

Notice of Privacy Practices

Protecting your privacy is very important to us. The federal HIPAA law (Health Insurance Portability and Accountability Act) provides standards to protect privacy of PHI (personal health information). It requires us to give you this notice describing our privacy practices, legal obligations and your rights concerning your health information that we will follow.

A copy of this notice is always available to you and can also be found on our website:
www.memory-partners.com.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures Without your Written Authorization:

We may use and disclose PHI without your written authorization for certain purposes described below. The examples are not exhaustive but are meant to describe the types of uses/disclosures that are permissible under federal law.

1. Assessment and treatment:

- Disclosures to other health providers involved in your care in order to provide integrated treatment
- Disclosures to family or care partners - in limited cases we may provide health information to certain family, close friends/care partners who are directly involved in your care - unless specifically told not to do so.

2. Payment: We may use your PHI to bill or collect payment for services provided

3. Health Care Operations: We may use or disclose your PHI (often without your name or direct information) in connection with business operations including quality improvement, training or education programs, accreditation, certification, licensing or credentialing activities.

4. Required or Permitted by Law: For example we may disclose your PHI to appropriate authorities if there is a reasonable belief that you are a possible victim of abuse, neglect, domestic violence or other crimes. We may disclose your PHI if necessary to avert a serious threat to your health or safety. Other disclosures include the following: public health or oversight activities, authorized to access PHI state or federal agencies; disclosures to judicial and law enforcement officials in response to court order or other lawful process; disclosure for research approved by an institutional review board; for worker's compensation claims, military or national security agencies, coroners, medical examiners and correctional institutions as authorized by law.

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your health information.

B. YOUR RIGHTS

1. **See and Get Copies of Your Therapy Information:** You may request access to your therapy and billing records. This request must be in writing. A nominal fee will be charged as permitted by Maine and NH law for copying and sending records.
2. **Choose How We Send Health Information to You:** You have the right to ask that we send your PHI to you at an alternate address or by alternate means (example- fax vs regular email). We must agree to the request if we can easily provide it in the requested format.
3. **Obtain a List of Certain Disclosures We have Made:** You have the right to request a list of instances in which we have disclosed your health information. This list will not include any of the instances noted above in **section A under Permissible Uses and Disclosures Without Your Written Authorization**. To make this request that will cover the past 2 years, you must do so in writing to **Molly Harrigan P.O. Box 822, York, ME 03909**.
4. **The Right to Amend or Update Your Health Information:** If you believe there is a mistake in your health information or information is missing, you have the right to request that we amend the existing information. You must provide the request and reason for it in writing to **Molly Harrigan P.O. Box 822, York, ME 03909**. We may deny your request in writing if our health information is 1.) Correct and complete, 2) Not allowed to be disclosed, 3) Not created by us, 4) Not part of our records. Our written denial will state the reason(s) for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement or disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your health information. If we approve your request, we will make the change to your health information, tell you what we have done, and tell others that need to know about the change.
5. **The Right to Obtain This Notice:** You have the right to obtain a paper copy of the Notice by submitting a written request to **Molly Harrigan P.O. Box 822, York, ME 03909**. This notice is always available on our website www.memory-partners.com
6. **The Right to Receive Breach Notification:** We are required to notify you if we discover a breach of your unsecured PHI, according to requirements under federal law.
7. **Questions and Complaints:** If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, please contact Memory Partners at 207-203-9001. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

C. EFFECTIVE DATE AND CHANGES TO THIS NOTICE:

1. This notice is effective July 1st 2019
2. **Changes to this Notice:** We may change the terms of the Notice at any time. If a change occurs, we may make the new notice terms effective for all PHI that we maintain including any information created or received prior to issuing the new Notice. If there is a change

with this Notice, we will post the revision on our website www.memory-partners.com and can also provide you with a paper copy.

I acknowledge that the Notice of Privacy Practices for Memory Partners LLC has been shown to me, can also be viewed on their website: www.memory-partners.com and is also available to me as a hard copy upon request at any time from the OT at Memory Partners LLC:

Memory Partners - Molly Harrigan
P.O. Box 822
York, ME 03909

Phone: 207-203-9001

Signature of Patient or DPOA/Guardian: _____

Date: _____