Your Information. Your Rights. Our Responsibilities.

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.

By law, we must maintain the privacy of your protected health information, notify affected individuals following a breach subject to the HIPAA Breach Notification Rule, and provide you with this notice of our legal obligations and privacy practices.

Your Rights. You have the right to:

- Review and get a copy of your medical record, although under certain circumstances this right may be limited. You may ask for this information in electronic or paper form. Ask us how to do this. We will provide a copy or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to change or correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- Request that we restrict disclosure of your protected health information, if the information relates to that person's role in your care or payment for your care, to a family member, other relative, close personal friend, or any other person you identify.
- Request that we restrict disclosure of your protected health information to notify or assist in the notification of (including identifying or locating) a family member, a personal representative or another person responsible for your care of your location, general condition, or death.
- Request that we restrict disclosure of your protected health information to a public or private entity authorized by law or to assist in disaster relief efforts.
- Receive confidential communications of protected health information by alternative means or alternative locations. You can ask us to contact you in specific ways (for example, at home, at your office, or on your cell phone), or to send emails to a different email address. We will accommodate all reasonable requests.
- Ask us to limit the information we share. You can ask us not to use or share certain health information for treatment, payment, or health care operations. We are not required to agree to your requested restriction, particularly if it could impact your care. If we do agree to your request, we may still share this information in the event of an emergency.
    - We will agree to your request to restrict disclosure of your protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations, is not required by law, and the protected health information pertains only to a health care item or service which has been paid in full by you or someone other than the health plan.
- Get a list of those with whom we have shared your information within the last six years. We will include all the disclosures except for those about treatment, payment, and health care operations, and

certain other disclosures (such as any you asked us to make, or disclosures that are otherwise permitted or required by law).

- Get a paper copy of this privacy notice promptly if you request one, even if you have agreed to receive this notice electronically.
- Choose someone to act for you, such as your medical power of attorney, or if someone is your legal guardian. That person can exercise your rights and make choices about your health information after we make sure the person has this authority.
- File a complaint, without retaliation against you, if you believe your privacy rights have been violated by:
    - Contacting our HIPAA Privacy Officer. Contact information may be found at the bottom of this notice.
    - Contacting the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6675, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

Your Choices. You have certain choices with respect to the way that we use and share information, for example, when we:

- Share information with your family, close friends, or others involved in your care or payment for your care.
- Provide support in an emergency.
- If you have a clear preference about how we share your information in the situations described above, talk to us. Tell us what you want us to do, and we will follow your instructions.

In specific situations, we may disclose 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.

Our Uses and Disclosures. Under HIPAA, certain uses and disclosures do not require your authorization. These types of uses and disclosures include providing or administering treatment, payment, and health care operations. For example, we may use and disclose your information in accordance with these actions as we:

- **Treat you.** We provide your information to the team that provides your care.
- **Administer payment.** We use your protected information when we bill for your services, which may include information such as your diagnosis, dates of treatment, and type of treatment you received.
- **Advance our health care operations.** We use information to manage our organization, improve your care, and contact you when necessary.
- Promote public health and safety by contributing to issues such as disease prevention; reporting adverse reactions to medications; reporting suspected criminal activity or abuse, neglect or domestic violence; or preventing or reducing a serious threat to anyone's health or safety.
- Comply with local, state, or federal law, including sharing with the Department of Health and Human Services when necessary, and in connection with law enforcement investigations or legal proceedings.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to a court order, such as an administrative order or subpoena.

We do not typically collect information relating to substance use disorder treatment that is protected by 42 CFR Part 2. If we receive this information, we will protect and disclose it in accordance with applicable federal and state law.

Other Permitted Uses and Disclosures. Other uses and disclosures require us to obtain your authorization. To the extent we use or disclose your information in any of the ways below, or in any way not described in this notice, we shall first obtain your authorization. You may revoke your authorization at any time, as long as the authorization is in writing, unless we have already used or disclosed your information based on your prior authorization. If the authorization was a condition of obtaining insurance coverage, other laws may provide the insurer with the right to contest a claim under the policy or the policy itself.

- **Psychotherapy notes.** We shall obtain your authorization for any use or disclosure of psychotherapy notes except to carry out treatment, payment, or healthcare operations.
- **Marketing.** We shall obtain your authorization for any use or disclosure of protected health information for marketing except if the communication is (i) a face to face communication made by us to you; or (ii) a promotional gift of nominal value that we provide to you. You have the right to opt out of receiving marketing communications.
- **Sale of protected health information.** We shall obtain an authorization for any disclosure of protected health information which is a sale of protected health information as defined under HIPAA.

Please note that once information is shared with a person or organization you authorize to receive it, it may no longer be protected by federal privacy law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to notify you in a timely manner in the event of a breach subject to the HIPAA Breach Notification Rule.
- We are required to maintain an updated Notice of Privacy Practices, follow the duties and practices described in the notice, and give you a copy of it.
- We will not use or share your information for purposes other than those described in this notice unless you provide us with written consent. You may change your mind and revoke your written consent at any time by notifying us in writing.

Changes to the Terms of this Notice

We may change the terms of this notice from time to time, and the change will apply to all protected health information we maintain. The new notice will be available upon request, in our office, and on our website.

Our Privacy Officers:

Laurie Bourgoin, RN, BSN, MBA
HIPAA Privacy Officer, Chief Executive Officer
Lbourgoin@hhhcares4.me

John Adams
HIPAA Security Officer, Chief Information Officer
Jadams@hhhcares4.me

Home, Hope, and Healing phone: 207-250-0636. Mailing address: PO Box 220, Smithfield, Maine 04978
Effective Date of Notice: February 1, 2026