

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW THIS NOTICE CAREFULLY.

Each time you visit us, we keep a record of your treatment. We 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 offer a few examples to describe what each of the categories mean, but not every use or disclosure can be listed in this Notice. You also have a right to a paper copy of this Notice.

Get an electronic or paper copy of your medical record	+ You can ask to see or obtain an electronic or paper copy of your medical record. Ask us how to do this.
	+ We will provide a copy or a summary of your medical record, usually within 30 days of your request. We will charge a reasonable, cost-based fee
Ask us to correct your medical record	+ You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
	+ We may decline the request but will respond in writing within 60 days.
Request confidential communications	+ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
	+ We will affirm all reasonable requests.
Ask us to limit what we use or share	+ You can ask us not to use or share certain health information for treatment, payment, or our operations.
	o We are not required to agree to your request, and we may decline your request if it would affect your care.
	+ If you pay for our service out-of-pocket in full, you can ask us not to



share that information for the purpose of payment with your insurer.



• We will affirm your request unless a law requires otherwise.





YOUR RIGHTS



When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

_Get a list of those with whom we have shared information	+ You can ask for a list of times we have shared your health information for six years prior to the date you ask, whom we shared it with, and why.	
	+ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.	
Get a copy of this privacy notice	+ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with with a paper copy promptly.	
Choose someone to act on your behalf	+ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about	

your health information.

before we take any action.

File a complaint if you
believe your rights
have been violated

YOUR RIGHTS

+ You can file a complaint if you believe we have violated your rights by contacting us using the information at the bottom of each page and by contacting the U.S. Department of Health and Human Services Office for Civil Rights at 1-800-368-1019 or by visiting their website at www.hhs.gov/ocr/privacy/hipaa/complaints/.

+ We will make sure the person has this authority and can act for you

 ${\color{blue}+}$  We will not retaliate against you for filing a complaint.









### YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:	+ Share your information with family, close friends, or others involved in your care
	+ Share information in a disaster relief situation
	If you are unable to state your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

## In these case, we never share your information:

- + Marketing purposes
- + Sale of your information

### **OUR USES AND DISCLOSURES**

How do we typically share you information? We typically use or share your health information in the the manner described below.

Treatment	+ We can use and share your health information with other professionals who are treating you.	<b>Example:</b> A doctor treating you for an illness asks another doctor about your overall health condition.	
Management	+ We can use and share your health information to run our practice, improve your care, and contact you when necessary.	<b>Example:</b> We utilize your health information to plan your care, and to manage your treatment and services.	
Billing	+ We can use and share your health information to bill and obtain payment from health plans or other entities.	obtain payment you to a payment processor that may	

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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### **OTHER USES**

In what other situations would you share my information? Under certain circumstances, We may be compelled, obligated, or required to share your information such as in the instances described below.

Help with public health and safety issues	+ We can share health information about you for certain situations such as:  o Preventing disease o Helping with product recalls o Reporting adverse reactions to medications o Reporting suspected abuse, neglect, or domestic violence o Preventing or reducing a serious threat to anyone's health or safety, including your own	
Comply with the law	+ We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.	
Work with a medical examiner or funeral director	+ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.	
Respond to lawsuits and legal actions	+ We can share health information about you in response to a lawsuit, a court or administrative order, or a subpoena.	
Address law enforcement, workers' compensation, and other governmental requests	o For law enforcement purposes or with a law enforcement officia	

#### **OUR RESPONSIBILITIES**

- + We are required to maintain the privacy and security of your protected health information.
- + We are required to promptly inform you if a breach occurs that may have compromised the privacy or security of your information.
- + We are required to follow the duties and privacy practices described in this Notice and to make this Notice available to you.
- + We are required to not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by informing us in writing.

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For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

### CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change the terms of this Notice. The changes will apply to all information we have about you. The new notice will be available upon request and on our website: www.psychiatrie.me.

This Notice is effective as of: March 1, 2023.





