



Notice of Privacy Practices
Patient Rights and Responsibilities

Effective Date: April 14, 2003

Revised: February 16, 2026

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.

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your Protected Health Information (PHI) to carry out Treatment, Payment or Health Care Operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Please review it carefully. By signing the Acknowledgement form you are only acknowledging that you received, or have been given the opportunity to receive, a copy of our Notice of Privacy Practices.

We reserve the right to change this notice at any time and to make the revised or changed notice effective in the future. A copy of our current notice will always be posted in the waiting area. You may also obtain your own copy by accessing our website at www.newenglandcancerspecialists.com, or calling our office at (207) 303-3300, or asking for one at the time of your next visit.

If you have any questions about this notice or would like further information, please contact Stephanie Theborge, Privacy Officer, at (207)303-3213.

Some examples of Protected Health Information include information about your past, present or future physical or mental health condition, genetic information, or information about your health care benefits under an insurance plan, each when combined with identifying information such as your name, address, social security number or phone number.

IMPORTANT SUMMARY INFORMATION

Requirement for Acknowledgment of Notice of Privacy Practices. We will ask you to sign a form that will serve as an acknowledgment that you have received this Notice of Privacy Practices.

Requirement for Written Authorization. We will generally obtain your written authorization before using your health information or sharing it with others outside our group practice. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please contact Stephanie Theborge.

Exceptions to Requirement. There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

- **Exception for Treatment, Payment, and Business Operations.** We are allowed to use and disclose your health information without your consent to treat your condition, collect payment for that treatment, or run our practice's normal business operations.
- **Exception For Disclosure to Friends and Family Involved In Your Care.** We will ask you to identify family members or friends who you wish to allow access to your health information. We will not share your information except to those you have authorized. There are some exceptions to this provided below.
- **Exception In Emergencies Or Public Need.** We may use or disclose your health information in an emergency or for important public needs. For example, we may share your information with public health officials who are authorized to investigate and control the spread of diseases. Additional examples of potential exceptions are detailed below.
- **Exception If Information Does Not Identify You.** We may use or disclose your health information if we have removed any information that might reveal who you are.

How to Access Your Health Information. You generally have the right to inspect and copy your health information. Details about this right are provided below.

How to Keep Track of the Ways Your Health Information Has Been Shared With Others. You have the right to receive a list from us, called an "accounting list," which provides information about when and how we have disclosed your health information to outside persons or organizations. The list will identify non-routine disclosures of your information, but routine disclosures will not be included. The list will not include disclosures you have authorized. For more information about your right to see this list, see below.

Additional Requirements for written authorization: There are certain situations where we must obtain your written authorization before using your health information or sharing it, including: Most uses of Psychotherapy Notes, when appropriate; Marketing: We may not disclose any of your health information for marketing purposes if our practice will receive direct or indirect financial payment not reasonably related to our practice's cost of making the communication; Sale of Protected Health Information: We will not sell your Protected Health Information to third parties.

How to Obtain A Copy of Revised Notices. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information, and we will be required by law to abide by its terms. We will post any revised notice in our reception area. You will also be able to obtain your own copy of the revised notice by calling our office at (207) 303-3300 or asking for one at the time of your next visit. The effective date of the notice will always be located in the top right corner of the first page.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information about your health condition (such as a disease you may have);
- information about health care services you have received or may receive in the future (such as an operation or specific therapy);
- information about your health care benefits under an insurance plan (such as whether a prescription or medical test is covered);
- geographic information (such as where you live or work);
- demographic information (such as your race, gender, ethnicity, or marital status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and
- other types of information that may identify who you are.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment, Payment, And Normal Healthcare Operations

*The physicians and other clinicians and staff members within **New England Cancer Specialists** may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run the practice's normal business operations. Your health information may also be shared with affiliated hospitals and health care providers so that they may jointly perform certain payment activities and business operations along with our practice. Below are further examples of how your information may be used for treatment, payment, and health care operations.*

Treatment. We may share your health information with doctors or nurses within our practice who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor within our practice may share your health information with another doctor within our practice, or with a doctor at another health care institution (such as a hospital), to determine how to diagnose or treat you. A doctor in our practice may also share your health information with another doctor to whom you have been referred for further health care.

Payment. We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. We may also share information about you with your health insurance company to determine whether it will cover your treatment or to obtain necessary pre-approval before providing you with treatment.

Healthcare Operations. We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our physicians or staff in caring for you, or to educate our physicians or staff on how to improve the care they provide for you. We may also share your health information with another company that performs business services for us, such as billing companies. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.

HealthInfoNet. We participate in a state-wide health information exchange called HealthInfoNet. This means that certain of your health information, maintained electronically, may be shared with other doctors and hospitals to care for you. For example, if you were injured in an accident and were treated by a hospital or provider that is part of HealthInfoNet, that new provider would have access to your electronic medical information, including your allergies, medications, and certain test results and diagnoses. Your record in the health information exchange (HIE) includes prescriptions, lab and test results, imaging reports, conditions, diagnoses, or health problems. To ensure your health information is entered into the correct record, also included are your full name, birth date and social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. Specially protected information including substance abuse treatment program records, mental health treatment facility records, HIV/AIDS information and genetic test results are not automatically included in HealthInfoNet. However, your mental health, substance abuse or HIV status may be learned by other HealthInfoNet providers based upon the listing of your medications, or through your services received by this office. If you do not wish to be included in HealthInfoNet, you may "opt-out" by filling out a

form found online at <http://www.hinfonet.org/patients/your-choices>, by calling 866-592-4352, or by completing a paper form we can provide. If you change your mind, you may choose to join again later, but your previous health information will not be included.

Appointment Reminders, Treatment Alternatives, Benefits And Services. We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Friends and Family Involved In Your Care. We will share your health information with family member, relative, or close personal friend who is involved in your care or payment for your care, if you have provided written authorization. We will not share information with persons you have not authorized. We will follow your wishes unless we are required by law to do otherwise. We may also notify a family member, personal representative, or another person responsible for your care about your general condition or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

Business Associate. We may disclose your health information to contractors, agents and other “business associates” who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, a billing company, an accounting firm, or a law firm that provides professional advice to us. Business associates are required by law to abide by the HIPAA regulations.

Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of your health information.

Emergencies or Public Need.

We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your written authorization, consent, or any other type of permission before using or disclosing your information for these reasons.

Emergencies. We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

Communication Barriers. We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

As Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect, or Domestic Violence. We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair and Recall. We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes. We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order

protecting the information from further disclosure.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders, subpoenas, or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct; or
- If necessary, to report a crime that occurred on our property.

To Avert a Serious Threat to Health or Safety. We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates or detainees.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes, or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our offices. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our offices any information that identifies you.

SUD Records Disclosure and Protections. The confidentiality of your substance use disorder (SUD) treatment records maintained by this facility is protected by federal law and regulations (42 CFR Part 2 and the HIPAA Privacy Rule). Generally, we cannot disclose information that identifies you as a person with a substance use disorder to anyone outside the facility without your written consent. With your written consent, we may use and disclose your SUD information for treatment, payment, and health care operations. You may revoke your consent at any time in writing, except to the extent that we have already relied on it.

- **Use and Disclosure for Legal Proceedings.** SUD treatment records from programs subject to 42 CFR Part 2 generally cannot be used or disclosed in legal proceedings against the patient unless there is specific written consent or a court order.
- **Redisclosure of SUD Records.** If SUD records are disclosed with patient consent, the recipient can re-disclose them to contractors or legal representatives for specified TPO activities if a written agreement is in place that maintains confidentiality. Otherwise, redisclosure is prohibited.
- **SUD Counseling Notes.** SUD counseling notes require a separate, specific consent for their use or disclosure and cannot be used or disclosed based on a general TPO consent.
- **Fundraising Communications.** If SUD records are used or disclosed for fundraising, patients must be given a clear opportunity to opt out.

- **Exceptions.** We may share information without your consent in a medical emergency, to report suspected child abuse as required by law, or to law enforcement if you commit a crime on our premises.
- **Stricter State Laws.** If state law offers greater protection, the more stringent state law applies.

PATIENT RIGHTS

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy of your health information, including medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to Stephanie Thebargé. If you would like an electronic copy of your health information, we will provide one to you as long as we can readily produce such information in the form requested. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request. We ordinarily will respond to your request within 15 days if the information is located in our facility, and within 30 days if it is located off-site at another facility. If we need additional time to respond, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

In some limited circumstances, we may deny the request. Under federal law, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information related to medical research where you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

2. Right to Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment in writing. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to Stephanie Thebargé. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 30 days. If we need additional time to respond, we will notify you in writing within 30 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part, or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement that we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. Right to an Accounting of Disclosures

After April 14, 2003, you have a right to request an "accounting of disclosures" which is a list with information about how we have shared your information with others. 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 asked us to make).

To request this list, please write to Privacy Officer Stephanie Thebargé. Your request must state a time period for the disclosures you want us to include. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 30 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

4. Right to Receive Notification of a Breach

You have the right to be notified within sixty (60) days of the discovery of a breach of your unsecured protected health information if there is more than a low probability the information has been compromised.

5. Right To Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, run our normal business operations or disclose information about you to family or friends involved in your care. To request restrictions, please write to Privacy Officer Stephanie Thebargé. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with*

emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction. We are not required to agree to your request except if you request that the physician not disclose Protected Health Information to your health plan when you have paid in full out of pocket.

6. Use and Disclosures Where Special Protections May Apply

Some kinds of information, such as alcohol and substance abuse treatment, HIV-related, mental health, psychotherapy, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.

7. Right To Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to Stephanie Theborge. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

8. Right To Have Someone Act on Your Behalf

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

9. Right to Obtain a Copy of Notices.

You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please call our office at (207) 303-3300. You may also obtain a copy of this notice by requesting a copy at your next visit.

10. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us by notifying our Privacy Officer Stephanie Theborge at New England Cancer Specialists, 11 Rock Row, Suite 310, Westbrook, ME 04092. *No one will retaliate or take action against you for filing a complaint.*

You may file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. You may email the OCR at OCRMail@hhs.gov or call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697. We will not withhold treatment or take action against you for filing a complaint.

PATIENT RIGHTS AND RESPONSIBILITIES

1. You have the right to be fully informed in advance about any care/service to be provided, including the disciplines that provide care, the frequency of visits, and any changes to the plan of care
2. You have the right to be informed of your financial responsibility prior to receiving any care or service
3. You have the right to receive information about the scope of the services that our organization can provide and the limitations of those services
4. You have the right to participate in and be informed of all aspects of your care including your condition, treatment options, possible outcomes, and the names of the persons delivering your care.
5. You have the right to make choices about your care by participating in care decisions, including accepting or refusing treatment after the consequences of accepting or refusing have been fully explained to you.
6. You have the right to complete Advance Directives, identifying your spokesperson, and accepting or declining participation in research. You have a right to have these choices honored.
7. You have the right to be treated respectfully, considerately, and with dignity with regards to your personal and cultural values, religious or spiritual traditions, and personal abilities and preferences.
8. You have the right to be able identify visiting personnel members through proper identification.
9. You have the right to be free from mistreatment, neglect, verbal, mental, sexual, or physical abuse. Including injuries of an unknown source and misappropriation of client/patient property.
10. You have the right to voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal and have those grievances/complaints investigated.
11. You have the right to confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
12. You have the right to be advised on our policies and procedures regarding the disclosure of clinical records.
13. You have a right to choose your healthcare provider, including an attending physician, if applicable
14. You have a right to be informed of any financial benefits when referred to an organization.