



NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed, your rights with respect to your protected health information (“PHI”), how to file a complaint concerning a violation of the privacy or security of your PHI, or of your rights concerning your PHI. You have a right to copy this Notice (in paper or electronic form) and to discuss it with Greater Portland Health’s (“GPH”) Privacy Officer at 207-874-2141 if you have any questions.

This Notice applies to all PHI, including, if applicable, Substance Use Disorder (“SUD”) Treatment information.

Uses and Disclosures of Your PHI:

When you seek health care services from GPH, a record of the interaction is documented. This record may contain your symptoms, examination and test results, diagnosis, treatment, and a plan for your future care/services. This information is part of your health/medical record and is an essential part of the health care/services we provide to you. The information about you in the record is sometimes referred to as PHI and GPH is obligated by law to protect the privacy of the PHI. Any uses and disclosures of your PHI not described in this notice will only be permitted with notice to you and with your advanced written consent, which you have the right to revoke at any time. An example involves marketing activities.

We may use and disclose your PHI without separate written authorization:

- For planning and providing your care and treatment,
- In communication with health professionals who contribute to your care,
- For verification to third-party payers (insurance companies) that services were provided,
- In performing health care operations, including quality assessments regarding the care we render and the outcomes we achieve,
- To make you aware of services and treatments that may be of interest to you,
- To comply with state and federal laws that require us to disclose your PHI, and
- If your PHI includes SUD records generated in connection with a SUD program supported by federal funding, and if you have executed an authorization form for the disclosure of your other PHI to a third party, the authorization is sufficient by law to allow the disclosure of the SUD information.

Special Restrictions:

We shall not disclose PHI or testify regarding the content of your confidential records in any civil, administrative, criminal, or legislative proceedings without your specific written consent or a court order. The production of PHI for court proceedings (based on a subpoena or other legal mandate and a Court Order) will not occur without our first giving notice to you to allow you an opportunity to challenge the production or to otherwise be heard, if such notice and/or opportunity is required by federal law.

Disclosures Regarding Substance Use Disorder Services in a “Part 2” Program. If your PHI includes SUD records generated in connection with a “Part 2” Program (i.e. a SUD program supported by federal funding), any allowed or mandated disclosure for treatment, payment or health care operations to another provider or SUD Program, may be further disclosed by that program or health care provider if and to the

extent allowed by federal law, without requiring a separate written consent from you. If you execute an authorization form for the disclosure of your PHI to a third party, and it covers both general PHI as well as SUD records, a separate consent form will not be necessary for SUD disclosures.

Your Rights Regarding Your Health Information.

Although your health record is the physical property of GPH, the PHI belongs to you. Under Federal Privacy Rules, you have the right to:

- Receive notice of the use and disclosure of your health/medical record, including a paper copy of the notice if requested,
- Request restrictions on use and disclosure of your health information or request we send your confidential communications by alternative means,
- Inspect and obtain a copy of your record,
- Request your health record be amended,
- Ensure the accuracy of your PHI, and
- Request an accounting of certain uses and disclosures of your PHI.

Our Responsibilities.

GPH is required to:

- Maintain the privacy of your health information, including psychotherapy and SUD counseling notes, unless you either consent or an exception to disclosure applies.
- Provide you with notice as to GPH's legal duties and privacy practices with respect to health information we collect and maintain about you.
- Abide by the terms of our most current Notice.
- Notify you if GPH is unable to abide by a requested restriction.
- Accommodate reasonable requests regarding alternative means of communicating about your PHI.
- Should GPH engage in fundraising, give you the opportunity to elect not to receive fundraising communications from GPH.
- Provide you with a single consent form allowing GPH to use and disclose your PHI for treatment, payment, and health care operations purposes.

GPH reserves the right to change and revise its privacy practices to remain in compliance with Federal and State Laws. In the event of a material change, a revised Notice shall be made available or distributed to the extent required by law.

Disclosures Permitted Without Consent.

GPH is permitted to use and disclose your health information without your consent:

- For Treatment related purposes,
- For Payment Related Purposes,
- For Health Care Operations, and
- When required by state or federal law.
- When Allowed by Law, in communications with Business Associates; for appointment reminders; to government health care authorities, including state medical officers, the Food and Drug Administration, organ procurement organizations, efforts by authorities for public health activities and protection, including disclosures related to child or adult protective services; medical emergencies; organ or tissue donation; research purposes with de-identified data; medical examiner; services to comply with laws regarding workers compensation; for certain allowed, specialized government functions, including military operations or disaster relief efforts; to government law enforcement authorities in response to a court order, or in other legal situations such as to report a crime or respond to certain valid subpoenas.

Disclosures Permitted with an Opportunity to Opt-Out. GPH may communicate with you, after giving you a chance to object or opt-out, with respect to: disclosures to family members and caregivers if relevant to that person’s involvement in your care or payment for your care; solicitations regarding health-related benefits or products; for fund-raising operations; for GPH marketing efforts.

Organized Health Care Arrangement.

GPH is a member of Community Care Partnership of Maine (“CCPM”), an “Organized Health Care Arrangement” focused on improving the health of the communities it serves. The members of CCPM, in collaboration with insurance companies, use population health analytics, utilization review, quality assessment and improvement activities, and other evidence-based strategies to improve your healthcare. Members are mutually accountable for the health of all patients served by CCPM. The entities that make up this Organized Health Care Arrangement include the following community health centers and hospitals: Cary Medical Center, Bucksport Regional Medical Center, Clinical Community Services, Eastport Health Care, Fish River Rural Health, Harrington Family Health Center, Health Access Network, HealthReach Community Health Centers, Islands Community Medical Services, Mount Desert Island Hospital, Katahdin Valley Health Center, Millinocket Regional Hospital, York County Community Action Corporation, Pines Health Services, Penobscot Valley Hospital, Pines Health Services, Regional Medical Center at Lubec, Sacopee Valley Health Center, GPH, Sebasticook Family Doctors, St. Joseph Hospital, and St. Croix Regional Family Health Center. CCPM’s Organized Health Care Arrangement permits these separate covered entities, including GPH, to share PHI with each other as necessary to carry out permissible treatment, payment or health care operations relating to the work of the Organized Health Care Arrangement, unless otherwise limited by law, rule or regulation. The list of entities may be updated to apply to new entities in the future. You can access the most current list at www.ccpmmaine.org/members or call 207-992-9200.

For More Information, to Request Information or to Report a Problem

If you believe your privacy rights regarding confidential health information of any kind, including SUD treatment information have been violated by GPH, you may contact the GPH Privacy Officer, 180 Park Ave, Portland, ME 04102. (207) 874-2141); www.greaterportlandhealth.org. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201 See the Office for Civil Rights website, www.hhs.gov/ocr/hipaa/ for more information.

You will not be penalized by GPH in any way for submitting a complaint.

Effective: January 2, 2026

<https://www.federalregister.gov/documents/2024/02/16/2024-02544/confidentiality-of-substance-use-disorder-sud-patient-records>