

NOTICE OF 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.

EFFECTIVE DATE: 10 October 2023

This Notice describes how Nasson Health Care (“NASSON”) may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

“**Protected health information**” or “**PHI**” is individually identifiable health information about you, including demographic information collected from you, that is created or received by NASSON and that relates to (i) your past, present, or future physical or mental health or condition, (ii) the provision of health care to you, or (iii) the past, present or future payment of your health care. PHI also includes any health information and records provided to NASSON by other health care providers and facilities who have provided care to you or are involved in your care.

NASSON is a federally-qualified health center that is a division of York County Community Action Corporation (“YCCAC”), a social services community action agency of Maine.

Our Duties With Respect to Your Protected Health Information

NASSON is required by law to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify affected individuals following a breach of unsecured PHI. Although NASSON is required to abide by the terms of the Notice that is currently in effect, we reserve the right to change our privacy practices at any time and to make the new Notice provisions effective for all PHI that we maintain about you. If our privacy practices change, we will provide you with a revised Notice during your next visit.

Authorized Uses and Disclosures of Your Protected Health Information

NASSON may use and disclose your PHI, without your authorization, for purposes of treatment, payment, and health care operations. For example:

- *Treatment, Care Management and Coordination of Care:* NASSON may use, or disclose your PHI to other health care providers, for treatment and continuity of care purposes, and to arrange for the provision, coordination, and management of health care services for you. For example, NASSON may disclose PHI about you to a pharmacist to process your prescription, or to a medical equipment supplier for medical supplies and equipment necessary for your care. However, if NASSON discloses PHI about you to a health care practitioner or health care facility outside of NASSON, CCPM, or to a payor or person engaged in payment for health care, for purposes of care management or coordination of care, NASSON will make a reasonable effort to notify you of the disclosure.

- Payment: NASSON may use or disclose PHI about you to your health insurance company or other third-party payor health plans, such as Medicare or MaineCare (Medicaid), to obtain payment or reimbursement for health care services provided to you, or to determine your eligibility for coverage and benefits, unless you pay in full out of pocket for services provided to you and request in writing that your PHI not be disclosed to third-party payors.
- Health Care Operations: NASSON may use or disclose your PHI for certain health care operations purposes, such as quality review and improvement activities, risk management activities, and to conduct and process patient satisfaction surveys.
- Organized Health Care Arrangement Purposes: NASSON entities participating in NASSON's organized health care arrangement listed above may share your PHI with each other as necessary to carry out treatment, payment or health care operations relating to the organized health care arrangement.
- Disclosures to HealthInfoNet; Option to Opt-Out: NASSON participates in HealthInfoNet ("HIN"), Maine's state-designated, statewide electronic health information exchange. HIN may also share or retrieve health information via eHealth Exchange, a nationwide health information exchange. This exchange is a secure health information network which makes available certain limited health information that may be relevant to your case, such as allergies, prescription medications, laboratory test results, diagnostic study results, and medical and clinical conditions and diagnosis. For example, if you are hurt in a car accident and treated at a hospital that participates in HIN, your care providers will have electronic access to certain information in your NASSON medical records. When your medical information is needed, ready access means better care for you. If you wish to authorize NASSON to disclose mental health and/or HIV information to HIN so that such information is available to other participating providers involved in your care, you can do so by completing and submitting the HIN Opt-In "Form for Sharing Mental Health/HIV Information" available at: <https://hinfonet.org/for-patients/your-choices/>

If You Do Not Want to Participate in HIN: If you do not want your NASSON PHI to be accessible to other providers participating in HIN, you may opt out of participating by completing an Opt Out form that NASSON will make available to you upon request, or that can be obtained directly from HIN at: www.hinfonet.org. However, there are risks in choosing not to participate. For example, your healthcare providers may not have access to the most current and complete information about you when needed to treat you or to coordinate your care in an urgent situation. Opting out could also affect the efficiency of the healthcare services you receive due to the time it takes to get paper copies of your medical records to your healthcare providers. Risks of participating in HIN include the possibility that an unauthorized person might access information disclosed to HIN, or that inaccurate information might be accidentally disclosed to HIN, which could result in misdiagnoses or medication errors on the part of the treating healthcare providers who access and rely upon the information disclosed to HIN. If you choose not to opt out, it is also possible that HIN personnel and providers participating in HIN could infer sensitive information about you based on the information available to them through HIN such as the types of medications you are taking (for example, to treat a mental illness, HIV, a substance use disorder or a sexually transmitted disease). *No health care provider, facility or other entity, including NASSON, may deny a patient health care treatment based solely on the provider's or patient's decision not to participate in HIN.* For More Information: If you have any questions about NASSON's or your participation in HIN, contact NASSON's Privacy Officer using the contact information provided at the end of this Notice. For more information about HIN go to HIN's website (hinfonet.org), or contact HIN electronically at <https://hinfonet.org/contact/>, by local phone at (207) 541-9250 (or toll free at 1-866-592-4352), or by mail at 60 Pineland Drive, Portland Hall, Suite 230, New Gloucester, Maine 04260.

NASSON may also use and disclose your PHI without your authorization in the following additional circumstances:

- Personal or Authorized Representatives: NASSON may disclose your PHI to a personal or authorized representative, such as your health care power of attorney agent, guardian, or health care surrogate—or, in the case of minor who has not consented to health care treatment in accordance with Maine law, the minor’s parent, legal guardian or guardian ad litem—who is authorized by law to make health care decisions on your behalf when you lack the capacity to make your own health care decisions.
- Uses and Disclosures to Persons Involved in Your Care and for Notification Purposes: NASSON may disclose your PHI to family members, relatives, or close personal friends involved in your care, involved in securing payment for your care, or for notification purposes, unless you or your personal representative notify us that you object to and wish to prohibit or restrict such disclosures.
- Public Health Activities: NASSON may use and disclose your PHI to public health authorities for public health activities, such as to comply with mandatory communicable disease and vital statistics reporting laws, or to report patient programs with medications or medical products to the Food & Drug Administration, or may notify patients of recalls of products they are using.
- Child and Dependent or Incapacitated Adult Abuse, Neglect, and Exploitation Reporting: NASSON may disclose your PHI to government authorities, such as Child Protective Services or Adult Protective Services, that are authorized by law to receive reports of actual or suspected cases of abuse, neglect, or exploitation of children and incapacitated or dependent adults.
- Victims of Abuse, Neglect, Domestic Violence, or Sexual Assault Reporting: If NASSON reasonably believes that you are a victim of abuse, neglect, domestic violence or sexual assault, NASSON may, in certain circumstances, disclose your PHI to a federal, state or local government authority, including a social service or protective services agency, authorized by law to receive such reports, e.g., if NASSON believes the disclosure is necessary to prevent serious harm to you or other potential victims.
- Uses and Disclosures to Avert Threats of Harm or Safety: NASSON may use and disclose your PHI when necessary to prevent or lessen a direct threat of serious, imminent harm to health or safety.
- Law Enforcement Purposes: NASSON may disclose your PHI, so long as applicable legal requirements are met, for certain law enforcement purposes such as to report gunshot wounds, crimes committed on NASSON’s premises, or crimes committed against NASSON personnel. NASSON will notify you of these uses and disclosures if notice is required by law.
- Judicial and Administrative Proceedings: NASSON may disclose your PHI in judicial or administrative proceedings when required or authorized by law, for example, in response to an order of a court or pursuant to a subpoena served by a governmental entity authorized by law to have access to your PHI.
- Health Oversight Activities: NASSON may use and disclose your PHI to a health oversight agency for activities authorized by law such as compliance with health oversight audits, investigations, licensure surveys and inspections, and compliant investigations. Oversight agencies authorized to receive your PHI include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs, including the Maine Department of Health and Human Services, the federal Medicare program, and Maine health care professional licensing boards.

- Research: NASSON may use and disclose your PHI for research purposes so long as (i) the research and any uses and disclosures related to such research are approved by an Institutional Review Board (IRB) or a Privacy Board, and (ii) no identifying information about you is disclosed in any report arising from or published in connection with the research.
- Specialized Government Functions: NASSON may disclose your PHI for the following specialized government functions when such disclosures are authorized or required by applicable law:
 - (i) Armed Forces and Foreign Military Personnel: NASSON may disclose the PHI of persons who are members of the Armed Forces and of foreign military personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.
 - (ii) National Security and Intelligence Activities: NASSON may disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and related Executive Orders.
 - (iii) Protective Services for the President and Others: NASSON may disclose your PHI to authorized federal officials for the provision of protective services to the President or other persons, or for the conduct of investigations, authorized under applicable federal law.
 - (iv) Correctional Institutions and Law Enforcement Custodians: NASSON may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual, PHI about the inmate or other person when necessary (i) to provide health care to the inmate or person in custody, (ii) for the health and safety of the inmate or person in custody, (iii) for the health and safety of correctional personnel, (iv) for the health and safety of persons responsible for transporting the inmate or person in custody, (v) for law enforcement on correctional facility premises, and (vi) for administering and maintaining the safety, security and good order of the correctional institution.
- Workers' Compensation: NASSON may disclose your PHI when authorized by, and to comply with, laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.
- Business Associates: NASSON may disclose your PHI to business associate contractors performing services for or on behalf of NASSON when such contractors (i) require your PHI to perform such services for NASSON, and (ii) have agreed in writing to appropriately protect your PHI.
- Disaster Relief: NASSON may use and disclose your PHI to public or private entities authorized by law to assist in disaster relief efforts for certain notification purposes, provided you have been given the opportunity to agree or to object to such uses and disclosures.
- Fundraising Activities: NASSON may use limited PHI about you—namely, your name, address, contact information, age, gender, date of birth, dates of service, department of service, treating physician, outcome information, and health insurance status—to contact you for NASSON fundraising activities in furtherance of NASSON's nonprofit mission. We may also disclose such limited information to an institutionally related foundation to conduct fundraising activities for the benefit of NASSON. However,

you have the right to opt out of receiving NASSON fundraising communications by notifying NASSON's Privacy Officer that you do not wish to receive such communications.

- Deceased Patients: NASSON may use and disclose PHI concerning deceased patients to coroners, medical examiners, or to funeral directors to assist them in carrying out their duties.
- Body, Organ, Eye or Tissue Donation Purposes: NASSON may use and disclose PHI to organ procurement organizations or other entities for cadaveric (body), organ, eye, or tissue donation purposes.
- When Otherwise Required or Authorized by Law: NASSON may use and disclose your PHI for other purposes when required or authorized by applicable state and federal law.
- Organized Health Care Arrangement Purposes: NASSON is a member of Community Care Partnership of Maine ("CCPM"), an "Organized Health Care Arrangement" focused on improving the health of the communities it serves. The members of CCPM, in collaboration with insurance companies, use population health analytics, utilization review, quality assessment and improvement activities, and other evidence-based strategies to improve your healthcare. Members are mutually accountable for the health of all patients served by CCPM. The entities that that make up this Organized Health Care Arrangement include the following community health centers and hospitals:
 - Cary Medical Center
 - DFD Russell Medical Center
 - Fish River Rural Health
 - Greater Portland Health
 - Health Access Network
 - Hometown Health Center
 - Katahdin Valley Health Center
 - Millinocket Regional Hospital
 - Nasson Health Care
 - Penobscot Community Health Care
 - Pines Health Services
 - Sacopee Valley Health Care
 - St. Joseph Healthcare

CCPM's Organized Health Care Arrangement permits the above listed separate covered entities, including NASSON, to share PHI with each other as necessary to carry out permissible treatment, payment or health care operations relating to the work of the Organized Health Care Arrangement, unless otherwise limited by law, rule or regulation. The list of entities may be updated to apply to new entities in the future. You can access the most current list at: www.ccpmaine.org/members/ or call CCPM at (207) 992-9200.

Uses and Disclosures of Protected Health Information Requiring Your Authorization

If we wish to use or disclosure your medical information for a purpose that is not described in this Notice, NASSON will obtain your written authorization before using or disclosing your PHI. If you authorize the disclosure, you can revoke your authorization at any time, to the extent that NASSON or others have not already relied upon your authorization, by giving written notice of your revocation to NASSON's Privacy Officer. Certain laws provide greater protection about the following categories of information about you, including part of your medical information about mental health, substance use disorder treatment and HIV health information. NASSON will obtain your written authorization to disclose the following information:

- *Mental Health Information:* If NASSON maintains information about you derived from mental health services provided to you by a NASSON psychiatrist, psychologist, clinical nurse specialist, social worker or counseling professional, NASSON will not disclose such mental health information to another health practitioner or facility outside of NASSON or its organizational affiliates for a diagnostic, treatment or continuity of care purpose, without your written authorization, unless such disclosure is necessary in an emergency or is otherwise authorized or required by law.
- *Photographs and Video recordings:* NASSON will not photograph or videorecord you, or use or disclose any photographs and video recordings of you, for purposes unrelated to treatment, or for marketing or public relations purposes, without your written authorization, unless the creation, use or disclosure of such photographs or video recordings is authorized by law (e.g., for NASSON facility security surveillance purposes).
- *Confidentiality of HIV Information:* If NASSON maintains any information regarding your HIV status (such as HIV test results or medical records containing HIV information), such information is afforded heightened protection under Maine law and NASSON will maintain the confidentiality and privacy of such information, and will not use or disclose such information, except as specifically authorized or required by Maine's HIV confidentiality laws.
- *Confidentiality of Substance Use Disorder Program Information:* If NASSON acquires from a licensed substance use disorder program or is a lawful holder of, any records or information about you that is subject to the heightened federal confidentiality protections afforded to certain substance use disorder program records under 42 C.F.R. Part 2, NASSON will maintain the confidentiality and privacy of such information, and will not use or disclose such information, except as specifically authorized or required by 42 C.F.R. Part 2. If NASSON creates, acquires or maintains any substance use disorder information about you that is not from a Part 2 substance use disorder program, NASSON will protect the confidentiality of such information, and use and disclose such information, in the same way NASSON protects, uses and discloses your other PHI.

Your Rights with Respect to Protected Health Information

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- *You have the right to access, inspect and copy your PHI.* This means you may inspect at reasonable times and obtain a copy of your clinical records and billing records within 30 days of receipt of your written request. If we need extra time, we may extend the time once for an additional 30 days and we will provide you written notice of the extension. You have the right to receive your health information in the form and format of your choosing, if such information can be readily produced in such form and format, or in a readable hardcopy form, or in another format agreed to between you and NASSON. If NASSON maintains your PHI in an electronic health record, you have the right to obtain a copy of your health information in an electronic format and to direct NASSON to transmit an electronic copy of your PHI directly to another clearly specified entity or person of your choice. You may be charged reasonable costs (including labor and supplies) associated with providing copies of your records, or of preparing any summaries that you request. In certain limited circumstances, you may be denied access to your health information and records. However, you may request that a decision denying you access to your PHI and

records be reviewed. Please contact NASSON's Privacy Officer if you have questions about your right to access your PHI.

- *You have the right to request a restriction on certain uses and disclosures of your PHI.* For example, you may request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. If you request that NASSON not disclose your PHI to a third-party payor health plan for purposes of carrying out payment or health care operations, and you have paid NASSON in full out of pocket for services provided to you, NASSON is required to honor your requested restriction. Otherwise, NASSON is not required to agree to a requested restriction and has sole discretion to decide whether to honor a requested restriction on a case-by-case basis. If NASSON agrees to a requested restriction, NASSON will not use or disclose your PHI in violation of the agreed upon restriction, unless the use or disclosure is needed to provide emergency treatment or the disclosure is required by law. Your request for a restriction must state the specific restriction requested and to whom you want the restriction to apply. Disclosures of PHI authorized by you or permitted or required by law as described in this Notice, may include disclosures of PHI NASSON has received from other health care providers and facilities, unless you request, and NASSON agrees to, a requested restriction on the disclosure of such information.
- *You have the right to request to receive confidential communications of PHI from us by alternative means or at an alternative location.* NASSON will accommodate reasonable requests. NASSON may place conditions on such accommodations, for example, by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. NASSON will not request an explanation from you as to the basis for the request. Please make such requests in writing to NASSON's Privacy Officer.
- *You have the right to submit amendments, corrections and clarifications to your PHI.* You may request amendments, corrections and clarifications to PHI contained in your medical records. Your request must be in writing and you must provide a reason supporting your request. If you are requesting a change to the PHI in your treatment record, we will place your requested amendment, correction or clarification in your record. NASSON may add a response to your record, and will provide to you a copy of our response. If you are requesting a change in other records (that are neither medical or billing records), NASSON may deny your request. If your request is denied, we will notify you in writing and provide our reasons for the denial. You have the right to file a statement of disagreement with NASSON's Privacy Officer and NASSON may prepare a response to your statement. NASSON will provide you with a copy of our response. Please contact NASSON's Privacy Officer if you have any questions about modifying your PHI.
- *You have the right to receive an accounting of certain disclosures.* You have the right to receive an accounting of certain disclosures of your PHI made by NASSON in the six years prior to the date of your request. The accounting will not include disclosures made directly to you, disclosures made to others pursuant to your written authorization, disclosures made to carry out treatment, payment, and health care operations for which your written authorization was not required, incidental uses and disclosures, and other uses and disclosures for which an accounting is not required to be provided by law. To request an accounting of disclosures of your PHI, contact NASSON's Privacy Officer.
- *Important Notice to Minors Regarding Minor's Privacy Rights:* If you are a minor authorized by law to consent to health care services on your own behalf and you in fact consent to such services on your own behalf, NASSON is required to protect the privacy of your PHI with respect to health care services you have consented to on your own behalf in the same way that NASSON protects the privacy of an adult's PHI, unless a special exception applies under the law. For example, NASSON is authorized by law to

notify your parent or guardian if, in the judgment of your NASSON provider, failure to inform your parent or guardian would seriously jeopardize your health or would seriously limit the ability of your NASSON provider to provide treatment to you. Additionally, if you want NASSON to bill your parent's or parents' health insurance plan for services provided to you, your parents will receive from their insurance company an Explanation of Benefits regarding the services provided to you by NASSON and, as a result, the fact that you received services from NASSON will not be confidential from your parents. However, if you do not want your parents to know that you are receiving services from NASSON, you must notify NASSON of that fact at the time services are provided to you so that arrangements can be made for payment of such services privately or out-of-pocket, or to determine your eligibility for free or discounted care.

- You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically.
- You have the right to file a complaint. You have the right to file a complaint with NASSON or the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by NASSON. You may file a complaint with NASSON by notifying NASSON's Privacy Officer using the contact information provided below. NASSON will not retaliate against you in any way for filing a complaint.

Contacting NASSON For More Information

If you have any questions about this Notice, or would like more information about NASSON's privacy practices, please contact NASSON's Privacy Officer at:

ATTN: Privacy Officer/HIPAA Compliance Officer
Nasson Health Care
15 Oak Street
Sanford, Maine 04073
Phone: (207) 490-6900
Fax: (207) 459-2822
info@nassonhealthcare.org

If you have questions about how to access, amend or obtain copies of your medical records, please contact the Medical Records Department at:

ATTN: Medical Records / Referrals Manager
Medical Records Department
Nasson Health Care
15 Oak Street
Sanford, Maine 04073
Phone: (207) 490-6900
Fax: (207) 459-2822
medicalrecords@nassonhealthcare.org