

Notice of privacy practices

Northern Light Health, Including Northern Light Acadia Addiction Care

This notice describes:

- How health information about you may be used and disclosed.
- Your rights regarding your health information, including how you can access your health information.
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.
- You have a right to a copy of this notice (in paper or electronic form) and to discuss it with our Privacy Officer at privacy@northernlight.org if you have questions.



A complete copy of the Northern Light Health Notice of Privacy Practices is available online at <https://northernlighthealth.org/Legal/Notice-of-Privacy-Practices>, by using this QR Code, or by requesting a paper copy at the registration desk.

Your rights

You have the right to:

- Get a copy of your health record
- Ask for corrections to your health record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

See page 3 for more information on these rights and how to exercise them

Your choices

You have choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care or substance use disorder treatment
- Market our services
- Raise funds

See page 4 for more information on these choices and how to exercise them

Our uses and disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See pages 5 and 6 for more information on these uses and disclosure

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This notice is effective as of December 5, 2025

This Notice of Privacy Practices applies to the following organizations.

This Notice applies to all our hospitals, doctor's offices, clinics, home care programs, other services and affiliated facilities. These organizations work together in what is known as an Organized Health Care Arrangement, or "OHCA." Northern Light OHCA members may share health information with each other for the treatment, payment, and healthcare operations of the OHCA.

Northern Light Health hospitals and facilities include but are not limited to the following:

Acadia Hospital and Acadia Healthcare	Eastern Maine Medical Center	Mayo Hospital
A.R. Gould Hospital	Home Care & Hospice	Mercy Hospital
Blue Hill Hospital	Inland Hospital	Medical Transport & Emergency Care
C.A. Dean Hospital	Maine Coast Hospital	Northern Light Pharmacy
		Sebasticook Valley Hospital

A complete list of Northern Light Health hospitals and locations is listed on <https://northernlighthealth.org/Our-System> or may be obtained by contacting your Northern Light Health physician office or hospital directly.

This Notice only applies to services by healthcare professionals at Northern Light Health locations. For example, if your surgeon performs your operation at a Northern Light Health hospital but works out of a private practice or other healthcare organization, this notice only applies when your personal healthcare professional treats you at a Northern Light Health hospital.

Information about mental health services across Northern Light Health, and substance use disorder treatment services at Northern Light Health Acadia.

These services create and maintain therapy notes and other health records. However, psychotherapy notes and substance use disorder counseling notes (which include the provider's personal reflections and side notes) are not kept as part of the medical record. In most cases, verbal consent is required to release mental health records outside of Northern Light Health. Written consent is required in most cases to release substance use disorder treatment records outside of Northern Light Health Acadia, including for referrals and coordinating your care with other healthcare providers. There are exceptions to these rules, such as emergency situations and when complying with legal requests.

Northern Light Acadia has additional requirements and restrictions:

- It may share information as required by state law to participate with an investigation by the rights protection and advocacy agency.
- It must allow you to review your record at any reasonable time, within 3 working days of your request. This may be done under the supervision of a healthcare professional who may address any concerns.

Contact our Privacy Officer at privacy@northernlight.org with questions or concerns.

Your rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:	<ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record:	<ul style="list-style-type: none">• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.• We may say “no” to your request, but we will tell you why in writing within 60 days.
Request confidential communications:	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, by phone at your home or office, by text, by email, etc.) and to send paper mail to your preferred address.• We will say “yes” if the request is reasonable and we believe we will be able to comply with what we agree to.
Ask us to limit what we use or share:	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• We are not required to agree to your request, and we will say “yes” only if we believe we will be able to comply with what we agree to. We will say “no” if we believe the requested restriction would negatively affect your care or our ability to run our business.
Get a list of those with whom we have shared information:	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we have shared your health information outside of Northern Light Health 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). We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.• For Northern Light Health Acadia’s Substance Use Disorder Treatment Program, we will also include disclosures made with your consent and for treatment, payment, and health care operations if made through the electronic health record for 3 years prior to the date you ask.
Get a copy of this privacy notice:	<ul style="list-style-type: none">• You can ask for a copy of this notice in paper or electronic format at any time and one will be provided to you.
Choose someone to act for you:	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated:	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting our Privacy Officer at privacy@northernlight.org.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter, calling, or visiting the Office for Civil Rights website using the contact information on page 7.• We will not retaliate against you for filing a complaint

Your choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In certain limited circumstances where you are unable to tell us what you want us to do, a provider may make a choice in your best interest on your behalf.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

We must get your written permission to:

(You may withdraw your consent at any time)

- Share information for marketing purposes.
- Sell your information.
- (Acadia Only) Share information with central registries to prevent multiple enrollments in substance use withdrawal management or maintenance treatment programs; and with the criminal justice system to release substance use disorder treatment information in response to legal activity, such as a condition of parole or pretrial release.
- (Acadia Only) Report substance use disorder treatment information to the Maine Prescription Drug Monitoring Program (PMP).

For fundraising:

- We may use or share your health information to tell you about our fundraising efforts. If you do not want to be contacted for this reason, please let us know.

To help locate you for visitors and callers during your in-hospital stay:

- We maintain a hospital directory. You may choose to opt-out of the hospital directory at any time during your stay. Please let us know.
- A choice to opt-out of the hospital directory may result in our inability to direct visitors or telephone calls to you.
- Members of the clergy, media, and law enforcement will be told your general condition (critical, fair, stable) if you are included in the directory and they ask about you by name. Clergy will also see your religious affiliation.

Health Information Exchanges (HIE):

- We use HealthInfoNet and CommonWell, two Health Information Exchanges (“HIE”) to share, request, and receive electronic health information with other health care organizations to improve and coordinate the care you receive. You may opt-out of participating in one or both of these HIEs.
- Northern Light Health does not send mental health records or substance use disorder treatment records to HIEs, however, our integrated health record may share your person-level problem list, medications, diagnoses, and allergy information.



How do we typically use or share your health information?

With your written consent, we typically use or share your health information in the following ways to treat you, bill for services we provide to you, and to run our organization. This information may be re-shared by the recipient and no longer protected.

<p>Treat you:</p>	<ul style="list-style-type: none"> • Medical information may be shared with healthcare providers involved in your care. • Providers within Northern Light Health share an integrated health record allowing access to necessary health information to provide safe and effective care. 	<p>Example: A provider treating you for an injury asks another provider (within or outside Northern Light Health) about your overall health condition.</p> <p>Example: Providers within Northern Light Health will have access to your Northern Light Health records and may see upcoming and past appointments.</p>
<p>Run our organization:</p>	<ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	<p>Example: Our leaders use information to monitor our business performance and improve the care that we provide you.</p>
<p>Bill for your services:</p>	<ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities. 	<p>Example: We give information to your health insurance plan, such as contact information and the types of services we provided, so it will pay for your services.</p>
<p>In a medical emergency:</p>	<ul style="list-style-type: none"> • We may share information to support safe care and decision-making. 	<p>Example: If you are not able to provide consent, your care team may give the minimum necessary information to family or other treating providers.</p>
<p>Sensitive Health Information:</p> <ul style="list-style-type: none"> • HIV • Genetic Counseling • Mental Health Treatment 	<ul style="list-style-type: none"> • Generally, we request your written permission to share this sensitive information outside of Northern Light Health or make a reasonable effort to notify you if we share this information. However, certain patient level data may be available to other care teams within Northern Light Health. 	<p>Example: The problem list, medications, diagnoses, and allergy information may be included in a discharge document from the emergency department to a primary care provider.</p>
<p>Substance Use Disorder Treatment Programs (Acadia Only):</p>	<ul style="list-style-type: none"> • We may allow qualified organizations to complete audits and evaluations if they agree to certain confidentiality practices. • We are required to report patient and treatment activity to Maine’s Office of Behavioral Health. • We may share your substance use treatment records with agencies or people listed on your consent form, but they are not allowed to share that information with others unless you give written permission, or the law allows it. 	<p>Example: A health plan or a government agency that provides payment or funding may audit billing data.</p> <p>Example: The program enters patient-level information for each treatment into a secure portal.</p> <p>Example: If you give us written permission to share your substance use treatment information with your primary care doctor, your doctor cannot share that information with anyone else unless you say it is okay or the law requires it.</p>

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet certain conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

<p>Help with public health and safety issues:</p> <p>Some public health notifications must remove patient identifiers when about substance use disorder treatment</p>	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse events involving medications or medical devices • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety • Reporting crimes on campus or against staff
<p>Perform research:</p>	<ul style="list-style-type: none"> • We can use or share your information for health research purposes as permitted by law.
<p>Follow the law:</p>	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws or other licensing and accreditation rules.
<p>Respond to organ and tissue donation requests:</p>	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
<p>Work with a medical examiner or funeral director:</p>	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
<p>Address workers’ compensation, law enforcement, and other government requests:</p>	<ul style="list-style-type: none"> • We can use or share health information about you as allowed by law: <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for authorized activities • For special government functions such as military, national security, and presidential protective services
<p>Respond to lawsuits and legal actions:</p>	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena. • We will only share Substance Use Disorder treatment records with your written consent or a special court order with a subpoena or other legal mandate, and only after you are notified and have opportunity to be heard.

Nondiscrimination Statement

Northern Light Health and its affiliates (Northern Light Health) comply with applicable civil rights laws and do not exclude or discriminate on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender, gender identity or expression, or language.

Northern Light Health provides free services to help people communicate effectively:

- **Qualified language interpreters**
- **Qualified sign language interpreters**
- **Information written in other languages**
- **Written information in other formats (large print, audio, accessible electronic formats, other formats)**

If you believe that Northern Light Health or any of its affiliates has failed to provide these services or discriminated in any way, or if you have any questions or need help filing a civil rights, conscience or religious freedom, or health information privacy complaint, you may contact Northern Light Health or the Federal Office of Civil Rights (OCR):

Northern Light Health
1557 Civil Rights Coordinator
43 Whiting Hill Road, Suite 200
Brewer, ME 04412
1-866-769-8363, TTY-711 (Maine Relay)
nondiscrimination@northernlight.org
privacy@northernlight.org

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)
OCRMail@hhs.gov
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Interpreter Services

ATTENTION: Language assistance services, free of charge are available to you. Please let us know your primary language and we will have an interpreter available to assist with your care.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-986-6341 (ATS: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-986-6341 (TTY: 711).

Oromo (Cushite): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-986-6341 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-986-6341 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-986-6341 (TTY: 711).

Tagalog (Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-986-6341 (TTY: 711).

Cambodian (Khmer): ប្រយ័ត្ន: បើប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាឥតគិតថ្លៃសម្រាប់អ្នកនិយាយភាសាខ្មែរ គឺបានផ្តល់ឱ្យអ្នកឥតគិតថ្លៃ។ ទូរស័ព្ទ 1-888-986-6341 (TTY: 711)។

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-986-6341 (телетайп: 711).

Arabic: رقم: 1-888-986-6341 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711 هاتف الصم والبكم.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-986-6341 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-986-6341 (TTY: 711)번으로 전화해 주십시오.

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณ สามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-888-986-6341 (TTY: 711).

Nilotic (Dinka): PIN KENE: Na ye jam në Thuonjan, ke kuony yené koc waar thook atö kuka lëu yök abac ke cin wënh cuatë piny. Yuopë 1-888-986-6341 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-986-6341 (TTY:711) まで、お電話にてご連絡ください。

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-986-6341 (TTY: 711).