

MaineHealth

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.

YOUR RIGHTS ▶ See PAGES 2 & 3 for more information on these rights and how to exercise them.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES ▶ See PAGES 3 & 4 for more information on these choices and how to exercise them.

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health or substance use care
- Market our services and sell your information
- Raise funds
- Share information for care coordination
- Provide services for minor patients under 18 years old

OUR USES & DISCLOSURES ▶ See PAGES 5, 6 & 7 for more information on these uses and disclosures.

We may use and share your information as we:

- Treat you
- Bill for your services
- Run our organization
- Coordinate care and payment with others
- Help with public health and safety issues
- Provide disaster relief
- Participate in Health Information Exchanges
- Use AI (artificial intelligence) and recording technologies
- Do research and education
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Respond to workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to you.

Get a copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. See Health Record contact details on the last page.
- We will provide a copy or a summary of your health information without unreasonable delay, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We will follow federal and state rules that require us to provide you with access without unreasonable delay, consistent with Office of the National Coordinator for Health Information Technology (“ONC”) Information Blocking and Centers for Medicare & Medicaid Services (“CMS”) interoperability rules.
- You can access your health information anytime through our secure patient portal, MyChart. Ask us how to do this.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. See Health Record contact details on the last page.
- We may say “no” to your request, but we will tell you why in writing within 60 days. If denied, you may request a new review by a different professional.

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 say “yes” to 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. We are not required to agree to your request, and we may say “no.”
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who 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 had requested).
 - We will provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months. See Health Record contact details on last page.
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YOUR RIGHTS (CONTINUED)

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.

Choose someone to act for you

- 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.
- We will make sure the person has this authority and can act for you before we act.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the last page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775, visiting www.hhs.gov/ocr/privacy/hipaa/complaints or sending a letter to:

Office for Civil Rights

200 Independence Avenue, S.W.,
Washington, D.C. 20201

- 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 choice to tell us not to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- If you are hospitalized, we may include certain information about you in the hospital directory. This is so your family, friends, clergy, and public can visit you in the hospital and generally know how you are doing. You have the right to object to the release of directory information.
- If you are not able to tell us your preference, we may 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.

YOUR CHOICES (CONTINUED)

In these cases we never share your information unless you give us written permission:

- Most sharing of psychotherapy notes
- Sale of your information
- Marketing purposes
If marketing involves payment or compensation we will tell you in the authorization.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- Each communication will include a clear choice to opt-out and we will honor your choice.

In the case of services received as part of a protected substance use disorder (“SUD”) program:

- We cannot share your SUD treatment information unless we have your consent.
- For civil, criminal, administrative, or legislative proceedings we cannot share your SUD information unless we have your specific consent, a court order, or as allowed by law.
- You can give consent once for us to share your SUD information for future needs like treatment, payment, or healthcare operations. You don't have to sign every time.
- You may cancel your consent at any time.
- You may request a list of disclosures we made with your permission.

In the case of mental health services and HIV testing:

- We have additional protections for mental health treatment information and HIV testing results.
- We will get your written permission when required by law before sharing these records.

In the case of care coordination:

- We may share your information with Health Information Exchanges, such as Maine's Health InfoNet (“HIN”).
- We may make your information available via other electronic exchanges to non-MaineHealth providers who are treating you. (such as Care Everywhere; TEFCA)
- You have a right to opt out of your information being shared via these exchanges. If you choose to opt out, your information may still be shared in different ways (for example, paper or fax). Ask us how to opt out.
- HIN opt-out can also be completed at hinfonet.org or by calling 866-592-4352.

In the case of confidential care for minor patients:

- In some cases, Maine and New Hampshire law gives minors the right to confidentiality for certain types of care, such as services related to mental health, sexual health, or substance use disorder. This means that when these laws apply we cannot share this information with parents or guardians.
- We will honor these rights as required by law at the patient's request.

OUR USES & DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- We only allow authorized users to have access to sensitive health information within your health record (such as problem list, medication list, diagnosis and allergy fields). We may include this information in continuity of care documents that we provide to other healthcare providers.
- We will only share sensitive health information (such as certain mental health information, SUD notes, HIV and genetic testing) when we are allowed to by law and with your consent when required.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.
- We may communicate with you about health insurance and other methods of payment.

Run our organization

- We can use and share your health information to run our practice, to improve quality of care, for teaching institution operations and we may contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Coordinate with individuals involved in your care or payment for your care

- We may share health information with your family, close friends, or others involved in your care or payment for your care for coordination purposes.
Example: Your doctor discusses your medication plan with a caregiver who assists you at home.

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 and research. 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

OUR USES & DISCLOSURES (CONTINUED)

We can share health information about you for certain situations such as:

Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medication, vaccines, immunizations
- National security
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Disaster Relief Efforts

- We may share your health information to an entity helping in a disaster relief effort so that others can be notified about your condition, status and location

Health Information Exchanges

- MaineHealth participates in Maine's health information exchanges ("HIE"), which is called Health InfoNet ("HIN").
- We may share your health information with an HIE, as allowed by law, so that health care providers at different facilities have the information they need to treat you.

TEFCA (Trusted Exchange Framework and Common Agreement)

- MaineHealth securely shares health information through approved information exchanges like TEFCA.
- TEFCA helps healthcare providers, public health agencies, and insurance companies share information more easily to improve patient care, public health, health care access, and quality of care.
- Privacy laws and your HIPAA rights apply to TEFCA and information sharing networks.

Artificial Intelligence ("AI") and Recording Technologies

- We may use AI and recording technologies (including audio, video, and still images) when we are allowed to by law, such as treatment, payment, and healthcare operations.
- These tools are used only for HIPAA-permitted purposes and do not change consent requirements or patient rights.

Business Associates

- We may share information about you with our business associates, who are required to protect your information and comply with HIPAA.

OUR USES & DISCLOSURES (CONTINUED)

- Research and Education**
- We can use or share your information and biospecimens (such as blood, tissue, organs) that we have deidentified (removed any information that could identify you) for health research and educational purposes.
 - If research involves health information that could identify you, we will get your authorization or ensure Institutional Review Board approval and HIPAA waiver requirements are met.

- Comply with the law**
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

- Respond to organ and tissue donation requests**
- We can share health information about you with organ procurement organizations.

- Work with a medical examiner or mortician**
- We can share health information with a coroner, medical examiner, funeral director and others involved in the identification, handling, transportation, or disposition of human remains, or to carry out their lawful duties, when an individual dies.

- Workers' compensation, law enforcement, and other government requests**
- We can use or share health information about you:
- For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

- Respond to lawsuits and legal actions**
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We must follow the privacy practices described in this notice and give you a copy of it.
- We only use and disclosure only the minimum amount of your health information necessary to do our work, as required by law.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, consistent with federal law timelines and content requirements. We perform a risk assessment and provide individual notice and media and HHS notifications when applicable.
- When we share your substance use disorder (“SUD”) records with your consent, we will include a notice that says the information cannot be shared with anyone else unless allowed by law. We will notify you of any breaches involving your SUD information as required by HIPAA.
- We will 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, except to the extent we have already taken action based on your authorization. Let us know in writing if you change your mind.

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

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. If we make material changes to this Notice, we will make it available at our facilities and post the revised Notice on our website: www.mainehealth.org/patients-visitors/patient-rights-privacy

CONTACT US

MaineHealth

MaineHealth Privacy Office

One Riverfront Plaza
Westbrook, ME 04092
207-PRIVACY | 207-774-8229

NorDX

Privacy Officer

301A U.S. Route 1
Scarborough, ME 04074
1-800-773-5814

Home Health and Hospice

Privacy Officer

15 Industrial Park Road
Saco, ME 04072
1-800-660-4867 | 207-284-4566

FOR HEALTH RECORD REQUESTS

Health Information Management Department

Monday through Friday
7:30 a.m. to 4:00 p.m.

Phone: 207-662-2211 | Fax: 207-761-3092

Email: recordrequests@mainehealth.org

www.mainehealth.org/patients-visitors/medical-records

Effective February 16, 2026





1-888-879-1120

Welcome!

We provide interpreter services at no cost to the patient. If you need an interpreter, please let staff know or call us at the phone number shown.

<p><i>Arabic</i> العربية</p>	<p>نقدم خدمات الترجمة الفورية دون أي تكلفة على المريض. إذا كنت بحاجة إلى مترجم فوري، فيرجى إبلاغ فريق العمل أو الاتصال بنا على رقم الهاتف المذكور.</p>	<p><i>Chinese (Cantonese)</i> 中文 (粵語)</p>	<p>我們為患者提供口譯服務，相關費用由我方負擔。如果您需要口譯人員，請告知工作人員，或撥打顯示的電話號碼與我們聯絡。</p>
<p><i>Chinese (Mandarin)</i> 中文 (普通话)</p>	<p>我们为患者提供口译服务，患者无需承担相关费用。如果您需要口译员，请告知工作人员或拨打所示电话号码联系我们。</p>	<p><i>Dari</i> دری</p>	<p>اگر ضرورت به ترجمان دارید، لطفاً به کارمندان خبر بدهید یا ذریعہ نمبر تلیفون نشان داده شده، با ما به تماس شوید.</p>
<p><i>French</i> Français</p>	<p>Nous prenons en charge les frais de services d'interprétation pour les patients. Si vous avez besoin d'un(e) interprète, veuillez en informer le personnel ou nous appeler au numéro de téléphone indiqué.</p>	<p><i>Khmer</i> ខ្មែរ</p>	<p>យើងផ្តល់សេវាអ្នកបកប្រែដល់អ្នកជំងឺ។ ប្រសិនបើអ្នកត្រូវការអ្នកបកប្រែ សូមប្រាប់បុគ្គលិកឱ្យដឹង ឬទូរស័ព្ទមកយើងតាមលេខទូរស័ព្ទដែលបានបង្ហាញ។</p>
<p><i>Kinyarwanda</i> Ikinyarwanda</p>	<p>Duha umurwayi serivise z'ubusemuzi nta kiguzi atanze. Niba ukeneye umusemuzi, bimenyeshe umukozi cyangwa uduhamagare kuri numero ya terefone yagaragajwe.</p>	<p><i>Lingala</i> Lingála</p>	<p>Topesaka lisungi ya misala ya lobongoli maloba pona mutu ya maladi. Soki ozali na mposa ya mobongoli maloba, yebisa mosali to benga biso na nimero ya telefone oyo topesi.</p>
<p><i>Pashto</i> پښتو</p>	<p>مور ناروغ ته د ژباړونکي خدمتونه چمتو کوي. که تاسو يو ژباړونکي ته اړتيا لرئ، نو مهرباني وکړئ کارکوونکي خبر کړئ يا مور ته په څرگنده شوي تليفون شمېره زنگ ووهئ.</p>	<p><i>Portuguese</i> Português</p>	<p>Fornecemos serviços de intérprete sem qualquer custo para o paciente. Se precisar de um intérprete, informe a equipa ou ligue-nos para o número de telefone indicado.</p>
<p><i>Russian</i> Русский</p>	<p>Мы предоставляем услуги устного переводчика для пациента. Если Вам нужен устный переводчик, сообщите об этом персоналу или позвоните нам по указанному номеру телефона.</p>	<p><i>Somali</i> Soomaali</p>	<p>Waxaan bixinnaa adeegyada turjumaanka annagoo aan wax kharash ah ka qaadin bukaanka. Haddii aad u baahan tahay turjumaan, fadlan u sheeg shaqaalaha ama naga soo wac lambarka taleefanka ee muuqda.</p>
<p><i>Spanish</i> Español</p>	<p>Proporcionamos servicios de interpretación sin costo para el paciente. Si necesita un intérprete, comuníquese con el personal o llámenos al número de teléfono indicado.</p>	<p><i>Swahili</i> Kiswahili</p>	<p>Tunatoa huduma za mkalimani bila gharama kwa mgonjwa. Ikiwa unahitaji mkalimani, tafadhali wajulishe wahudumu au tupigie simu kwa nambari iliyoonyeshwa.</p>
<p><i>Vietnamese</i> Tiếng Việt</p>	<p>Chúng tôi cung cấp dịch vụ phiên dịch cho bệnh nhân mà không mất phí. Nếu bạn cần phiên dịch, vui lòng cho nhân viên biết hoặc gọi cho chúng tôi theo số điện thoại hiển thị.</p>		