

J. Privacy Notice

NOTICE OF PRIVACY PRACTICES

At Plastic & Hand, we respect the privacy and confidentiality of medical information about our patients. So that you may be aware of your privacy rights, we are providing this Notice of Privacy Practices to our patients. The content of the Notice is prescribed by federal regulations enacted under the Health Insurance Portability & Accountability Act (HIPAA).

**This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. This Notice of Privacy Practices is posted in a visible location in our office waiting area and is available to you at any time upon request.
Please Review It Carefully.**

1. Introduction

This Notice describes the privacy practices adopted by Plastic & Hand Surgical Associates, including its division, Western Avenue Day Surgery Center, and Skin Solutions from Plastic & Hand. Spectrum Medical Group, P.A., which provides anesthesia services to patients at Western Avenue Surgery Center, has jointly adopted the privacy practices described in this Notice with regard to patients treated by it at the surgery center.

The confidentiality of your health information is protected by both State and Federal law. We are required by law to provide you with this joint notice. It summarizes how we and our respective physicians and other health care providers, and our staffs, may use and disclose your protected health information. And, it describes your rights to:

- Inspect and copy your health information.
- Request changes in your health information.
- Obtain a record of certain of our disclosures of your health information.
- Request that we communicate with you in a confidential manner.
- Request restrictions on the use and disclosure of your health information.
- Be notified of any breach of the confidentiality of your medical information as required by law.

Your protected health information ("PHI") includes information regarding your past, present or future physical or mental health or condition, the health care and services provided to you, and the past, present or future payment for your health care.

"PHI" includes your demographic information such as name, address, telephone number and family; past, present or future information about your physical or mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you.

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The Notice describes uses and disclosures of PHI to which you have consented, that you may be asked to authorize in the future, and that are permitted or required by state or federal law. Also, it advises you of your rights to access and control your PHI.

This Notice is effective September 23, 2013. We may amend this Notice of Privacy Practices periodically and you may obtain a current copy of the Notice by contacting the office staff at any time.

We regard the safeguarding of your PHI as an important duty. The elements of this Notice, the consent you have signed and any authorizations you may sign are required by state and federal law for your protection and to ensure your informed consent to the use and disclosure of PHI necessary to support your relationship with Plastic & Hand.

If you have any questions about our Notice of Privacy Practices, please contact your doctor's practice coordinator, who will act as your Privacy Contact. **Each doctor has a practice coordinator who may be reached at 207-775-3446.**

2. Safeguarding PHI within the Office

We have in place appropriate administrative, technical and physical safeguards to protect the privacy of your PHI. We regularly train our staff on the obligation to protect the privacy of your PHI. We hold medical records in a secure area within the office. Only staff members who have a "need to know" are permitted access to your medical records and other PHI. Our staff understands the legal and ethical obligation to protect your PHI and that a violation of this Notice of Privacy Practices will result in discipline in accordance with our personnel policy.

3. Uses and Disclosures of PHI Based Upon Your Written Consent

You signed our "Consent to Use and Disclosure of Protected Health Information" when you became a patient of our practice. Based upon this consent, we will use and disclose your PHI for the following types of activities.

- Treatment. Treatment means the provision, coordination or management of your healthcare and related services while a patient at Plastic & Hand, including healthcare services provided by Spectrum Medical Group, P.A. It includes the coordination or management of healthcare by a provider with a third party, consultation between healthcare providers and referrals to healthcare specialists or facilities such as a clinical laboratory.
- Payment. Payment means our activities to obtain reimbursement for the medical services provided to you, including billing, claims management and collection activities. Payment also may include your insurance carrier's work in determining eligibility, claims processing, assessing medical necessity and utilization review.

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- Healthcare Operations. Healthcare operations include the legitimate business activities conducted by a healthcare provider. These activities include, for example, quality assessment and improvement activities, practitioner performance evaluation, fraud and abuse compliance, business planning and development, and business management and general administrative activities. For example, we may use a patient sign-in sheet at the front desk, we may call you by name in the waiting room when we are ready to serve you, and we may leave a reminder of your appointment on your answering machine or voicemail. From time to time our practice markets, sells or promotes products and services which we believe would be beneficial to our patients through mail and/or through email. This may include information about sales and special discounts, and information about upcoming events, seminars and our practice news. Your information will not be sold, distributed or traded. You may request removal from our mailing lists at any time. When we involve third parties such as billing services in our business activities, we will have them sign a "business associate" agreement obligating them to safeguard your PHI according to the same legal standards we follow. If we maintain a facility directory, we will include your name, a general statement about your condition, your religious preference and your location in the facility.
- Family and Close Friends Involved in Your Care. You have consented to disclosure of your PHI which we, in our judgment, believe is in your best interest to disclose to your family members and close friends who are involved in your healthcare.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

From time to time, you may request that we disclose limited PHI to specified individuals or companies for a defined purpose and timeframe. These situations may include disclosures of sensitive PHI, such as HIV status or information about sexually-transmitted diseases, mental health or psychiatric treatment, or substance abuse services. Also, you may authorize disclosures to individuals who are not involved in treatment, payment or healthcare operations, such as attorneys if you are involved in litigation either on your own or another's behalf. If you wish us to make disclosures in these situations, we will ask you to sign our "Authorization to Use and Disclose Protected Health Information."

5. Uses and Disclosures of PHI that is Permitted or Required by Law

In some circumstances, we may use or disclose your PHI without your consent or authorization. State and federal privacy laws permit or require such use or disclosure regardless of your consent or authorization because it is in the best interest of our society at large that the use or disclosure of PHI be made in these situations.

- Emergencies. If you are incapacitated and require emergency medical treatment, we will use and disclose your PHI to ensure you receive the necessary medical services. We will attempt to obtain your consent as soon as practical following your treatment.

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- Communication barriers. If we try but cannot obtain your consent to use or disclose your PHI because of substantial communication barriers, and your physician, using his or her professional judgment, infers that you consent to the use or disclosure, we will make the use or disclosure.
- Required by law. We may disclose PHI to the extent required by law and in a manner limited to the specific requirements of the law.
- Public health activities. We may disclose your PHI to an authorized public health authority to prevent or control disease, injury or disability, or to comply with state child or adult abuse or neglect law.
- Health oversight activities. We may disclose your PHI to a health oversight agency for audits, investigations, inspections and other activities necessary for the appropriate oversight of the healthcare system and government benefit programs such as Medicaid and Medicare.
- Judicial and administrative proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order expressly directing disclosure and, within certain limits, in response to a **subpoena**, discovery request or other lawful process.
- Law enforcement activities. We may disclose your PHI to a law enforcement officer for law enforcement purposes.
- Coroners, medical examiners and funeral directors. We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other lawful duties. We also may disclose your PHI to enable a funeral director to carry out his or her lawful duties.
- Research. We may disclose your PHI for certain medical or scientific research where the researchers have a protocol to ensure the privacy of your PHI.
- Serious threats to health or safety. We may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- Armed forces personnel and national security. We may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your PHI to certain federal officials for lawful intelligence, counterintelligence and other national security activities.
- Workers' compensation. We may disclose your PHI as authorized by, and to the extent necessary to comply with, the Maine Workers' Compensation Act or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

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- You and DHHS. We must disclose your PHI to you upon request and to the Secretary of the U.S. Department of Health and Human Services to investigate or determine whether we have complied with the applicable privacy laws.

6. Your Rights Regarding PHI

- Right to request restriction of uses and disclosures. You have the right to request that we not use or disclose any part of your PHI unless it is a use or disclosure required by law. Please advise us of the specific PHI you wish restricted and the individual(s) who should not receive the restricted PHI. We are not required to agree to your restriction request, but if we do agree to the request, we will not use or disclose the restricted PHI unless it is necessary for emergency treatment. In that case, we will ask that the recipient not further use or disclose the restricted PHI.
 - However, if you wish to restrict certain sensitive or other health information from your insurer **after you or your personal representative have made arrangements for payment without utilizing insurance coverage, please discuss this request with us. We will honor your request so long as we are not required by law to make the disclosure.** *[If applicable: You will need to make a new restriction request at each office visit.]* If your insurance plan “bundles” your services together so that we cannot withhold only one item or service from your claim, we will discuss your options with you.
 - You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- Right of access to PHI. You have the right to inspect and obtain a copy of your PHI in a "designated record set" (your medical and billing records) as long as we maintain the PHI in such format. However, you do not have a right of access to psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal or administrative proceeding. Also, your right of access may be limited if providing certain PHI to you may endanger the health or safety of yourself or others. To request access to your PHI, please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. We have the right to charge a reasonable fee for providing copies of your PHI, limited by state law.
- Right to confidential communications. You have the right to reasonable accommodation of a request to receive communication of PHI by alternative means or at alternative locations. Please make your request in writing to our Privacy Contact. We will not require an explanation of your reasons for the request, but we will ask that you specify the alternative address or other method of contact, and that you inform us of how payment for our medical services will be handled.

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- Right to amend PHI. You have the right to request that we amend the PHI in your "designated record set" for as long as we maintain the PHI in such format. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. If we deny your request for amendment, you have the right to submit a written statement of reasonable length disagreeing with the denial and we have the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your medical records and may be included in subsequent disclosures of your PHI.
- Right to accounting of disclosures. Subject to certain limitations, you have the right to a written accounting of disclosures by us of your PHI for not more than 6 years prior to the date of your request. Your right to an accounting applies to disclosures other than those for treatment, payment or healthcare operations; to yourself; for a facility directory; to your family or close friends involved in your care; or for notification purposes. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. We will provide you with one accounting every 12 months free of charge. We will charge a reasonable fee based upon our costs for any subsequent accounting requests.
- Right to Notification of a Breach of Unsecured PHI. You have a right to notification of a breach of your unsecured PHI held by us. Following the discovery of a breach, we will notify you of that breach in writing by first-class mail to your last known address as soon as possible, but in no case later than 60 calendar days after discovery of that breach. In urgent situations where we believe there is a risk of imminent misuse of unsecured PHI, we will contact you by the fastest means possible, such as telephone. In some situations, we may also provide notification of a breach to the media and/or to the Secretary of the U.S. Department of Health & Human Services
- Right to a copy of our Notice of Privacy Practices. We will ask you to sign a written acknowledgement of receipt of our Notice of Privacy Practices. We may periodically amend this Notice of Privacy Practices and you may obtain an updated Notice from our Privacy Contact at any time.
- *Fundraising - We do not currently conduct fundraising campaigns. If we do so in the future...* You have the right to opt-out of any fundraising solicitation or communication.

7. Complaint Procedure

- Within the practice. If you have a complaint about the denial of any of the specific rights listed in Section 6 above, about our Notice of Privacy Practices or about our compliance with state and federal privacy law, please make your complaint in writing to our Privacy Officer, Susan Juhl, Practice Administrator, 207-775-3446, email sjuhl@plasticandhand.com. We will respond to your complaint in writing within the timeframes listed in Section 6 above or, in any case, within 60 days of the date of your

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complaint. We will not retaliate against you for filing a complaint with us or the Office of Civil Rights

- Outside of the practice. If you believe that we are not complying with our legal obligations to protect the privacy of your PHI, you may file a complaint with the Office of Civil Rights (OCR) www.hhs.gov/ocr/office/index.html You must make our complaint to the Secretary in writing within 180 days of the act or omission forming the basis of your complaint.