Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and may request an amendment for as long as the information is kept by or for the Practice. To request an amendment, you

must submit your request in writing to the Privacy Officer. Call (207) 699-0901 for more information. You must provide us with a reason that supports your request for an amendment. The practice will deny your right if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if, in our opinion:

- The PHI is accurate and complete
- The information is not part of the PHI kept by or for Max Health Maine LLC
- The amendment is not part of the PHI which you would be permitted to inspect and copy, or
- The PHI in question was not created by Max Health Maine LLC, unless the individual or entity that created the information is not available to amend the information.

If we deny your request for amendment, you may submit a statement of disagreement. We will include your statement of disagreement with your medical record.

Accounting of Disclosures. You have the right to request an "accounting of disclosures." An accounting of disclosures is a list of certain disclosures the Practice has made of your PHI. In your accounting, we are not required to list certain disclosures, including:

Disclosures made for treatment, payment and health care operations purposes or disclosures made incident to treatment, payment and health care operations, unless the disclosures were made through an electronic health record. If the disclosures were made through an electronic health record, you have the right to request an accounting of disclosures for treatment, payment and health care Operations during the previous three

Disclosures made directly to you. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Call (207) 699-0901 for more information. All requests for accounting and disclosure must state a time period, which may not be longer than six (6) years from the date of disclosure for all disclosures that were not through an electronic health record and may not be longer than three (3) years from the date of disclosure for disclosures through an electronic health record for treatment, payment or health care Operations and may not include dates before April 14, 2003. The first accounting requested in a 12-month period is free of charge, but the Practice may charge for additional accountings within the same 12-month period. The

Practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any cost.

Right to a Paper Copy of this Notice. If you received this Notice in electronic format and you would like to receive a paper copy, please contact the Privacy Office at (207)699-0901.

Right to Provide an Authorization for Other Uses and Disclosures. The Practice will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide us regarding the use and disclosure of your PHI may be revoked at any time in writing. Once an authorization is revoked, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care.

Right to Receive Notice of a Breach. The Practice is required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information

as soon as possible, but in any event, not later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the Department of Health and Human Services to render the PHI unusable, unreadable, and indecipherable to unauthorized users. The notice is required to include the following information:

- A brief description of the breach, including the date of the breach and the date of its discovery, if known;
- A description of the type of Unsecured Protected Health Information involved in the breach;
- Steps you should take to protect yourself from potential harm resulting from the breach;
- A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201. To file a complaint with us, contact the Privacy Officer at the address above. 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 of Civil Rights website, www.hhs.gov/oci-hipa for more information. You will not be penalized for filing a complaint.