



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

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