



SPRUCE MOUNTAIN PHARMACY
3 TWEEDIE ST. ~ P. O. BOX 343 ~ JAY, ME 04239
Phone: (207) 897-9080 Fax: (207) 897-9082
PRIVACY OFFICER: STEVE MAKI

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.

Spruce Mountain Pharmacy ("SPRUCE MOUNTAIN") is required by law to maintain the privacy of certain confidential health care information, including Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. SPRUCE MOUNTAIN is also required to abide by the terms of the Notice currently in effect.

Uses and Disclosures of PHI: In addition to other examples defined under the law, SPRUCE MOUNTAIN may use and disclose PHI for the purposes of your treatment, payment for services rendered to you, and internal health care operations at Spruce Mountain. In most cases your PHI will be released only with your written permission. However, the following represent examples when your PHI may be released without your written permission.

For Treatment. We may use your PHI to provide you with health care services. We may disclose your PHI to doctors, nurses, technicians, or other personnel, including people outside our facility who may be involved in your medical care. For example, we may tell your primary care provider about the services we provided you, or give your PHI to a specialist who needs the information to provide you with services.

For Payment. We may use and disclose your PHI so that we or others may bill or receive payment from you, an insurance carrier, or a third party for the care and treatment you received. For example, we may give your health plan information about your treatment so that they will pay for such treatment. We also may tell your health plan about services you are going to receive to obtain prior approval or to determine whether your plan will cover the services.

For Health Care Operations. We may use and disclose your PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operations to be managed effectively. For example, we may use your PHI to review the treatment and services we provide to ensure that the services you receive are of the highest quality.

SPECIAL CIRCUMSTANCES: Use and Disclosure of PHI Without Your Authorization. SPRUCE MOUNTAIN is permitted to use and disclose your PHI without your written authorization under the following circumstances:

- *For health care and legal compliance activities;*
- *To our Business Associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our Business Associates are obligated, under contract with us, to protect the privacy of your PHI and are not allowed to use or disclose any information other than as specified in our contract;*
- *To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;*
- *To a public health authority in certain situations as required by law (such as to report abuse, neglect, or domestic violence);*
- *For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;*
- *For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process.*
- *For law enforcement activities in limited situations, such as when responding to a warrant;*
- *For military, national defense and security and other special government functions;*
- *To avert a serious threat to the health and safety of a person or the public at large;*
- *For workers' compensation purposes, and in compliance with workers' compensation laws;*
- *To coroners, medical examiners, and funeral directors for identifying a deceased person, determining the cause of death, or carrying on their duties as authorized by law;*
- *If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an order donation bank, as necessary to facilitate organ donation and transplantation;*
- *For research projects, but this will be subject to strict oversight; and*
- *We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.*



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Any use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to your PHI, including:

The right to access, copy or inspect your PHI. This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal types of denials. We have available forms to request access to your PHI and we will provide you a written response if we deny you access and will let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer. In the event we use an electronic health record, you will have a right to acquire a copy of your PHI electronically, or to direct us to send your PHI to another party in the same format.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is incorrect. If you wish to request that we amend the medical information that we have about you, please contact our privacy officer.

The right to request an accounting. In the event that your PHI has been, or is reasonably believed to have been breached, SPRUCE MOUNTAIN will give you notification within sixty (60) days from the date such a breach was discovered. You may also request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. Unless and electronic health record is used, we are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operations, or when we share your health care information with our business associates, like our billing company or a medical facility from/to which we have transported you. If you request an accounting of use and disclosure of your PHI by way of an electronic health record, you will receive information for three years from the date of request. We are not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, please contact our privacy officer.

The right to request that we restrict the uses and disclosures of you PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you. Under limited circumstances related to health plans and payments, SPRUCE MOUNTAIN is not necessarily required to agree. Restrictions agreed to by SPRUCE MOUNTAIN in writing are binding on SPRUCE MOUNTAIN.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on our web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice. SPRUCE MOUNTAIN reserves the right to change the terms of this notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

Your Legal Rights and Complaints. You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services Office of Civil Rights if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or the government. Should you have any questions, comments, or complaints you may direct all inquiries to our privacy officer.