

HIPAA NOTICE OF PRIVACY PRACTICES

PORTLAND ENDOSCOPY CENTER and PORTLAND GASTROENTEROLOGY ASSOCIATES, P.A.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION.
PLEASE READ IT CAREFULLY.**

Effective Date of this Notice: *01/01/2026*

If you have any questions regarding this notice, you may contact our Privacy Officer at:

Address: Portland Gastroenterology Center
Attention: Privacy Officer
161 Marginal Way
Portland, ME, 04101
Telephone: 207-773-7964
Fax: 207-773-9073

I. YOUR PROTECTED HEALTH INFORMATION

We are required by the federal privacy rule, known as HIPAA, to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health information (PHI). We are required to abide by the terms of the NOTICE currently in effect. This NOTICE explains Portland Endoscopy Center and Portland Gastroenterology Associates, P.A. (PGC) legal duties with respect to PHI and how we can use and disclose PHI about you. In addition, we can make other uses and disclosures that occur as a byproduct of the uses and disclosures described in the NOTICE. This NOTICE explains your privacy rights, and how you can file a complaint if you believe these rights have been violated. In the event that PHI about you is affected by a breach of unsecured PHI, PGC will provide notice as required by HIPAA.

Generally speaking, your protected health information (PHI) includes any information that relates to your past, present or future physical or mental health or condition, the health services we provided to you, and payment for your healthcare. Additional information may include your race, ethnicity, language, gender identity, sexual orientation, and social risks and needs of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you. Protected health includes genetic information.

II. HOW WE CAN USE AND DISCLOSE PHI ABOUT YOU

We can use and disclose PHI about you without your Authorization in the following ways:

1. To provide healthcare treatment for you.

We may use and share PHI with others, such as physicians to coordinate your healthcare treatment. Treatment includes the provision, coordination, or management of health care

services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- We may disclose medical information about you to doctors, nurses, technicians, medical students and other trainees, or other personnel who are involved in your care at our office.
- We may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays.
- We may disclose medical information about you to people outside our office who may be involved in your medical care, such as other physicians, home health providers, skilled nursing facilities, or others who may be involved in your medical care after you leave our care.

2. To obtain payment for services.

We may use and share PHI with others (for example, insurance companies, health plans, collection agencies, and consumer reporting agencies) to bill and collect payment for services we provided to you. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether it will pay for services or governmental agencies to see if you qualify for benefits.
- We may need to give your health insurance company information about a procedure you received so your health insurance company will pay us or reimburse you for the procedure. This may include the submission of a claim form.
- We may provide supplemental information to your health insurer so that they can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- We may also disclose your medical information to other healthcare providers so that they can bill for health care services that they provide to you, such as ambulance services.
- We may provide information to a collection agency or an attorney for purposes of securing payment of a delinquent account.

3. To communicate with you.

We may use and share health information to contact you about treatment, care, or payment. For example:

- We may use phone numbers (including mobile) and email addresses we have on file to send you phone calls, emails, text messages, or other communications related to your care. PLEASE NOTE: Should you send us unencrypted emails or text messages, you understand there are security risks in doing so and you accept those risks.
- We may also send you appointment reminders or to contact you to ask for feedback regarding your care at PGC.

You have the RIGHT to opt-out of receiving these messages by completing the *Authorization to Use and Disclose PHI form* provided by PGC.

4. For health care operations.

We may use and share your protected health information to perform activities referred to as “health care operations” to help us improve the quality of care we provide and reduce healthcare costs. Some examples of health care operation purposes include:

- We may share medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may share medical information about you with our various quality assurance and quality improvement activities.

- Population-based activities relating to improving health or reducing health care costs.
- Conduct training programs for doctors, nurses, technicians, medical and nursing students, and other personnel.
- Accreditation, certification, licensing, and credentialing activities.
- Review by governmental agencies to determine the care we provide.
- We may share medical information for the purposes of healthcare fraud and abuse detection and compliance programs.
- We may share medical information for the purposes of conducting other medical reviews, legal services, and auditing functions.
- We may share medical information for the purposes of business planning and development activities, such as conducting cost management and planning related analyses.

5. For Business Associates

At times, we may use and share your PHI to carry on business activities that help us operate our facility. Examples may include medical records copying services or storage companies, healthcare monitoring companies, collection agencies, consultants, and software companies. We need to share health information with these vendors so they can perform the job that we have asked them to do.

A Business Associates agreement/contract that requires the vendor to protect your health information and keep it confidential must be signed. The agreement must also specify the vendor's responsibilities to PGC should a breach of the terms of the contract be discovered and how the vendor will notify the Center and resolve the issue.

6. Other uses and disclosures not requiring authorization.

In some situations, we may use and/or disclose PHI about you without your Authorization or an opportunity to object. These situations include when the use or disclosure is:

1. When required by law.
2. For public health activities. These activities generally include disclosing PHI in order to:
 - Prevent or control disease, injury or disability.
 - Report on births and deaths.
 - Report child and disabled adult abuse or neglect.
 - Report reactions to medicine or problems with medical products.
 - Tell people that a medical product they are using has been recalled; or
 - Support public health surveillance and combat bioterrorism.
 - For health oversight activities to a state or federal health oversight agency that is authorized by law to oversee our operations.
 - Disclosures about victims of abuse, neglect, or domestic violence. In certain situations, we may disclose PHI to a governmental authority about an individual we believe may be a victim of abuse, neglect, or domestic violence.
 - For legal proceedings as required by a court order or otherwise by law.
 - For law enforcement purposes to report certain types of wounds, physical injuries, or criminal conduct on our property.
 - To a medical examiner or funeral director to identify you or determine cause of death. We may also release PHI to funeral directors so they can carry out their duties.
 - For organ, eye, or tissue donation.

- To avoid serious threat to health or safety if necessary to protect you, the public, or someone else.
- For specialized government functions related to military and veteran activities, national security and intelligence activities, protective services for the President, or medical suitability/determination of the Department of State.
- For law enforcement custodial situations to a correctional institution that has custody of you.
- Disclosures to law enforcement about an individual for law enforcement purposes or with a law enforcement official as permitted in 45 CFR §512(f).
- For workers compensation as authorized by law and to the extent necessary to comply with laws relating to workers compensation and other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.
- For national instant criminal background checks for purposes of reporting (to the National Instant Criminal Background Check System) the identity of a person who is prohibited from possessing a firearm under applicable law.
- For disclosures to covered entities that are governmental programs providing public benefits.

7. When you can object to a use or disclosure.

Unless you tell us not to, we may disclose or share your PHI in the following circumstances (your wishes regarding these issues should be noted on the Authorization for Uses and Disclosure Form.

1. To family members or others identified by you who are involved in your care or payment for your care and treatment.
 - We may also tell your family and friends your condition.
 - In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgement to decide if it is in your best interest to share your PHI with a person involved in your care.
 - If family members or friends are present while care is being provided, we may assume that you agree that your companions may hear the discussion, unless you state otherwise.
2. To agencies for disaster relief efforts like the Red Cross. NOTE: Even if you ask us not to, we may share your PHI if we need to for an emergency.

III. OTHER LAWS

In some cases, other laws require us to give more protection to your health information than HIPAA does. Even if one of these special rules applies to your health information, we may still be required to report certain things, and we will follow these laws.

- If you have a communicable disease like TB, syphilis or HIV/AIDS, we generally will not share that information unless we have your express written permission. However, we do not need your permission to report information about your disease to State and local health official or to prevent the spread of the disease.
- If you are treated for a mental health condition, a developmental disability or substance use disorder, state laws generally require us to get your written consent before we disclose that information. There are some exceptions to this rule:
 - WE may disclose information if you need a guardian or involuntary commitment.
 - We may disclose information to:
 - i. A healthcare provider who is treating you in an emergency.

- ii. A healthcare provider who referred you to us.
 - iii. (and if asked) to other mental health, development disabilities and substance abuse facilities or professional when necessary to coordinate your care or treatment.
- If you are under the age of 18 and are NOT emancipated, when state and/or federal law requires us to give you more protection to your health information than this HIPAA requires, we will give that additional protection to your health information.

IV. OTHER USES AND DISCLOSURES

Use of psychotherapy notes, use of PHI for marketing and sale of PHI.

- Except as provided in 45 CFR §164.508(a)(2) of HIPAA, your authorization IS REQUIRED for use or disclosure of psychotherapy notes about you.
- Except as provided in 45 CFR §164.508(a)(3) of HIPAA, your authorization IS REQUIRED for use or disclosure of PHI about you for marketing purposes.
- Except as provided in 45 CFR §164.508(a)(4) of HIPAA, your authorization IS REQUIRED for a disclosure which is a sale of PHI about you.

V. PATIENT PRIVACY RIGHTS

You have the following rights we maintain about you. If you want to exercise your rights, you must complete the *Authorization of Use and Disclosure of PHI* form. The facility will provide the appropriate form at the time of your admission. Should you have any questions, please contact the Privacy Officer listed at the top of this NOTICE.

A. Right to request restriction

You have the right to request limitations on how we use or disclose your medical information for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery). We are not required to agree to your request, except for requests to restrict disclosures to a health plan for purposes of payment or health care operations when you have paid in full out-of-pocket for the item or service covered by the request and when the disclosure is not required by law. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

B. Right to ask for a different way to communicate with you

You may request communications in a certain way or at a certain location. For example, you might request that we only contact you by mail or at your work phone number. We will accommodate reasonable requests for confidential communications, but you must specify how or where you wish to be contacted and how payment will be handled.

C. Right to ask for an accounting of disclosures

You may request a list of some, but not all of the disclosures we made of your health information. For example, the list will not include disclosures made for treatment, payment, healthcare operations or disclosures you specifically authorized. You may ask for disclosures made in the last six years. We cannot provide a list of disclosures made before April 3, 2003. If you ask for a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

D. Right to see and copy PHI

You have the right to look at and obtain a copy of the health information about you. You must sign a written request for access or an authorization. We may charge you a fee if you have asked for a copy of your records. We can deny your request in some situations. Should we

deny your request, we will notify you in writing and explain how you can ask for a review of the denial.

E. Right to ask for changes

If you believe that the medical information we have about you is incorrect or incomplete, you have the right to change or add information to your health record, as long as the information is maintained and kept by PGC. To request an amendment to your record, contact the Privacy Officer list at the top of this notice. Your provider has the right to decide whether to accept or deny your request in whole or in part. We will notify you of the decision within 60 days. However, if more time is needed to review your amendment request, you will be notified as to the length of time needed and why. Regardless of the decision, your amendment request will be noted in your record, as well as your disagreement letter should you choose to send one.

F. Right to copy of privacy notice

You will be given a paper copy of this NOTICE on the day of admission. You may request a paper copy of this Notice at any time by contacting our Privacy Officer. The Notice will be provided to you in other formats if you require special accommodations by contacting our privacy officer.

G. Right to notification of breach

We are required by law to notify affected individuals if your unsecured health information is acquired, used, or shared in a manner not permitted under laws that results in more than a low risk of compromise to its security or privacy,

VI. CHANGES TO THIS NOTICE

We reserve the right to change and update this NOTICE at any time. The revised NOTICE will be effective for the health information we already have about you, as well as any health information we create or receive in the future. The effective date is listed on the first Page of the NOTICE, and we will post the current copy at the reception desk.

VII. COMPLAINTS

If you have questions about this NOTICE or believe we impermissibly shared or used your information or that your rights were denied under HIPAA, you can file a complaint by contact our Privacy Officer (information noted on the first page of this NOTICE) You can also file a complaint with Secretary of the United States Department of Health and Human Services by going to www.hhs.gov/hipaa.

You will not be penalized or retaliated against in any way for filing a complaint.