



## Summary Notice of Privacy Practices 2017

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. We are required by law to maintain the privacy of your health care information, and to provide you with a notice of our privacy practices. 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. If our privacy practices change, we will post a revised notice on our facility and we will also provide you with a paper copy of a revised notice following the change.

At our various locations, we have a so-called “organized health care arrangement” with independent health care providers, including physicians, physician assistants, nurse practitioners and social workers. While these providers may not be employees of Montello Manor, it is necessary for them to share health information to help manage your care and provide quality services. These providers agree to follow the terms of this Notice and are included in references to “we” or “us” in this Notice. This Notice serves as a Joint Notice of Privacy Practices for these providers and Montello Manor. Unless these providers treat you at a separate location not operated by Montello Manor, you will not receive a separate Notice from them.

### OUR USE OF YOUR HEALTH CARE INFORMATION

We may use your information for treatment, payment, and health care operations. For example:

- For treatment: we may use your information to coordinate referrals to another health care provider.
- For payment: we may submit portions of your information to your insurance carrier or other third-party payor.
- For health care operations: we may use your information in the course of quality assurance, evaluation, training, or audit activities.
- We may disclose information without your authorization as permitted or required by applicable law, for any of the following purposes:
  - To comply with public health statutes and rules
  - To make any required reports of abuse or neglect
  - To comply with health oversight activities by government agencies (for example, a licensure survey)
  - To comply with a court order, government subpoena, or other lawful process
  - For research purposes
  - In the event of your death, to a medical examiner or funeral director as necessary, or for cadaveric organ and tissue donations purposes
  - To avert a serious threat to health or safety
  - Or for workers' compensation purposes
- We may provide limited information on resident location, for facility directory purposes.
- We participate with Health InfoNet the statewide health information exchange (HIE) designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a health care facility not affiliated with ours, health care providers there will be able to see important health information held in our electronic medical record systems to assist in your treatment.

Except as described above, we will not use or disclose your information, except with your written authorization. You may revoke your authorization at any time by giving written notice of revocation to the Chief Privacy Officer as set forth below.



First Atlantic HealthCare

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### YOUR RIGHTS

You have the right to request restrictions on the use and disclosure of your information. However, we may not be able to agree to a requested restriction. It is our policy not to agree to such restrictions unless we determine, in our sole discretion, that a compelling reason exists to do so.

You have the right to receive communications from us in a confidential manner. If you would like us to use another address or telephone number to contact you, you must so request in writing.

You have the right to receive an accounting of our disclosures of your health care information which you have not authorized. To receive such an accounting, please contact the Chief Privacy Officer as set forth in this notice.

You have the right to inspect and receive copies of your information. If you wish to do so, we will provide you an opportunity to inspect your information within two business days of receiving your request. You will be charged reasonable costs of copying your information, or of preparing any summaries that you request.

You have the right to amend your health care information, by submission of additional information to be appended to the record. If you wish to do so, please submit the proposed amendment in writing to the Chief Privacy Officer as set forth in this notice.

You have the right to a paper copy of this Notice of Privacy Practices upon request.

If you believe your privacy rights have been violated you have the right to complain. We appreciate the opportunity to work with you to resolve privacy concerns.

Our contacts are:

Andrea Otis-Higgins, Chief Privacy Officer  
First Atlantic Healthcare  
100 Waterman Drive Suite 401  
S. Portland, ME 04106  
[aotis-higgins@firstatlantic.com](mailto:aotis-higgins@firstatlantic.com)  
cell: 207- 653-1709  
office direct line and fax: 207-619-7923  
[aotis-higgins@firstatlantic.com](mailto:aotis-higgins@firstatlantic.com)

You may also complain to the U.S. Department of Health and Human Services by contacting:

Office for Civil Rights, DHHS  
JFK Federal Building - Room 1875  
Boston, MA 02203  
Phone (617) 565-1340; (617) 565-1343 (TDD)  
Fax (617) 565-3809  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Nobody is permitted to retaliate against you for filing a complaint