

NOTICE OF PATIENT 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 a healthcare provider, a record of your care and treatment is made and kept. Typically this record (called "protected health information") contains your name, date of birth, address, phone number, along with your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all of the records of your care generated by your health care provider. You have a right to a paper copy of this Notice of Privacy Practices.

Our Responsibilities

We at Chest Medicine Associates 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.

We will ask you to sign a written acknowledgment of receipt of our Notice. We reserve the right to change the terms of this Notice and post the current Notice in our office and on our website at www.cmamaine.com. You may obtain an updated Notice from our practice at any time.

If you have any questions about this Notice, please contact our Privacy Officer at 207-828-1122.

How We May Use and Disclose Protected Health Information

For Treatment

We will use and disclose your protected health information to provide, coordinate, 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, with another physician to whom we refer you, or with a home health agency that provides care to you. We may share information with family members or close friends if they are involved in your care.

For Payment

We will use your protected health information to get paid for your healthcare services. We may share information with your insurance company, or Medicare or Medicaid, to obtain payment for services or to seek pre-approval for a hospital stay or procedures.

For Healthcare or Business Operations

We may disclose your protected health information to support the business activities of this office, such as reviewing our care and our employees, for education and training, for scheduling, for licensing, to support our electronic health record system, or for legal or accounting matters. We may use a sign-in sheet at the registration desk, we may call you by name when we are ready to see you, and we may contact you to remind you of your appointment, which might include sending an email, text message, or leaving a message on an answering machine. 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.

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;
- As needed in emergency situations, if you are incapacitated;
- 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, Medicaid or 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 medical examiners, coroners or funeral directors in carrying out their duties;
- To comply with a valid court order, subpoena or other appropriate administrative or legal request; for example, 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;
- For medical or scientific research, if the researchers have protocols to ensure your privacy;
- 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.

With your Authorization

Other uses and disclosures will be made only with your written authorization limited to a certain timeframe. 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.

Future communications

We may communicate with you via email, text message, newsletters, mailings, phone, our portal, or other means regarding treatment options, information on health-related benefits or services, to remind you of an appointment, or other community based activities in which our facility is participating. If you do not wish to receive these materials, please contact our office.

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information.

- This usually includes medical and 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 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.
- Under certain circumstances, for example if disclosure might endanger your or another person's health or safety, your provider may not allow you to see or access certain parts of your record. You may ask that this decision be reviewed by a different 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. For example, you can ask that we use a different address for billing purposes. Please make such a request in writing.

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. We ask that you make this request in writing. The law does not require us to agree to every request;
- If you wish to restrict certain sensitive or other health information from your insurer after you or your personal representative have paid out of pocket in full for your services, please discuss this request with us. We will honor your request where we are not required by law to make the disclosure. 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 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.

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 this request. Please note that we cannot take back any disclosures already made, and we are required to keep our records of your care.

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

Breach notification. 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 us or the Office of Civil Rights.

You may complain 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:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>



Health Insurance Portability and Accountability Act of 1996

Notice of Privacy Practices

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