



PINES HEALTH SERVICES' HIPAA 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: March 2026

Pines Health Services (PHS) is required by law to maintain the privacy of your protected health information, to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information, and to notify affected patients following a breach of unsecured protected health information. Although we are 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 protected health information that we maintain. If our privacy practices change, we will provide you with a revised Notice during your next visit.

This Notice describes how we 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” (PHI) is information about you, including demographic and genetic information, that personally identifies you and relates to your past, present, or future physical or mental health or condition and related health care services. PHI also includes any health information and records provided to PHS by other health care providers and facilities that have provided care to you or are involved in your care.

Authorized Uses and Disclosures of Your Protected Health Information

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

- *For Treatment Purposes:* We may use or disclose your PHI to other health care providers for treatment purposes and to arrange for the provision, referral, coordination, and management of health care services for you. For example, PHS may disclose information about you to a health care provider outside of PHS (e.g., a specialist or a hospital) to arrange a referral or to provide treatment to you.
- *To HealthInfoNet for Treatment and Other Authorized Purposes:* We are a participating provider in HealthInfoNet, Maine’s state-designated statewide health information exchange, and we may disclose your PHI to HealthInfoNet so that it can be accessed by other health care providers involved in your care for treatment, care coordination and other purposes authorized by law. PHS has a business associate agreement with HealthInfoNet to ensure that any PHI disclosed to HealthInfoNet and accessed by other health care providers involved in your care is appropriately protected and is not used or further disclosed in an unauthorized manner. However, you have the right and opportunity to opt out of participating in HealthInfoNet and to not allow HealthInfoNet to use and disclose your PHI for such purposes. For more information about HealthInfoNet, including information about how to opt out of participating, go to hinfonet.org.
- *For Payment Purposes:* We may use or disclose PHI about you to your insurance company or other third-party payors such as Medicare or MaineCare (Medicaid) to obtain payment 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 health information not be disclosed to third-party payors for payment purposes.
- *For Health Care Operations Purposes:* We may use or disclose your PHI for health care operations purposes, such as to monitor and evaluate the quality of the care and services provided to you and for PHS’s own lawful business purposes.

PHS may also use and disclose your PHI without your authorization for other purposes in the following circumstances:

- *As Required by Law*: We may use and disclose your PHI when required or authorized by state and federal law.
- *To Business Associates*: We may disclose your PHI to business associates performing contracted services on behalf of PHS that have agreed in writing to maintain the privacy of your PHI.
- *To Personal Representatives*: We may disclose your PHI to personal representatives, such as your legal guardian, health care power of attorney agent, or health care surrogate, who are authorized by law to make health care decisions on your behalf when you lack the capacity to make your own health care decisions.
- *To Persons Involved in Your Care and for Notification Purposes*: We may disclose your PHI to family members and other persons involved in your care, involved in securing payment for your care, or for notification purposes, unless you (or your authorized representative) notify us that you object to and wish to prohibit or restrict such disclosures.
- *For Fundraising Activities*: We 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 PHS fundraising activities in furtherance of PHS’s nonprofit mission. However, you have the right to opt out of receiving PHS fundraising communications by notifying PHS’s Privacy Officer that you do not wish to receive such communications. We may also disclose such limited information to an institutionally-related foundation to conduct fundraising for PHS’s benefit.
- *For Disaster Relief*: We may use and disclose your PHI to public or private entities authorized by law to assist in disaster relief efforts, provided you have been given the opportunity to agree or to object to such uses and disclosures.
- *For Public Health Activities*: We 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.
- *For Abuse, Neglect, and Exploitation Reporting*: We may disclose your PHI to public health authorities authorized by law to receive reports of abuse, neglect, and exploitation of children and of incapacitated or dependent adults.
- *For Health Oversight Activities*: We may use and disclose your PHI to a health oversight agency for activities authorized by law, such as compliance with health oversight audits, investigations, and inspections. Oversight agencies authorized to receive your information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs.
- *For Judicial and Administrative Proceedings*: We 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 access your health information. *However, see the section below on the “Confidentiality of PHI Related to Reproductive Health Care” for important prohibitions and limitations on how we can use and disclose PHI related to reproductive health care for judicial and administrative proceedings.*
- *For Law Enforcement Purposes*: We may disclose your PHI for certain law enforcement purposes so long as applicable legal requirements are met, such as to report gunshot wounds, or to report crimes committed on PHS’s premises or against PHS personnel.
- *To Coroners and Medical Examiners*: We may use and disclose PHI to coroners and medical examiners regarding a deceased patient for identification purposes, or to determine the cause of death or to perform other duties authorized by law.
- *To Funeral Directors*: We may use and disclose PHI to funeral directors consistent with applicable law as necessary to carry out their duties with respect to making funeral arrangements for a deceased patient. If necessary to carry out such duties, we may disclose such information prior to and in reasonable anticipation of a patient’s death.

- For Cadaveric Organ, Eye or Tissue Donation Purposes: We may use and disclose PHI to organ procurement organizations or other entities for cadaveric, organ, eye, or tissue donation purposes.
- For Research Purposes: We may use and disclose your PHI for research purposes so long as the research and any uses and disclosures related to such research are approved by an Institutional Review Board or a Privacy Board and no identifying information is disclosed in any report arising from the research.
- To Avert Serious Threats to Health or Safety: We may use and disclose your PHI when necessary to avert a direct threat of imminent harm to health or safety.
- For Specialized Government Functions: We may disclose your PHI for specialized government functions relating to military, veterans, national security, intelligence, and secret service activities, medical suitability determinations, inmates and law enforcement custody, when such disclosures are authorized or required by law.
- For Workers' Compensation Purposes: We may disclose your PHI when necessary 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.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Written Authorization: Other uses and disclosures of your PHI not described above will be made only with your written authorization. For example:

- Marketing: We will not use or disclose your PHI to persons outside of PHS to sell or market services or products without your written authorization, except in limited authorized circumstances (e.g., face-to-face communications with you).
- Sale of PHI: We will not sell your PHI, or disclose your PHI to persons outside of PHS in exchange for any direct or indirect payment, without your written authorization.
- Photographs and Video Recordings: We may photograph or video record you, and use and disclose photographs and video recordings of you, for treatment and identification purposes without your authorization, but we will not photograph or video record you, or use or disclose any photographs and video recordings of you, for any other purpose (e.g., for a marketing purpose) without your written authorization.

Right to Revoke Authorization: You may revoke your authorization at any time, to the extent that PHS or others have not already relied upon your authorization, by giving written notice of your revocation to PHS's Privacy Officer.

Special Confidentiality Protections for Certain Types of Protected Health Information

Certain Mental Health Information: If PHS maintains information about you derived from mental health services provided to you by a psychiatrist, psychologist, clinical nurse specialist, social worker or counseling professional, PHS will not disclose such mental health information to anyone outside of PHS or its organizational affiliates without your written authorization, unless such disclosure is necessary in an emergency or is otherwise authorized or required by law.

Psychotherapy Notes: We will not use or disclose any psychotherapy notes we maintain about you separately from your other PHS medical records without your written authorization, unless such use or disclosure is authorized by law.

HIV Information: If any information regarding your HIV status (such as HIV test results or medical records containing HIV information) is created or maintained by PHS, such information is afforded heightened protection under Maine law and we 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.

PHI Related to Reproductive Health Care: Unless an exception applies under Maine or other applicable law, we may not disclose in a civil or administrative action or proceeding, or in response to a subpoena issued in a civil or administrative action or proceeding, (i) any communication about reproductive health care services made by a patient or anyone acting on the patient's behalf (including the patient's authorized representative) to a health care practitioner, facility, or Maine's state-designated statewide health information exchange (HealthInfoNet), or (ii) any information obtained through a personal examination of a patient relating to reproductive health care services. Exceptions: However, we may disclose such reproductive health care information: (i) when authorized in writing by the patient or the patient's authorized representative; or (ii) pursuant to a court order issued by a court of competent jurisdiction in Maine upon a showing of good cause as long as the court order limits the use and disclosure of the records and include sanctions for misuse of the records or sets forth other methods to ensure confidentiality. Additionally, the above restrictions on the disclosure of reproductive health care information do not apply if the communication or information (i) relates to a patient who is a plaintiff in a medical malpractice action and the health care practitioner, facility or state-designated statewide health information exchange (HealthInfoNet) from which the communication or information is requested is a defendant in the medical malpractice action, (ii) is requested by a professional licensing board that licenses health care practitioners in Maine and the request relates to and is made in connection with a complaint investigation, or (iii) is requested by a federal or state law enforcement agency responsible for investigating abuse, neglect or exploitation of a child or an incapacitated or dependent adult and the request is made in connection with such investigation under Maine law.

PHI Related to Gender-Affirming Health Care Services: We may not use or disclose PHI related to a patient's gender-affirming health care services in a civil or administrative action or proceeding, or in response to a subpoena issued in such an action or proceeding, without the patient's (or the patient's authorized representative's) written authorization or unless we are authorized to do so pursuant to a special type of court order or the disclosure falls within another exception under applicable law.

Minors' 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, PHS is required to protect the privacy of your PHI related to such services in the same way that PHS protects the privacy of an adult's PHI, unless a special exception applies under the law. For example, PHS is authorized by law to notify your parent or guardian if, in the judgment of PHS, failure to inform your parent or guardian would seriously jeopardize your health or would seriously limit the ability of PHS to provide treatment to you. Additionally, if you want PHS to bill your parents' 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 PHS, and, as a result, the fact that you received services from PHS will not be confidential from your parents. However, if you do not want your parents to know that you are receiving services from PHS, you must notify PHS 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.

Confidentiality of Substance Use Disorder Treatment Program Information: *If you receive substance use disorder services from an PHS health care provider who is a substance use disorder treatment "program" subject to 42 C.F.R. Part 2:* You have a right to adequate notice of PHS's uses and disclosures of any Part 2 program records PHS and its Part 2 program providers create or maintain about you, and of your rights and PHS's legal duties with respect to such records, and we will provide to you a copy of PHS's separate Part 2 Program Notice of Privacy Practices. If a use or disclosure for any purpose described on this HIPAA Notice of Privacy Practices is prohibited or materially limited by 42 C.F.R. Part 2 (or other applicable law), PHS will only use and disclose your information as permitted or required by 42 C.F.R. Part 2 (or other applicable law) in accordance with PHS's Part 2 Program Notice of Privacy Practices. However, if PHS creates, maintains or acquires any substance use disorder records or information about you that is not subject to 42 C.F.R. Part 2, PHS will protect the confidentiality of such information, and only use and disclose such information, in accordance with this HIPAA Notice of

Privacy Practices. Substance use disorder treatment records received from Part 2 programs subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice an opportunity to be heard is provided to you or the holder the record, as provided in 42 C.F.R. Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Notice of Potential for Redisclosure

Anytime your information is disclosed, with or without your authorization, there is the potential for the information to be subject to redisclosure by the recipient and no longer protected by 45 C.F.R. Part 164, Subpart E, of the HIPAA Privacy Standards.

Summary of Your Rights Regarding Your Protected Health Information

You have the right to request restrictions on certain uses and disclosures of your protected health information as provided by 45 C.F.R. §164.522(a). However, PHS is not required to agree to a requested restriction except where (i) your request is for us to restrict the disclosure of your PHI to a health plan for the purpose of carrying out payment or health care operations, (ii) the disclosure is not otherwise required by law, and (iii) the PHI pertains solely to a health care item or service for which you (or another person on your behalf) has paid PHS in full.

You have the right to receive confidential communications of PHI by 45 C.F.R. §164.522(b), as applicable. You can ask us to contact you in a specific way (for example, via home or office phone) or to send mail to a specific address. We will agree to all reasonable requests.

You have the right to access, inspect and copy your protected health information as provided by 45 C.F.R. §164.524. You can ask to see or obtain a paper or electronic copy of PHI we have about you. Ask us how to do this. We will provide a copy or summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee. In certain circumstances, you or your authorized representative may be denied access to your PHI. However, you may request a review of any decision to deny you access to your PHI.

You have the right to submit amendments, corrections and clarifications to your protected health information as provided by 45 C.F.R. §164.526. You may request amendments, corrections and clarifications to your health care information contained in your records that you think is incorrect or incomplete. Ask us how to do this. If you are requesting a change to the information in your treatment record, we will place your requested amendment, correction or clarification in your record. We (or your PHS provider) may add a response to your record, and will provide to you a copy of our response. If you are requesting a change in your non-treatment record, we may deny your request. If your request is denied, we will notify you in writing and provide our reasons for the denial within 60 days.

You have the right to receive an accounting of certain disclosures of your PHI as provided by 45 C.F.R. §164.528. You can ask for a list (accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared it with, and why. The accounting will not include disclosures made directly to you, requested by you, made for treatment, payment or health care operations purposes, and other disclosures not required to be listed by law. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

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 PHS or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by PHS. You may file a complaint with the U.S. Department of Health and Human Services by contacting:

United States Department of Health and Human Services Office of Civil Rights
200 Independent Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

You may file a complaint with PHS by notifying our Privacy Officer at the address below. PHS will not retaliate against you for filing a complaint.

If you have any questions about this Notice, our privacy practices, or your privacy rights, please contact:

ATTN: HIPAA Privacy Officer
Pines Health Services
74 Access Highway
Caribou, ME 04736
(207) 498-2359



PINES HEALTH SERVICES' PART 2 PROGRAM NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: March 2026

Federal law protects the confidentiality of substance use disorder patient records maintained by a substance use disorder treatment program subject to 42 C.F.R. Part 2.

THIS NOTICE DESCRIBES:

- HOW PART 2 PROGRAM SUBSTANCE USE DISORDER HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR PART 2 PROGRAM SUBSTANCE USE DISORDER HEALTH INFORMATION, INCLUDING HOW YOU CAN GET ACCESS TO YOUR PART 2 PROGRAM SUBSTANCE USE DISORDER INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR PART 2 PROGRAM SUBSTANCE USE DISORDER HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING SUCH INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH PINES HEALTH SERVICES' PRIVACY OFFICER AT 207-498-2356, email at pennywickstrom@pineshealth.org IF YOU HAVE ANY QUESTIONS.

Your acknowledgement of receipt or refusal of this Notice by your signature below will be maintained in your patient record.

Our Legal Duties and Privacy Practices to Protect Your Part 2 Program Health Information

Pines Health Services (PHS), has health care providers who provide substance use disorder treatment, meet the definition of a federally assisted substance use disorder treatment "program" under federal law (42 U.S.C. §290dd-2), and are subject to 42 C.F.R. Part 2. If you receive substance use disorder treatment or health care services from an PHS Part 2 Program health care provider, you have a right to adequate notice of PHS's uses and disclosures of your Part 2 Program records and information, and of your rights and PHS's legal duties with respect to your Part 2 Program records and information.

PHS is required by law to maintain the privacy of your Part 2 Program records, to provide you with notice of our legal duties and privacy practice with respect to your Part 2 Program records, and to notify affected patients following a breach of any unsecured Part 2 Program records we maintain about them.

PHS is required to abide by terms of this Part 2 Program Notice currently in effect. For PHS to apply a change in a privacy practice that is described in this Part 2 Program Notice to records that an PHS Part 2 Program created or received prior to issuing a revised Part 2 Program Notice, PHS reserves the right to change the terms of our Part 2 Program Notice and to make the new Part 2 Program Notice provisions effective for Part 2 Program records we maintain. If our privacy practices change, we will provide you with a revised Part 2 Program Notice during your next visit.

Notice to Patients of Federal Confidentiality Requirements for Substance Use Disorder Treatment Programs

Additionally, as a licensed, federally assisted substance use disorder treatment program, PHS is required by law to (i) communicate to you that Federal law (42 U.S.C. §290dd-2) and regulations (42 C.F.R. Part 2) protect the confidentiality of substance use disorder patient records and information, and (ii) provide to you this Notice.

Purposes for Which PHS is Permitted or Required to Use or Disclose Your Part 2 Program Health Information Without Your Written Consent

PHS may, without your consent, *use* your Part 2 Program records and information, and *disclose* your Part 2 Program records and information to persons or entities outside of PHS, in the following limited circumstances and for the following purposes:

- For Treatment Purposes: We may use your Part 2 Program health information internally for treatment-related purposes, such as to provide treatment to you, to communicate information between or among PHS personnel involved in providing diagnosis, treatment or referrals for you, and for other treatment-related purposes required or authorized by law.
- For Payment Purposes When You Lack Decisional Capacity: We may use and disclose your Part 2 Program health information to a third-party payor or health plan for the sole purpose of obtaining payment for services provided to you by PHS if PHS's Chief Executive Officer determines that you suffer from a medical condition that prevents you from taking knowing or effective action on your own behalf and consents to such disclosure on your behalf.
- For Healthcare Operations Purposes: We may use your Part 2 Program health information for healthcare operations purposes, such as to evaluate the quality of the care and services provided to you and for PHS's business operations.
- For Appointment Reminders and to Provide Information about Alternative Treatments and Services: We may use your Part 2 Program health information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- For Internal and Administrative Oversight Activities: We may use and disclose your Part 2 Program health information in communications of information between or among PHS personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of you, if the communications are (i) within PHS, or (ii) between PHS and an entity that has direct administrative control over PHS.
- To Contracted Service Providers: We may use and disclose your Part 2 Program health information to a contracted service provider, called a "business associate" (BA) or "qualified service organization" (QSO), when such information is needed by the BA or QSO to provide contracted services to PHS, and when certain other legal requirements are met to ensure that such contracted service providers maintain the privacy and security of your Part 2 Program health information. Such contracted services might include data processing, bill collecting, dosage preparation, laboratory analyses, or legal, accounting, population health management, medical staffing, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy.
- To Report Certain Crimes and Criminal Threats: We may use and disclose certain limited Part 2 Program health information (the circumstances of the incident, patient status, name, address and last

known whereabouts) to law enforcement agencies or officials when such information is directly related to a patient's commission of, or threat to commit, a crime on PHS's premises or against PHS personnel.

- To Comply with Mandatory Child Abuse and Neglect Reporting Laws: We may use and disclose your Part 2 Program health information to report incidents of suspected child abuse and neglect to appropriate State or local authorities, when such reporting is required under Maine law.
- To Provide Treatment in a Medical Emergency: We may disclose your Part 2 Program health information to medical personnel to the extent necessary to meet a bona fide medical emergency in which (i) your prior informed consent cannot be obtained, or (ii) PHS is closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time that PHS resumes operations.
- To the FDA to Avert a Health Threat: We may disclose your Part 2 Program health information to medical personnel of the Federal Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.
- For Research Purposes: We may use and disclose your Part 2 Program health information for purposes of conducting scientific research if state and federal legal requirements are met.
- Uses and Disclosures to Prevent Multiple Enrollments in Detoxification and Maintenance Treatment Programs: In the event that we receive information from a central registry or any detoxification or maintenance program that you are enrolled in another Part 2 Program, we may (i) use such information to prevent you from enrolling in multiple programs unless such multiple enrollments are authorized by a court order, and (ii) communicate as necessary with the other program to verify that no error has been made and to prevent or eliminate any multiple enrollments.
- For Management Audits, Financial Audits and Program Evaluation: We may disclose your Part 2 Program health information to (i) federal, state or local governmental agencies providing financial assistance to PHS or that are authorized by law to regulate PHS's activities, (ii) third-party payors or health plans covering PHS patients (including Medicare and Medicaid/MaineCare), (iii) quality improvement organizations (QIO) performing QIO reviews, (iv) any contractors, subcontractors or legal representatives of such agencies or entities, and (v) an entity with direct administrative control over PHS, for the purpose of conducting audit or evaluation activities.
- For Public Health: We may disclose your Part 2 Program health information for public health purposes so long as (i) the disclosure is made to a public health authority, and (ii) the content of the information from the record disclosed has been de-identified such that there is no reasonable basis to believe that the information can be used to identify you. *However, see the section below on the "Confidentiality of Protected Health Information Related to Reproductive Health Care" for important prohibitions and limitations on how we can use and disclose your protected health information related to reproductive health care for health oversight activities and purposes.*
- To Comply with Lawful Subpoenas and Court Orders: We may disclose your health information when compelled by law to comply with a subpoena and special court order that meets the requirements of 42 C.F.R. Part 2, Subpart E. *However, see the section below on the "Confidentiality of Protected Health Information Related to Reproductive Health Care" for important prohibitions and limitations on how*

we can use and disclose your protected health information related to reproductive health care for judicial and administrative proceedings.

- To Comply with Vital Statistics Reporting Laws: We may disclose a deceased patient’s health information relating to the cause of death of the patient under laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death. *However, see the section below on the “Confidentiality of Protected Health Information Related to Reproductive Health Care” for important prohibitions and limitations on how we can use and disclose a decedent’s protected health information to coroners and medical examiners for certain purposes.*
- For Other Purposes When Required or Authorized by Law: We may disclose your health information for other purposes when such disclosure is required or authorized by law.

If a use or disclosure for any of the above purposes is prohibited or materially limited by other applicable law, the description of such use or disclosure above (or, if applicable, in the “Other Special Privacy Protections” below) either reflects the more stringent law or PHS will comply with the more stringent applicable law, as the case may be.

Uses and Disclosures of Part 2 Program Health Information Requiring Your or a Personal Representative’s Written Consent

Other uses and disclosures of your health information, including substance use disorder treatment program information and records, may be made only with your or your personal representative’s written consent. For example:

- Acknowledgement of Presence at an PHS Part 2 Program or Status as an PHS Part 2 Program Patient: We may acknowledge your presence at an PHS Part 2 Program, or your status as an PHS Part 2 Program patient, only with your written consent or pursuant to a special court order that meets the requirements of 42 C.F.R. Part 2, Subpart E. In response to a request for information about you, we may only provide the requesting party a copy of 42 C.F.R. Part 2, and advise the inquiring party that such regulations restrict the disclosure of substance use disorder patient records and information, but we may not otherwise affirmatively say that the regulations restrict the disclosure of the records or information of an identified patient.
- Disclosures for Treatment, Payment and Health Care Operations Purposes: With your written consent, we may disclose your Part 2 Program health information to:
 - A health care provider outside of your PHS Part 2 Program for treatment purposes, such as to coordinate the care you are receiving from your PHS Part 2 Program with health care or services you are receiving from your primary care physician or from a hospital.
 - An insurance company, health plan or other third-party payor such as Medicare or MaineCare (Medicaid) for payment purposes, such as to obtain payment for the healthcare services provided to you, or to determine your eligibility for coverage and benefits.
 - Outside entities and contractors for certain health care operations purposes. We may also disclose your Part 2 Program health information to outside entities and contractors for health care operations purposes without your written consent if certain legal requirements are met, for example, if PHS has entered into a Qualified Service Organization Agreement or HIPAA Business Associate Agreement with the outside entity or contractor to protect your health information.

You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Records that are disclosed to a Part 2 program, HIPAA covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations (45 C.F.R. Parts 160 and 164) permit such disclosure.

- Disclosures to Prevent Multiple Enrollments in Detoxification and Maintenance Treatment Programs: With your written consent, we may disclose your Part 2 Program health information to a central registry or to any detoxification or maintenance treatment program within 200 miles of PHS for the purpose of preventing you from enrolling in multiple programs if certain legal requirements are met.
- Disclosures to Elements of the Criminal Justice System Which Have Referred Patients to PHS: With your written consent, we may disclose your Part 2 Program health information to those persons within the criminal justice system which have made your participation in an PHS Part 2 program a condition of the disposition of any criminal proceedings against you or a condition of your parole or other release from custody, if certain legal requirements are met.
- Disclosures of Substance Use Disorder Counseling Notes: We may not use or disclose any Part 2 Program substance use disorder (SUD) counseling notes (that are separated from the rest of your PHS Part 2 Program records and your PHS medical records) we maintain or may have received about you without your written consent, except that (i) the originator of such notes may use them for treatment, (ii) your PHS Part 2 Program may use such notes for its own training programs in which students, trainees, or practitioners in SUD treatment or mental health learn under supervision to practice or improve their skills in group, joint, family, or individual SUD counseling, and (iii) PHS may use or disclose such notes to defend itself in a legal action or other proceeding brought by you.
- Disclosures for Sales or Marketing Purposes: We may not use or disclose your Part 2 Program health information for sales or marketing purposes without your written consent, except that we may communicate with you face-to-face for marketing purposes, and provide promotional gifts to you of nominal value. We may not sell your Part 2 Program health information unless we obtain your written consent and notify you in the consent that the disclosure will result in remuneration to PHS.
- Disclosures for Fundraising Purposes: PHS may use or disclose your Part 2 Program health information to fundraise for the benefit of PHS only if (i) you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications, and (ii) PHS also complies with HIPAA's requirements for uses and disclosures for fundraising purposes.
- Disclosures to Your Personal Representative: If you have been adjudicated as lacking the capacity to manage your own affairs for any reason other than insufficient age, we may disclose your Part 2 Program health information to a personal representative authorized under Maine law to act on your behalf, such as an agent under a health care power of attorney, a court-appointed guardian or a health care surrogate.
- Disclosures Authorized by Your Personal Representative: In the event that you have been adjudicated to lack the capacity to manage your own affairs, we may disclose your Part 2 Program health information to persons or entities designated by your guardian, health care power of attorney, health care surrogate, or another person authorized under Maine law to act on your behalf, in a written consent signed by your personal representative. We may also disclose your Part 2 Program health information

to persons or entities pursuant to a written consent provided by an executor, administrator or personal representative of your estate in the event that you are deceased.

- **Other Uses and Disclosures:** PHS will make uses and disclosures not described in this Notice only with your written consent.

Right to Revoke Consent: You have the right to revoke your consent in writing, except to the extent that PHS or another lawful holder of your Part 2 Program health information that is permitted to make the disclosure has already acted in reliance on it. However, your consent to disclose your Part 2 Program health information to elements of the criminal justice system when your participation in an PHS Part 2 program is a condition of the disposition of criminal proceedings or a condition of parole or other release, is revocable only upon the passage of a specific amount of time or upon the occurrence of a specified, ascertainable event described in the consent, which cannot be later than the final disposition of the conditional release or other action in connection with which your consent was given.

Other Special Privacy Protections

Special Legal Protections for Uses and Disclosures of Records Subject to 42 C.F.R. Part 2 in Legal Proceedings:

- (i) Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your (or your authorized representative's) specific written consent or a court order;
- (ii) Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 C.F.R. Part 2; and
- (iii) A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

Confidentiality of Minors' Part 2 Program Health Information: If you are a minor (a person under 18 years old), you are generally entitled to the same privacy protections that are afforded to an adult. PHS may not disclose Part 2 Program information about you to a parent or guardian for the purpose of obtaining financial reimbursement for services provided to you. However, PHS may refuse to provide Part 2 Program treatment to you until and unless you authorize disclosure of your Part 2 Program information necessary to obtain reimbursement for services provided to you, unless such refusal is prohibited under Maine law and PHS is required under Maine law to furnish the service to you irrespective of your ability to pay under the circumstances. Additionally, PHS may disclose to your parent, guardian or other person authorized under Maine law to act on your behalf facts relevant to reducing a threat to your life or physical well-being or to the life or physical well-being of any other individual, if PHS's Chief Executive Officer judges that (i) you lack the capacity to make a rational decision on whether to consent to a disclosure of your Part 2 Program health information to a parent, guardian or other authorized person because of extreme youth or a mental or physical condition, and (ii) your situation poses a substantial threat to your life or physical well-being or to the life or physical well-being of any other individual which may be reduced by communicating relevant facts to a parent, guardian or other person authorized under Maine law to act on your behalf.

Confidentiality of HIV Information: If your PHS Part 2 Program maintains any information about you regarding your HIV status (such as HIV test results or medical records containing HIV information), such information is afforded additional protection under Maine law and we 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 (5 M.R.S.A. §19203 and §19203-D).

Confidentiality of Health Information Related to Reproductive Health Care: We may not use or disclose your health information for any of the following activities: (i) to conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; (ii) to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; or (iii) to identify any person for any purpose described in (i) or (ii). For example, if you received reproductive health care from us that was lawful to receive in the State of Maine and that was authorized by Federal law, including the United States Constitution, and a health oversight agency or a law enforcement official (either in Maine or from another state) were to request or subpoena information about such reproductive health care for one of the above prohibited purposes, we would not be authorized to disclose such information in response to the request or subpoena without your authorization or a special type of court order under Maine law, unless the disclosure falls within another exception under applicable law. Additionally, we may not use or disclose information potentially related to your reproductive health care (i) to a health oversight agency for any of the oversight activities authorized by law under HIPAA at 45 C.F.R. §164.512(d), (ii) in the course of any judicial or administrative proceeding (e.g., in response to a court order, subpoena, discovery request, etc.) for any of the purposes described at 45 C.F.R. §164.512(e), (iii) to a law enforcement official for any of the law enforcement purposes described at 45 C.F.R. §164.512(f), or (iv) to a coroner or medical examiner for any of the purposes described at 45 C.F.R. §164.512(g)(1), unless we obtain your written authorization or a valid written attestation from the person requesting such information. The attestation must verify that the requested use or disclosure of your reproductive health care information is not otherwise prohibited by HIPAA and complies with HIPAA's attestation requirements.

Confidentiality of Health Information Related to Gender-Affirming Health Care Services: We may not use or disclose health information related to a patient's gender-affirming health care services in a civil or administrative action or proceeding, or in response to a subpoena issued in such an action or proceeding, without the patient's (or the patient's authorized representative's) written authorization or unless we are authorized to do so pursuant to a special type of court order or the disclosure falls within another exception under applicable law.

Statement of Your Rights Regarding Your Health Information

Right to Access, Inspect and Copy Health Information. You have the right to inspect and obtain a copy of your Part 2 Program health information within 30 days of a written request. You may be charged a reasonable, cost-based fee for such copies or summary. In certain limited circumstances, you may be denied access to your Part 2 Program health information and records. However, if a decision is made by PHS to deny you access to your Part 2 Program information and records, you may request a review of that decision by a licensed health care professional designated by PHS who did not participate in the original decision to deny you access.

Right to Request Restrictions on Uses and Disclosures of Health Information. You have the right to request that PHS restrict uses or disclosures of your Part 2 Program health information to carry out treatment, payment, or health care operations, including when you have signed a written consent for such disclosures. However, PHS is not required to agree to a requested restriction unless (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (ii) the information pertains solely to a health care item or service for which the patient, or person other than the health plan on behalf of the patient, has paid PHS in full. If PHS agrees to a requested restriction, PHS will not use or disclose your Part 2 Program information in violation of your restriction, unless the use or disclosure is needed to provide emergency treatment. In such circumstances, PHS will request that the

health care provider to whom the information is disclosed not further use or disclose the information. A restriction agreed to by PHS is not effective to prevent uses or disclosures required by law or permitted by 42 C.F.R. Part 2 for purposes other than treatment, payment, and health care operations. PHS may terminate a restriction under certain circumstances described at 42 C.F.R. §2.26(b)(1)-(3).

Right to Request Confidential Communications. You have the right to request in writing to receive confidential communications concerning your Part 2 Program health information. We are required to accommodate reasonable requests to receive communications concerning such health information by alternative means or at alternative locations. We 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. We will not request an explanation from you as to the basis for the request as a condition of providing communications to you on a confidential basis.

Right to Amend, Correct and Clarify Health Information. You have the right to request amendments, corrections and clarifications to your Part 2 Program health information, so long as you make such requests in writing and provide a reason to support the requested amendment, correction or clarification. PHS is not required to agree with your requested amendment, correction or clarification, but is required to include a copy of your requested amendment, clarification or clarification in your clinical records within 60 days of your written request. PHS or your treating PHS Part 2 Program health care provider may include in your Part 2 Program clinical records a written response to your requested amendment, correction or clarification, and we will provide to you a copy of our response.

Right to an Accounting of Disclosures. You have the right to receive an accounting of disclosures of electronic Part 2 Program records for the past 3 years as provided at 42 C.F.R. §2.25, and an accounting of all other disclosures of your Part 2 Program health information made with your consent in the 6 years prior to the date of your request as provided by the HIPAA Privacy Standards at 45 C.F.R. §164.528(a)(2) and §164.528(b)-(d). We must respond to your requested accounting within 60 days of your request, unless your right to receive an accounting of disclosures to a health oversight agency or law enforcement official is temporarily suspended by such agency or official. The accounting will not include disclosures of Part 2 Program health information made directly to you, requested by you, or made for treatment, payment or healthcare operations purposes (unless made through an electronic health record), and other disclosures not required by law to be included in an accounting.

Right to a List of Disclosures by an Intermediary. You have the right to receive from an intermediary a list of Part 2 Program disclosures made by the intermediary for the past 3 years as provided 42 C.F.R. §2.24. An intermediary is a person, other than (i) PHS or another Part 2 program, (ii) a HIPAA covered entity, or (iii) a business associate, who has received Part 2 records under a general designation by you in a written consent to be disclosed to one or more of its member participant(s) who has a treating provider relationship with you.

Right to Paper Copy of this Notice. You have the right to obtain a paper copy of this Part 2 Program Notice of Privacy Practices upon request, even if you have previously agreed to accept this Notice electronically.

Right to Discuss this Notice. You have the right to discuss this Notice with PHS's HIPAA Privacy Officer or another designated PHS contact person or office.

Right to Not Receive Fundraising Communications. You have the right not to receive fundraising communications from PHS by notifying PHS's HIPAA Privacy Officer.

Right to File a Complaint and to Report Violations. You have the right to file a complaint with PHS and to the Secretary of the United States Department of Health and Human Services if you believe your privacy

rights have been violated. You may file a complaint with us by notifying our Privacy Officer at the address and telephone number below. PHS will not retaliate against you for filing a complaint.

If you have any questions about this Notice, our Part 2 Program privacy practices, or your Part 2 Program privacy rights, or you believe your privacy rights may have been violated and you wish to file a complaint or report a violation, please contact:

ATTN: Privacy Officer
Pines Health Services
74 Access Highway
Caribou, ME 04736
(207) 498-2359
pennywickstrom@pineshealth.org

For information about how to report a HIPAA violation or to file a HIPAA complaint, go to <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. HIPAA complaints and violations may be submitted by email to OCRComplaint@hhs.gov, or in writing to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Language Assistance Services

(French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística

(Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務

(Vietnamese) CHÚ Ý: Nếu u bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn

(Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad

(German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung

(Thai) เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

(Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます

† Language Assistance Services are Complimentary