

Contact and Care Services

HOW TO REACH A PHARMACIST FOR HELP:

- Mail-order Pharmacy
Closed door location
General Phone: 207-275-3256
- State Street Location
210 State Street Bangor, ME 04401
General Phone: 207-947-8369
- Westgate Location
915 Union Street St 7 Bangor, ME 04401
General Phone: 207-973-6788
- Fore River Location
195 Fore River Parkway #170 Portland ME 04102
General Phone: 207-535-1600
- Riverside Location
417 State Street #130 Bangor, ME 04401
General Phone: 207-973-8888
- Whiting Hill Location
33 Whiting Hill Road Brewer, ME 04412
General Phone: 207-973-9444
- Specialty Pharmacy
Senior Clinical Pharmacist
Specialty Pharmacy Manager
General Phone: 207-275-3256

Pharmacists support patients. You can call any phone number listed above to reach a pharmacist. Or visit, northernlighthealth.org/pharmacy, and click "Contact Us". The phone number for the Specialty Pharmacy is 207-275-3256 and the toll-free number is 1-866-963-9670.

TIPS TO HELP YOU:

- If you have to leave a message, please be as detailed as possible. Leave your name, number, and a short message about your questions.
- Specialty Pharmacy hours are Monday to Friday 8 am to 6 pm. The Specialty Pharmacy is closed on Saturdays and Sundays, but there is a pharmacist you can call 24/7 365 days of the year with questions or concerns about meds.
- If this is a medical emergency, please call 911.
- The after-hours number is 207-275-3256 and can also be found on your "Patient Rights and Responsibility" sheet.
- The afterhours pharmacist will return your call within 30 minutes.
- We can help you contact your doctor if you need. We can call them to talk about your meds. We can give you with the provider's phone number. Or we can fax the doctor's office.

WHAT IS THE PATIENT MANAGEMENT PROGRAM?

- The Patient Management Program is no cost to you, and you are enrolled as a patient of Northern Light Specialty Pharmacy. You may opt out at any time by calling the Specialty Pharmacy.
- Pharmacists will work with you on any concerns or questions you may have about your medications.
- This program can improve your health in many ways. It can help you manage side effects and better understand how to treat your disease. When you need to discuss your care with your provider, your pharmacist will have all the information needed to help make informed decisions about what is best for you as the patient.

- For the program to be successful, you have some responsibilities too. You must follow the directions of your provider and pharmacist, take your medications as directed, and discuss the details of your disease and medical history with your pharmacist so they fully understand your needs.
- Please let your provider know you are a patient of Northern Light Specialty Pharmacy and are enrolled in the Patient Management Program

IMPORTANT INFORMATION:

- Please request refills at least five days before you run out of medication. This gives us time to process your request. It also ensures you have the meds when needed.
- To get a refill, check on the status of an order, or obtain information about order delays, you can:
 - Call the pharmacy at 207-275-3256 and ask to speak with a staff member or leave a message regarding your request on our voicemail.
 - Call the toll-free number to contact a member of the specialty team: 1-866-963-9670.
 - Visit northernlighthealth.org/pharmacy and order a refill online.
 - Speak with a staff member and ask to be enrolled in auto-refill or ask about your cost.
 - If you need to have a med transferred to or from our pharmacy, call us at 207-275-3256 or our toll-free number 1-866-963-9670 and speak to a member of our team for help.
- If you need to throw away unused meds, contact your local police department, town office, or the pharmacy for help. Some meds must be thrown away in different ways as required by the law. You may also refer to the EPA and FDA med disposal documents provided within your Welcome Kit.
- If you have any concerns about your med, please contact the Specialty Pharmacy at the phone number listed above.
- In case of an emergency, disaster, or delay, the staff will call you to tell you how to get your med. The staff will help you depending on the situation. They will follow all State and Federal direction.
- If there is a drug recall for a med you are taking, we will call you. Our pharmacist will tell you about the recall. We will give you the directions for how to get rid of the medication. We will also document if you took any of the recalled medication, how much, if you had any side effects or any other important details.
- We will also call your doctor and tell them about the recall and details you give us. We will give them the facts about the recall including any instructions.

- As allowed by the law, we may give you a substitute med. These can be a generic change, drug maker change, or therapy change (with doctor approval). If this happens, we will tell you of the change. We will either call you, leave a note on your drug receipt, use a drug change sticker, or a combo of any/all above options.
- If you would like more information about Northern Light Pharmacy's drug substitution procedures and state and federal requirements, please contact our pharmacy staff.
- If we cannot process your prescription, we will work with you and your insurance to find a pharmacy that can fill it for you. We will provide all the information you need to start your medication as quickly as possible.
- Call us at the numbers listed above to learn if we are in-network or out-of-network for your insurance and how this will affect your cost.
- To get any prescription related information or to ask about the cash price of a med, call a member of the specialty pharmacy staff.
- If you have raised a complaint or concern with us, we will look into it within 5 days. We will try to address the issue within 30 days. You can call back to check on your complaint status and learn about the conclusion of our review.

HOW MUCH WILL MY PRESCRIPTION COST?

- Your prescription cost will depend on your insurance. We do not know your cost until your claim is put through insurance. You may also call the Member Services phone number on your prescription insurance card to get the most current information.
- If you are unable to afford the cost for your prescription, Northern Light Specialty Pharmacy will help you connect with patient support programs or charities.
- The cost may also change depending on the quantity of medication you get. Your prescription will be filled for the quantity of med that your doctor writes for. Please tell your doctor to write for the max amount per day allowed by your insurance (the amount may vary by plan).
- If you have Medicare Part D drug coverage, the cost of your prescription can change as you meet your deductible and first co-pay and reach total out-of-pocket cost. Patient care planners can help you understand your options. Visit our website to learn more about these services.
- If your insurance company considers Northern Light Specialty Pharmacy an out-of-network pharmacy, we will provide to you an explanation of the med's cost when your prescription is filled, or at your request.

EVIDENCE BASED HEALTH INFORMATION AND TREATMENT PLANS

- Northern Light Pharmacy creates treatment plans, provides info, and gives medication-related advice based on current guidelines and the most up-to-date information available.
- Our pharmacists rely on their knowledge, your values, and the best research available when making decisions about your care. This is known as "Evidence-Based Practice."
- We can provide you with evidence-based health information for your treatment or condition. Call and ask to speak with a pharmacist. Let us know what we can provide for you. Our pharmacists work together with expert medical providers to create our specialty programs.

DISASTER OR EMERGENCY COMMUNICATIONS TO FILL YOUR SPECIALTY MEDICATION

- In the event of a medical emergency, call 911.
- In the event of an emergency or disaster that may delay you from getting your meds please contact the pharmacy at 207-275-3256
- If you are unable to reach the pharmacy, please contact the healthcare system directly at 207-973-7000.
- If you have any questions or concerns, please call any pharmacy staff at any number listed above at any time.

Patient Rights and Responsibilities

Northern Light Pharmacy patients have a right to be notified in writing of their rights and obligations before care/service is begun. Northern Light Pharmacy staff members have a responsibility to protect and promote the rights of their patients. This includes their patients' care and treatment, and the services that are provided within their capability.

YOU HAVE THE RIGHT TO:

- Have personal health information shared with the patient management program only in accordance with the state and federal law.
- Know about the philosophy and characteristics of the patient management program.
- Speak to a healthcare professional.
- Be informed in advance both verbally and in writing of your financial responsibilities including out-of-pocket costs such as deductibles, co-pays, and co-insurance as allowed by our pharmacy software.
 - The pharmacy staff will relay your financial responsibility to you verbally via telephone. The monetary cost of your prescription will also be printed on your monograph when you fill your prescription. You have the right to request information regarding your financial responsibility for your prescription at any time by calling the pharmacy.
 - If our organization is out of your insurance network the pharmacy staff will share with you the cost charged by our organization either verbally or in writing.
- Be fully informed ahead of time about services and care to be provided. This includes information about any modifications to the care or service plan.
- Be treated with dignity, courtesy, and respect. Northern Light Pharmacy staff should recognize that each person is a unique individual.
- Receive information about the scope of care/services that are provided by Northern Light Pharmacy directly or through contractual arrangements. This includes the right to receive administrative information and participate in the ongoing development of your patient management program and receive communication regarding changes in the patient management program or termination of the patient management program.
- Some of the benefits of our program include:
 - Potential for increased quality of life through symptom management,
 - Access to clinicians who can assist with medication questions,
 - Comprehensive care coordination and medication reconciliation to manage interactions and potential side effects and mitigate risk.
- Limitations include:
 - The program benefits are limited by patient participation and willingness to share necessary information,
 - The program is not conveyed as a cure for the disease state,
 - Success is reliant on coordination and cooperation with other caregivers for, and with, the patient
- Reasonable coordination and continuity of services from your previous specialty pharmacy to Northern Light Pharmacy. This means that you will get a timely response when you ask about care, treatment, and services.
- If desired, to be referred to other health care providers within an external health care system (ex. Dietician, pain specialist, mental health services, etc.). Patient may also be referred back to their own prescriber for follow up.
- Be notified when you begin receiving care or services with an explanation of charges for care, treatment, services and equipment. This should include how to make a payment for charges for which you may be responsible. You should also get information about any payments from Medicaid or Medicare or any other third-party payer. You should also get an explanation of all forms you are requested to sign.
- Receive quality medications, supplies, and services that meet or exceed professional and industry standards. You should get these regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability. Northern Light Pharmacy does not tolerate discrimination. These items should always be received in accordance with physician orders.

- Receive medications, treatment, and services from qualified personnel. You have the right to receive instructions on self-care, safe and effective use of your medications and your responsibilities regarding medications, treatment, and services.
- Receive upon request evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, monograph etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
- Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts). You can review and even challenge those records. You have the right to have your records corrected for accuracy.
- Receive information about who gets your personal health information. You also have the right to know when your personal health information was disclosed. This is according to applicable law and as specified in the company's policies and procedures.
- Express dissatisfaction, concerns or complaints about any care, treatment or service. You can also suggest changes in policy or care and services without discrimination, reprisal, coercion or unreasonable interruption of care and services.
- Have concerns, complaints and dissatisfaction about services that are or are not furnished or addressed in a timely manner.
- Be advised of any change in the plan of service before the change is made.
- Receive information in a manner, format, or language that you understand.
- Get the name and job title of the person providing you with service.
- Request to speak to the supervisor of the person providing you with care.
- Have family members involved in care, treatment, and/or service decisions. This is only when it is appropriate and when it is allowed by law. You must provide your permission, or we must have the permission of the decision maker that you chose.
- Be fully informed of your responsibilities, decline participation, revoke consent, un-enroll or opt out in the patient management program at any time by verbally communicating with a clinical pharmacist.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented to you.
- To request identification of any visiting personnel providing medication delivery services.
- To not be mistreated in any way.
- Voice complaints to the following external entities the State of Maine Board of Pharmacy or State of Maine Better Business Bureau, etc.
- Be informed of financial benefits when referred to an organization.

YOU HAVE THE RESPONSIBILITY TO:

- Follow the plan of treatment or service prescribed by your physician.
- Participate in developing a plan for your care, treatment and services.
- Provide truthful and complete medical and personal information. This is necessary to plan for and provide care and services.
- Complete and submit any forms that are necessary for your care.
- Ask questions about your care, treatment and/or services. We can clarify any instructions you have received.
- Let us know any information, concerns and/or questions about your health or problems you see in adhering to your medication. Also tell us about any unexpected changes in your condition.
- Let your treating providers know that you're participating in the Northern Light Pharmacy Specialty program.
- Notify Northern Light Pharmacy if you are going to be unavailable to receive your medication.
- Treat Northern Light Pharmacy personnel with respect and dignity. Interact with them without discrimination because of their color, religion, gender, or national or ethnic origin.
- Care for and safely use medications, supplies and/or equipment. Follow the instructions provided. Use the items for the purpose it was prescribed and only for the person on the prescription.
- Provide accurate clinical and contact information. Let us know if there are any changes in your physical condition. You should also tell us if there are changes to your prescription or insurance coverage. Tell Northern Light Pharmacy right away if your address or telephone number changes, even if the change isn't permanent.

- Voice your feedback, concerns or complaints or report errors regarding your specialty drug services. Ensuring quality and safe care, correcting errors, and preventing future issues are top priorities

CUSTOMER INFORMATION:

- After Hours Service:
 - An answering service will answer Northern Light Pharmacy's phones after normal business hours. You may call 207-275-3256 to be connected to the afterhours service. You may leave a message or inform the operator that you wish to speak to a company representative and the on-call staff will be contacted.
- Complaint Procedure:
 - You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive. You have this right without fear of reprisal, discrimination or unreasonable interruption of services. In order to address your complaints and concerns, please call the store and ask to speak with a pharmacist. You may ask to speak with any employee you are most comfortable with to report these complaints or concerns. A concern and complaint form can be found on our website <https://northernlighthealth.org/Locations/Northern-Light-Pharmacy/Specialty-Pharmacy/For-Patients>
 - All complaints will be reviewed within 5 business days and resolved in 30 days
 - Resolution shall be communicated to the reporting individual whenever possible
- Concern/Suspected Errors:
 - Please contact the pharmacy staff, operations manager, or senior clinical pharmacist to report any concerns and/or suspected errors immediately.
- Northern Light Pharmacy has a grievance procedure that ensures that your concerns/complaints shall be reviewed and an investigation started within 5 business days of receipt. Every attempt shall be made to resolve all grievances within 30 days. You'll be informed verbally or in writing of the resolution. If more time is needed to resolve the concern/complaint, you will also be informed verbally or in writing.
- Accreditation Commission for Health Care (ACHC) customer service number: (1) 855-937-2242

- | | |
|---|---|
| <input type="checkbox"/> Acadia Healthcare | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Acadia Hospital | <input type="checkbox"/> Lakewood |
| <input type="checkbox"/> A.R. Gould Hospital | <input type="checkbox"/> Maine Coast Hospital |
| <input type="checkbox"/> Beacon Health | <input type="checkbox"/> Mayo Hospital |
| <input type="checkbox"/> Blue Hill Hospital | <input type="checkbox"/> Medical Transport |
| <input type="checkbox"/> C. A. Dean Hospital | <input type="checkbox"/> Mercy Hospital |
| <input type="checkbox"/> Eastern Maine Medical Center | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Home Care & Hospice | <input type="checkbox"/> Sebecook Valley Hospital |
| <input type="checkbox"/> Inland Hospital | <input type="checkbox"/> Work Health |

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

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Name:
Preferred Name:

DOB:

Patient Identification

PLEASE FAX FORM TO HIM DEPARTMENT LISTED BELOW

	Phone	Fax	Centralized	Phone	Fax
Acadia Healthcare/Hospital	(207) 973-6100	(207) 973-6822	A.R. Gould Hospital	(207) 973-7873	(207) 973-7867
Beacon Health	(207) 973-5692	(207) 989-1096	Blue Hill Hospital		
Home Care & Hospice	(800) 757-3326	(207) 400-8891	C. A. Dean Hospital		
Laboratory	(207) 973-6900	(207) 973-6999	Eastern Maine Medical Center		
Lakewood	(207) 873-5125	(207) 861-9967	Inland Hospital		
Mayo Hospital	(207) 564-4270	(207) 564-4360	Maine Coast Hospital		
Medical Transport	(207) 275-2940	(207) 973-9487	Mayo Hospital		
Pharmacy	(207) 275-3216	(207) 561-4804	Mercy Hospital		
			Sebecook Valley Hospital		

NONDISCRIMINATION STATEMENT: Northern Light Health and its affiliates (Northern Light Health) comply with applicable Federal civil rights laws and do not 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, sexual orientation, sex, gender, gender identity or expression, or language. Northern Light Health does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language.

Northern Light Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 1-888-986-6341. If you have a TTY, you may also dial 711 Maine Relay.

If you believe that Northern Light Health or any of its affiliates has failed to provide these services or discriminated in another way 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, sexual orientation, sex, gender, gender identity or expression, or language, you can file a grievance with your Northern Light Health Civil Rights Coordinator, 797 Wilson St., Suite 4, Brewer, ME 04412, 1-866-769-8363 (**telephone**), 1-207-989-1420 (**fax**), or at nondiscrimination@northernlight.org (**email**). If you need help filing a grievance, your Northern Light Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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, tajaajjila 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: ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ, សម្រាប់អ្នកដែលត្រូវការ ដោះស្រាយបញ្ហាភាសា គឺអាចមានសេរីសេរី។ ចូរ 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 (телефакс: 711).



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SCAN TO RELEASE OF INFORMATION NOTE

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: เรียม: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-986-6341 (TTY: 711).

Nilotic (Dinka): **PII KENE:** Na ye jam në Thuɔŋjan, ke kuony yenë kac waar thook atɔ̄kuka lëu yök abac ke cin wënh cuatë piny.

Yuɔpë 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).

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

I authorize the Northern Light Health entity indicated above to release my health information to:

Name (entity or individual)			Phone
Street	City	State	Zip
Name (entity or individual)			Phone
Street	City	State	Zip
Name (entity or individual)			Phone
Street	City	State	Zip
Name (entity or individual)			Phone
Street	City	State	Zip

NOTE: All disclosures based on this form are limited to records existing at the time the form is signed, unless you (the patient or personal representative) indicate below that you want us to release records related to specific future tests, procedures, appointments, etc.

Indicate the date(s) of service (such as admission date, visit date(s), date range, etc.) (including instructions on release of future records): _____

Specific information/documents to be released or comments/instructions (e.g., the particular practice or department from which to release the records): _____

PURPOSE: I release the above information for the purpose or purposes of:

On-going treatment/aftercare

Release is to the requesting individual for personal use

Legal proceeding: Name of attorney: _____

Insurance matter: Name of insurance company: _____

I would like my health information provided in the following format:

Secure email: Email address: _____

Fax: Fax Number: _____

Mailed to the address above – electronic media (specify CD or thumb drive): _____

Other (please specify in detail): _____

This authorization will expire in 12 months unless I give an earlier expiration date here: _____.

NOTE: for purposes of disclosing information which refers to treatment or diagnosis of HIV infection or AIDS, this authorization will not expire and will remain in effect unless revoked.

Your specific consent is required to disclose any of the following types of information **(check the boxes only if you want this authorization to include this information)**:

- I authorize disclosure of federal drug or alcohol abuse program treatment information contained in my medical records. This information may not be re-disclosed by the recipient without my specific written consent.
- I authorize disclosure of information derived from behavioral health services provided by a licensed behavioral health professional. The recipient of this information must be specified by name above.
 - I want to review my behavioral health information before it is released. I understand this review must be supervised (Northern Light Acadia Healthcare, Northern Light Acadia Hospital and Northern Light Mayo Hospital patients only).
- I authorize the disclosure of information which refers to treatment or diagnosis of HIV infection or AIDS. I understand that individuals about whom such disclosures have been made have encountered discrimination from others in the areas of employment, housing, education, life insurance and social and family relationships. I understand that this authorization will stay in effect unless I later revoke this authorization. I understand that if I authorize the disclosure of this information to my insurance company, information which refers to treatment or diagnosis of HIV infection or AIDS may be disclosed to my current and future insurance companies, health plans, or payors unless I revoke or update this authorization.

I understand that my treatment is not conditioned on signing this authorization. I will not be denied treatment if I do not sign this form. I may review my record before signing. I may refuse to sign this authorization form. Partial or incomplete information will be labeled as such. I understand that, if I refuse to sign this authorization form, it may result in improper diagnosis or treatment, denial of coverage, denial of a claim for benefits, denial of other insurance or other adverse consequences.

I may revoke this authorization at any time except for the information already disclosed. To revoke my authorization, I will submit a written request to the Medical Records Department of the entity indicated above. I understand that, if I revoke this authorization, it may be the basis for denial of health benefits or other insurance coverage.

I understand that, if this information is disclosed to a third party or to me, the information may no longer be protected by state and federal privacy regulations and may be re-disclosed by the person or organization that receives the information.

I understand that I may have a copy of this authorization form. I decline a copy of this authorization unless I ask for one to be given me.

Signed: _____ Date: _____ Time: _____
(Patient*)

Signed: _____ Relationship: _____ Date: _____ Time: _____
(Authorized Representative*)

*A parent /guardian or other authorized representative is generally required to sign for a patient under the age of 18. Patients aged 14 to 17 should sign in addition to their parent/guardian or other authorized representative. If a minor patient consented to their own care, the minor patient must sign this authorization form to release records related to that care. Indicate relationship of representative to patient.

Northern Light Specialty Pharmacy

Date: _____
To: _____
From: _____
RE: Mail Order Prescription

We are required to confirm that you will be available to receive medications that are mailed before we mail your prescription. If you would like to receive your medication in the mail but prefer to opt out of these phone calls, please provide us with the following information in order for us to facilitate providing you with this service (**excluding refrigerated items**).

I authorize Northern Light Pharmacy to mail my prescription to my home address and will notify them immediately of any changes in physical address. I opt out of receiving phone notifications prior to my medication being mailed:

Address on record: _____

A signature of delivery receipt is required by a member of your household in order for your medication(s) to be left at your residence. If no signature is obtained then the prescription(s) will be returned to Northern Light Pharmacy. If you would like to waive this requirement and personally accept the risk of lost or stolen packages please indicate this below.

I request to waive the signature requirement for packages to be delivered to my residence. Northern Light Pharmacy will not be responsible for any lost or stolen packages that are indicated as being delivered by the assigned carrier service.

Patient Signature: _____ Date: _____

Northern Pharmacy State Street

210 State Street
Bangor, ME 04401
207.947.8369
fax 207.947.0894

Northern Pharmacy Riverside

417 State Street
Bangor, ME 04401
207.973.8888
fax 207.973.8891

Northern Pharmacy Westgate

915 Union Street, Suite 7
Bangor, ME 04401
207.973.6788
fax 207.973.6782

Northern Pharmacy Whiting Hill

33 Whiting Hill Road
Brewer, ME 04412
207.973.9444
fax 207.973.9441

Northern Pharmacy Fore River

195 Fore River Parkway
Suite 170
Portland, ME 04102-2780
207.535.1600
fax 207.535.1610

Northern Light Specialty Pharmacy

43 Whiting Hill Rd suite 300
Brewer, ME 04412
207.356.3256
fax 207.973.4321

ACKNOWLEDGMENT RECEIPT: HIPAA NOTICE OF PRIVACY PRACTICES

In signing this form, you agree that you have received our **Notice of Privacy Practices**. This Notice, among other points, explains how we plan to use and disclose your protected health information for the purposes of treatment, payment and health care operations.

You have the right to review our **Notice of Privacy Practices** prior to signing this form. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested by contacting 207-275-3256.

By signing this form, you acknowledge you have received our Notice of Privacy Practices and that Northern Light Pharmacy can use and disclose your protected health information in accordance with HIPAA.

PATIENTS NAME

SIGNATURE (Patient/Guardian) DATE

Relationship to patient/legal authority (if applicable)



**NORTHERN LIGHT HEALTH
NOTICE OF PRIVACY PRACTICES
Revised Effective Date: December 16, 2022**

This Notice of Privacy Practices (Notice) describes how medical information about you may be used and disclosed and how you can access your information. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice describes the privacy practices of the members of the Northern Light Health Organized Health Care Arrangement (“Northern Light Health OHCA” or “Northern Light Health”).

Northern Light Health protects the privacy and confidentiality of your health information pursuant to Federal and state laws. When you need healthcare, you give information about yourself and your health to our doctors, nurses, other healthcare professionals, and staff. This includes medical, financial, and contact information, and any other personal information. We use this information for various purposes, including providing healthcare to you, obtaining payment for this care, and conducting and supporting our operations. We also create electronic and paper records for these same purposes. All of this information is called “protected health information” (or “PHI”) or “health information.” We describe how we use your health information in this Notice. Federal law requires that we offer you a copy of this Notice so you are able to learn about:

1. How, when and why we share your health information;
2. How the law requires us to protect your health information;
3. Your rights to your health information; and
4. What happens if your health information is lost or improperly used or shared.

There are special protections for health information at Northern Light Acadia Hospital, Northern Light Acadia Healthcare and the former Northern Light Mayo Behavioral Health Office. Some of these special protections appear in *italics* in this Notice.

WHO FOLLOWS THIS NOTICE – This Notice is followed by all of our hospitals, doctor’s offices, clinics, physicians, health care professionals, employees, students, volunteers, entities, facilities, home care programs, other services and affiliated facilities.

Northern Light Health hospitals and facilities include but are not limited to the following: Northern Light Acadia Hospital and Acadia Healthcare • Northern Light A.R. Gould Hospital • Northern Light Blue Hill Hospital • Northern Light C.A. Dean Hospital • Northern Light Eastern Maine Medical Center • Northern Light Home Care & Hospice • Northern Light Inland Hospital • Northern Light Laboratory • Northern Light Maine Coast Hospital • Northern Light Mayo Hospital • Northern Light Mercy Hospital • Northern Light Medical Transport & Emergency Care • Northern Light Pharmacy • Northern Light Sebasticook Valley Hospital

A complete list of Northern Light Health hospitals and locations is listed on our website Northernlighthealth.org/System or may be obtained by contacting your Northern Light Health physician office directly.

This Notice does not cover the privacy practices your personal healthcare professional may use in their private office unless they are employed by Northern Light Health. However, your personal healthcare professional will follow this Notice when they treat you at any Northern Light Health OHCA member.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE – Except in emergencies, we may ask you to sign a statement affirming that you were offered a copy of this Notice. The statement does not mean you agree with our Notice, only that we offered you a copy of it. We will treat you even if you do not sign the statement.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION – The law requires that we:

1. Keep your health information private and secure;
2. Let you know promptly if a breach occurs that compromises the privacy or security of your health information;
3. Follow the practices described in this Notice and offer you a copy of this Notice; and
4. Not use or share your health information other than as described in this Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. You must notify us in writing if you change your mind.

We may change our privacy practices and this Notice at any time. If we change this Notice, the revised Notice will cover all of your health information that we have. We will provide the revised Notice to you upon request and post it in our service delivery sites and on our website.

A. HOW WE MAY USE OR DISCLOSE (SHARE) YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION

Here are some of the ways that we may share your health information.

FOR YOUR TREATMENT – We will share your health information to provide you with healthcare services. This means we can talk with other healthcare organizations and professionals (“healthcare providers”) about your healthcare. We can also send your health information to another healthcare provider for treatment. For example, we will share your health information with a specialist when seeking their advice on how to treat you.

Northern Light Health OHCA members participate in electronic health information exchanges (HIEs), including statewide through Maine’s HealthInfoNet and nationally through CommonWell. We use these HIEs to share, request, and receive electronic health information with other health care organizations to improve and coordinate the care you receive. If you have any questions or want to opt out of sharing your information using either HealthInfoNet or CommonWell, you may contact any Northern Light Health location.

Northern Light Acadia Hospital and Northern Light Acadia Healthcare share your health information with each other to treat you. Any information from a federally assisted alcohol and drug abuse treatment program will not be shared with other healthcare providers without your permission, except in an emergency or pursuant to a court order.

FOR THE TREATMENT OF OTHERS – We may use your health information to treat other patients.

FOR APPOINTMENT REMINDERS – We may use or share your health information to remind you of an appointment.

TREATMENT ALTERNATIVES – We may use or share your health information to tell you about different healthcare treatments.

HEALTH BENEFITS AND SERVICES – We may use or share your health information to tell you about health benefits and services.

NORTHERN LIGHT HEALTH-RELATED FUNDRAISING ACTIVITIES – We may use or share your health information to tell you about our fundraising efforts. You can ask us not to send you fundraising information. Any fundraising request you receive will tell you how to let us know if you do not want to receive such requests. We will not send you fundraising requests if you tell us you do not want to receive them. If you change your mind, we will let you know how to start having fundraising information sent to you again.

PAYMENT FOR SERVICES YOU RECEIVE – To the extent permitted by law, we may use or share your health information (including behavioral health information) with payors or persons engaged in paying for the healthcare services and products we provide to you. *Northern Light Acadia Hospital shares your behavioral health information this way.* For example, we may contact your insurance company to find out if it will pay for your treatment.

FOR OUR HEALTHCARE OPERATIONS – We may use or share your health information to run our facilities, including to improve your care and manage your treatment and services. We sometimes share your health information with other parties who need this information to support our operations. These parties are called our “business associates,” and they must protect your health information the same way we do.

B. OTHER USES AND DISCLOSURES

WHEN REQUIRED BY LAW – We may share your health information if a law or regulation requires us to do so.

FOR PUBLIC HEALTH ACTIVITIES – We may share your health information with a public health agency or with law enforcement when required by law. For example, we may share your health information to:

1. Prevent a threat to the health or safety of any person;
2. Report births and deaths;
3. Tell a person who may have been exposed to a communicable disease or who could get or spread a disease or condition;
4. Report bad reactions to medications or medical products; and
5. Tell the appropriate government agency if we believe a patient has been the victim of abuse, neglect, or domestic violence.

TO THE FOOD AND DRUG ADMINISTRATION – We may share your health information with the Food and Drug Administration (“FDA”). This agency tracks the quality, safety and effectiveness of certain products that may be used in your care.

FOR HEALTH OVERSIGHT ACTIVITIES – We may share your health information with Federal or state government agencies. The government may need your health information for audits, investigations, or inspections. The government also uses this information to review Medicare and MaineCare, and to make sure we meet our legal requirements.

FOR LEGAL PROCEEDINGS – We may share your health information to respond to a court order or some other legal process.

FOR LAW ENFORCEMENT – We may share your health information for law enforcement purposes when permitted by state and Federal law.

TO CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS – We may share health information with a coroner or medical examiner to identify a person who has died, or to find the cause of death. We may share health information with a funeral director so that they can do their work.

FOR ORGAN AND TISSUE DONATION – If you are an organ donor, we may share your health information for organ, eye and tissue donation and transplant purposes.

FOR HEALTHCARE RESEARCH – We may use and disclose your protected health information for research if such research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to preserve the privacy of your protected health information. For example, a research project may involve comparing the health of patients who received one treatment to those who received another treatment for the same condition. Before we use or disclose protected health information for research purposes, the research project will go through a special review and approval process. Even without special approval, we may permit researchers to review your protected health information if it is necessary to help them prepare for a research project, as long as they do not remove or take a copy of any protected health information.

TO THE MILITARY OR VA – If you are a member of the Armed Forces, we may share your health information as required by the military or the Department of Veterans Affairs. If you are in a foreign military, we may also share your health information with that foreign military agency.

FOR NATIONAL SECURITY – We may share your health information with the government for national security reasons, or for the protection of the President.

IF YOU ARE AN INMATE – We may share your health information with a prison or jail or with a law enforcement official: (1) for your treatment; (2) to protect your health or safety or the health or safety of others; or (3) to ensure the safety and security of the prison or jail.

FOR WORKERS' COMPENSATION – We may share your health information for workers' compensation and other programs that provide benefits for work-related illnesses and injuries.

PARENTAL ACCESS – Some Maine laws about minors limit, allow, or require the sharing of health information with parents, guardians, and persons in a similar legal status. We will follow Maine law.

C. USES AND DISCLOSURES YOU MAY LIMIT OR NOT PERMIT

This section lists some situations where you can limit the sharing of your health information. Even if you allow us to share your health information in these instances, you always have the right to take back your permission.

- In our patient directories – Some of our Northern Light Health OHCA members use patient directories to help family members and other visitors locate you while you are in the hospital. The directories may include your name, location, general condition, and religion, if any. Your location (room number or department) will be shared with people who ask for you by name. Clergy can see your name and religion. If you do not want to be listed in the patient directory, please let us know. *Northern Light Acadia Hospital, Northern Light Acadia Healthcare, and our federally assisted alcohol and drug abuse treatment programs do not have a patient directory. These facilities and programs will only share information about your status as a patient if you allow this in writing or if the disclosure is otherwise permitted or required by law.*
- With family members and others involved in your care – We may share your health information with your family members or others who are involved in your care or in payment for your healthcare. We

may share your health information during disasters so your family can find out about your condition and location. If you do not want us to share your health information with family members or others, please let us know. *Northern Light Acadia Hospital, Northern Light Acadia Healthcare, and our federally assisted alcohol and drug abuse treatment programs generally will not release any information to family, friends, or others involved in your healthcare or who help pay for your healthcare without your written permission.*

If you are in an emergency condition and cannot make your wishes known, or if we cannot understand your wishes due to a communication difficulty, we will use our best judgment when deciding to share your health information with family members or others we believe are involved in your care.

D. USES AND DISCLOSURES WE CANNOT MAKE WITHOUT YOUR AUTHORIZATION

In some situations, we must get your written permission before sharing your health information. We will ask you to sign a standard authorization form used by all Northern Light Health OHCA members. Even if you sign this form, you can at any later time ask us to stop sharing your health information. If you withdraw your permission, this will not affect any of your health information that you already allowed us to share. Types of situations that require your written authorization include:

- Sharing your health information for marketing purposes;
- Communications with you that we are paid to make;
- Selling your health information; and
- Most uses and disclosures of psychotherapy notes.

Some types of health information have special protections under the law. We may be required to get your written permission to share, or make a reasonable effort to notify you when we share:

- Your HIV/AIDS infection status;
- *Your health information held by Northern Light Acadia Hospital, Northern Light Acadia Healthcare and the former Northern Light Mayo Behavioral Health; or*
- *Information obtained by a federally assisted drug and alcohol abuse treatment program except as permitted by law. In most situations we must have your written permission or a court order to share this information. One exception is in an emergency to provide you with the treatment you need.*

Any use or disclosure of your health information not described in this Notice requires your written authorization.

E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights related to your health information. If you want to exercise any of these rights, please reach out to your Northern Light Health provider's office directly or contact the Northern Light Health Privacy Office at Privacy@Northernlight.org. You may be asked to put your request in writing by completing our standard form.

REQUEST RESTRICTIONS ON WHAT WE SHARE – You can ask that we not share your health information or a portion of your health information. We do not have to agree to such requests. If we agree, we will do what was agreed upon, except in an emergency or if the law requires otherwise. You can end such a restriction at any time by telling us in writing.

If you make full and timely payment for your care out of your own pocket, you may ask that we not share health information about that care with your insurance. We must honor this request.

REQUEST CONFIDENTIAL COMMUNICATIONS – You can ask us to contact you in a certain way or at a certain place. For example, you may ask us to call you on your cell phone instead of your home phone. We will agree to all reasonable requests.

INSPECT AND COPY YOUR HEALTH INFORMATION – You can look at and get a paper or electronic copy of your health information. You can direct us to share your health information with others. We may require you to put your request in writing. You may be charged a reasonable cost-based fee to cover the cost of making copies of your records and sending the copies to you or others as requested.

We will respond, in writing, to your request within 30 days.

If we think there is information that could put your health or safety in danger, or the health or safety of others, we can deny your request to look at or copy your records.

If you are a patient of Northern Light Home Care and Hospice, your clinical record will be made available to you, free of charge, upon your request at the next home visit or within four business days (whichever comes first).

ASK US TO AMEND YOUR HEALTH INFORMATION – If you think something is not correct or missing in your healthcare record, you can ask us in writing to change it. We will respond to your request, in writing, within 60 days. In certain cases, we may deny a request for an amendment. If we deny such a request, you have the right to file a statement of disagreement with us. If you file such a statement, we may prepare and send you a rebuttal to your statement.

ACCOUNTING OF DISCLOSURES – You can ask us to tell you to whom we disclosed your health information. The list we give to you will not include information about when we shared your health information:

- For your treatment;
- To receive payment for your treatment;
- For our business operations; or
- If you were the one who asked us to share your health information.

We will provide you with one free list in any 12-month period. We may charge a reasonable, cost-based fee for any additional lists you request within 12 months.

OBTAIN A COPY OF THIS NOTICE – You can get a paper copy of this Notice from us at any time. Ask for a copy from the place where you receive your healthcare. An electronic version of this Notice is available on our website at <http://northernlighthealth.org/Legal/Notice-of-Privacy-Practices.aspx>.

CHOOSE SOMEONE TO ACT FOR YOU – If you have appointed somebody your agent to make healthcare decisions on your behalf, or if someone is your legal guardian, that person will be able to exercise your rights and make decisions for you about how your health information is used and disclosed.

FILE A COMPLAINT – If you have concerns about your privacy or how we have used or disclosed your health information, please contact the Northern Light Health Privacy Office at Privacy@Northernlight.org. We will answer your questions about this Notice and look into your concerns.

You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights at:
200 Independence Avenue, S.W., Washington, D.C. 20201
Phone: 1-800-696-6775
Website: <http://www.hhs.gov/hipaa/filing-a-complaint>

WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.

If you have questions about your privacy rights or this Notice, please contact the Northern Light Health Privacy Office at Privacy@Northernlight.org.

NONDISCRIMINATION STATEMENT

Northern Light Health and its affiliates (Northern Light Health) comply with applicable Federal civil rights laws **and** do not 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, sexual orientation, sex, gender, gender identity or expression, or language. Northern Light Health does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language.

Northern Light Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, please call 1-888-986-6341. If you have a TTY, you may also dial 711 Maine Relay.

If you believe Northern Light Health or any of its affiliates has failed to provide these services or discriminated in another way 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, sexual orientation, sex, gender, gender identity or expression, or language, you can file a grievance with your Northern Light Health Civil Rights Coordinator, 43 Whiting Hill Road, Suite 200, Brewer, ME 04412, 1-866-769-8363 (telephone), or at nondiscrimination@northernlight.org (email). If you need help filing a grievance, your Northern Light Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

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)

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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៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ 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)1-888-986-6341ملحوظة: 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: ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-986-6341 (TTY: 711).

Nilotic (Dinka): PIN KENE: Na ye jam në Thuonjan, ke kuony yenë 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).



NORTHERN LIGHT HEALTH
HOSPITAL LOCATIONS AND SERVICE DELIVERY SITES
CONTACT PERSONS AND TELEPHONE NUMBERS

NORTHERN LIGHT ACADIA HOSPITAL AND NORTHERN LIGHT ACADIA HEALTHCARE

Contact for all locations: Jennifer Lee, (Interim) Compliance/Privacy Officer, 207-973-6010 or jlee@northernlight.org
 Mailing address: 268 Stillwater Avenue, Bangor, ME 04401

Northern Light Acadia Hospital 268 Stillwater Avenue Bangor, ME 04401	Northern Light Acadia Healthcare 268 Stillwater Avenue Bangor, ME 04401
Northern Light Acadia Healthcare Family Behavioral Health Services 91 Camden Street, Suite 104 Rockland, ME 04841	Northern Light Acadia Healthcare Family Behavioral Health Services 23 Mill Lane Belfast, ME 04915
Northern Light Healthcare Community Support Jackson Laboratory 600 Main Street Bar Harbor, ME 04609	

NORTHERN LIGHT A.R. GOULD HOSPITAL

Contact for all locations: Cherri Fitzpatrick, Compliance/Privacy Officer, 207-768-4834 or cfitzpatrick@northernlight.org

Northern Light A.R. Gould Hospital 140 Academy Street Presque Isle, ME 04769	Northern Light Cancer Care 140 Academy Street Presque Isle, ME 04769
Northern Light Continuing Care 15 Highland Avenue Mars Hill, ME 04758	Northern Light Dialysis 23 North Street Presque Isle, ME 04769
Northern Light Ear, Nose and Throat Care 140 Academy Street Presque Isle, ME 04769	Northern Light Eye Care 140 Academy Street Presque Isle, ME 04769
Northern Light Cardiology 140 Academy Street PO Box 151 Presque Isle, ME 04769	Northern Light Medical Transport 140 Academy Street Presque Isle, ME 04769
Northern Light OB/GYN 140 Academy Street Presque Isle, ME 04769	Northern Light Orthopedics 140 Academy Street Presque Isle, ME 04769
Northern Light Outpatient Specialty Clinics 146 Academy Street Presque Isle, ME 04769	Northern Light Pediatrics 23 North Street Presque Isle, ME 04769
Northern Light Primary Care 23 High Street Fort Fairfield, ME 04742	Northern Light Primary Care 118 Bennett Drive Caribou, ME 04736

Northern Light Primary Care 23 North Street Presque Isle, ME 04736	Northern Light Pulmonary 146 Academy Street Presque Isle, ME 04769
Northern Light Sleep Diagnostics 140 Academy Street Presque Isle, ME 04769	Northern Light Surgery 146 Academy Street Presque Isle, ME 04769
Northern Light Urology 140 Academy Street Presque Isle, ME 04769	Northern Light Walk-in Care 23 North Street Presque Isle, ME 04769
Northern Light Walk-In Care 118 Bennett Drive Caribou, ME 04736	Northern Light Women's Health 140 Academy Street Presque Isle, ME 04769

NORTHERN LIGHT BLUE HILL HOSPITAL

Contact for all locations: Benjamin Motley, Compliance/Privacy Officer, 207-374-3068 or bmotley@northernlight.org

Northern Light Blue Hill Hospital 57 Water Street Blue Hill, ME 04614	Northern Light Cardiovascular Care 65 Water Street Blue Hill, ME 04614
Northern Light Endocrine and Diabetes Care 65 Water Street Blue Hill, ME 04614	Northern Light Orthopedics 65 Water Street Blue Hill, ME 04614
Northern Light Primary Care 102 Court Street Castine, ME 04421	Northern Light Primary Care 65 Water Street Blue Hill, ME 04614
Northern Light Primary Care 354 Airport Road Stonington, ME 04681	Northern Light Rehabilitation 58 Main Street Bucksport, ME 04416
Northern Light Urology 58 Main Street Bucksport, ME 04416	Northern Light Women's Health 65 Water Street Blue Hill, ME 04614

NORTHERN LIGHT C.A. DEAN HOSPITAL

Contact for all locations: Cheryl Theriault, Compliance/Privacy Officer, 207-564-4516 or chtheriault@northernlight.org

Northern Light C.A. Dean Hospital 364 Pritham Avenue PO Box 1129 Greenville, ME 04441	Northern Light Primary Care 364 Pritham Avenue Greenville, ME 04441
Northern Light Primary Care 7 Greenville Road Monson, ME 04464	Northern Light Primary Care 22 Haley Court Road Sangerville, ME 04479
Northern Light Primary Care Specialty Clinics 364 Pritham Avenue Greenville, ME 04441	

NORTHERN LIGHT EASTERN MAINE MEDICAL CENTER

Contact for all locations: Tracy Roberts, Compliance/Privacy Officer, 207-973-8551 or tjroberts@northernlight.org

Mailing address: PO Box 404, 489 State Street, Bangor, Maine 04402-0404

Northern Light Eastern Maine Medical Center 489 State Street	Northern Light Cardiology 1 Northeast Drive
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PO Box 404 Bangor, ME 04402-0404	Bangor, ME 04401
Northern Light Internal Medicine 302 Husson Avenue Bangor, ME 04401	Northern Light Medical Weight Management 404 State Street, Suite 310 Bangor, ME 04401
Northern Light Neurology 498 Essex Street, Suite 105 Bangor, ME 04401	Northern Light Pediatric Primary Care 133 Corporate Drive Bangor, ME 04401
Northern Light Pediatric Specialty Care 133 Corporate Drive Bangor, ME 04401	Northern Light Pediatric Specialty Care 325D Kennedy Memorial Drive Waterville, ME 04901
Northern Light Primary Care 302 Husson Avenue Bangor, ME 04401	Northern Light Primary Care 84 Kelly Road Orono, ME 04473
Northern Light Primary Care 234 State Street Brewer, ME 04412	Northern Light Primary Care 600 Main Street, Building 11 Bar Harbor, ME 04609
Northern Light Primary Care 7 Main Road North Hampden, ME 0444	Northern Light Primary Care 5721 Cutler Health Center, University of Maine Orono, ME 04469-5721
Northern Light Rehabilitation 900 Hammond Street, Suite D Bangor, ME 04401	Northern Light Sleep Diagnostics 290 State Street Bangor, ME 04401
Northern Light Surgical Endoscopy 489 State Street (Kagan Bldg) PO BOX 404 Bangor, ME 04402-0404	Northern Light Urology 55 Broadway, Suite 2 Bangor, ME 04401
Northern Light Vascular Care 489 State Street (Kagan Bldg) PO Box 404 Bangor, ME 04402-0404	
NORTHERN LIGHT HEALTH CENTER 885, 905, 915 & 925 Union Street Bangor, ME 04401 <u>Services at this location include:</u> <ul style="list-style-type: none"> – Northern Light Allergy and Immunology – Northern Light Anticoagulation Clinic – Northern Light Behavioral Health – Northern Light Ear, Nose and Throat Care – Northern Light Endocrinology and Diabetes Care – Northern Light Eye Care – Northern Light Family Medicine and Residency – Northern Light Hearing Care – Northern Light Imaging – Northern Light Interventional Pain Management – Northern Light Orthopedics – Northern Light Rehabilitation – Northern Light Retina Care – Northern Light Surgical Weight Loss – Northern Light Walk-in Care 	PHYSICIAN PRACTICES IN WEBBER BUILDINGS 417 State Street Bangor, ME 04401 <u>Services at this location include:</u> <ul style="list-style-type: none"> – Northern Light Cardiothoracic Surgery – Northern Light Gastroenterology – Northern Light Geriatrics – Northern Light Imaging, Webber – Northern Light Infectious Disease Care – Northern Light Laboratory – Northern Light Maternal Fetal Care – Northern Light Neuropsychology – Northern Light Neurosurgery and Spine – Northern Light Oral Surgery Care – Northern Light Palliative Care – Northern Light Pediatric Cardiology – Northern Light Pediatric Orthopedics – Northern Light Pediatric Specialty Care – Northern Light Plastic and Hand Surgery – Northern Light Structural Heart Program

	<ul style="list-style-type: none"> – Northern Light Surgery – Northern Light Surgery and Trauma – Northern Light Women’s Health
<p>NORTHERN LIGHT CANCER CARE 33 Whiting Hill Road, Brewer, ME 04412 <u>Services at this location include:</u></p> <ul style="list-style-type: none"> – Northern Light Anemia Care – Northern Light Breast Surgery – Northern Light Cancer Care – Northern Light Cancer Care – Breast Lymphedema Clinic – Northern Light Imaging – Northern Light Imaging - PET – Northern Light Laboratory – Northern Light Patient Blood Management – Northern Light Pediatric Cancer Care – Northern Light Radiation Oncology – Northern Light Rheumatology 	

NORTHERN LIGHT HOME CARE & HOSPICE

Contact for all locations: Rosemary Unnold, Compliance/Privacy Officer, 207-210-5268 or unnoldr@northernlight.org
Mailing address: Corporate Office, 225 Gorham Road, Suite 200, South Portland, ME 04106

Northern Light Home Care & Hospice 225 Gorham Road, Suite 200 Portland, ME 04106	Northern Light Home Care & Hospice Waterville Branch 325D Kennedy Memorial Drive Waterville, ME 04901
Northern Light Home Care & Hospice Bangor Branch 885 Union Street, Suite 220 Bangor, ME 04401	Northern Light Home Care & Hospice Ellsworth Branch 441 Main Street, Suite 2 Ellsworth, ME 04605
Northern Light Home Care & Hospice Presque Isle Branch 18 Green Hill Drive, Suite 1 Presque Isle, ME 04769	

NORTHERN LIGHT INLAND HOSPITAL

Contact for all locations: Cheryl Theriault, (Interim) Compliance/Privacy Officer, 207-564-4516 or chtheriault@northernlight.org

Northern Light Inland Hospital 200 Kennedy Memorial Drive Waterville, ME 04901	Northern Light Cardiovascular Care 244 Kennedy Memorial Drive, Suite 102 Waterville, ME 04901
Northern Light Cardiovascular Diagnostics 244 Kennedy Memorial Drive, Suite 203 Waterville, ME 04901	Northern Light Cardiovascular Rehabilitation 244 Kennedy Memorial Drive, Suite 204 Waterville, ME 04901
Northern Light Continuing Care - Lakewood Attention: Kendall Bailey, Administrator 220 Kennedy Memorial Drive Waterville, ME 04901 (207) 873-5125	Northern Light Endocrinology and Diabetes Care 180 Kennedy Memorial Drive, Suite 101 Waterville, ME 04901
Northern Light Gastroenterology 180 Kennedy Memorial Drive, Suite 304 Waterville, ME 04901	Northern Light Imaging 200 Kennedy Memorial Drive Waterville, ME 04901

Northern Light Infusion Care 200 Kennedy Memorial Drive Waterville, ME 04901	Northern Light Neurology 180 Kennedy Memorial Drive, Suite 201 Waterville, ME 04901
Northern Light Orthopedics 25 First Park Drive, Suite C Oakland, ME 04963	Northern Light Osteopathic Care 180 Kennedy Memorial Drive, Suite 201 Waterville, ME 04901
Northern Light Physiatry 180 Kennedy Memorial Drive, Suite 201 Waterville, ME 04901	Northern Light Podiatry 25 First Park Drive, Suite D Oakland, ME 04963
Northern Light Primary Care 80 Main Street Unity, ME 04988	Northern Light Primary Care 16 Concourse West Waterville, ME 04901
Northern Light Primary Care 74 Water Street Oakland, ME 04963	Northern Light Primary Care 344 Lakewood Road Madison, ME 04950
Northern Light Rehabilitation 80 Main Street Unity, ME 04988	Northern Light Rehabilitation 366 Lakewood Road Madison, ME 04950
Northern Light Rehabilitation 180 Kennedy Memorial Drive, Suite 103G Waterville, ME 04901	Northern Light Rheumatology 180 Kennedy Memorial Drive, Suite 201 Waterville, ME 04901
Northern Light Sleep Diagnostics 180 Kennedy Memorial Drive Suite 203 Waterville, ME 04901	Northern Light Surgery 180 Kennedy Memorial Drive, Suite 204 Waterville, ME 04901
Northern Light Urology 180 Kennedy Memorial Drive, Suite 204 Waterville, ME 04901	Northern Light Walk-in Care 174 Kennedy Memorial Drive Waterville, ME 04901
Northern Light Women's Health 180 Kennedy Memorial Drive, Suite 104 Waterville, ME 04901	Northern Light Women's Imaging 180 Kennedy Memorial Drive, Suite 104 Waterville, ME 04901
Northern Light Wound Care 25 First Park Drive, Suite C Oakland, ME 04963	

NORTHERN LIGHT MAINE COAST HOSPITAL

Contact for all locations: Benjamin Motley, Compliance/Privacy Officer, 207-374-3068 or bmotley@northernlight.org

Northern Light Maine Coast Hospital 50 Union Street Ellsworth, ME 04605	Northern Light Podiatry 318 Main Street Ellsworth, ME 04605
Northern Light Primary Care 32 Resort Way Ellsworth, ME 04605	Northern Light Primary Care 45 Herrick Road Southwest Harbor, ME 04679
Northern Light Primary Care 37 Clinic Road Gouldsboro, ME 04607	Northern Light Primary Care The Jackson Laboratory 600 Main Street, Building 11 Bar Harbor, ME 04609
Northern Light Rehabilitation 65 Church Street Ellsworth, ME 04605	Northern Light Rehabilitation 1049 Main Street Kittredge Building Mount Desert, ME 04660

Northern Light Rehabilitation 306 Main Street Ellsworth, ME 04605	Northern Light Walk-In Care 32 Resort Way Ellsworth, ME 04605
NORTHERN LIGHT MARY DOW CENTER 50 Union Street Ellsworth, ME 04605 <u>Services at this location include:</u> – Northern Light Cancer Care – Northern Light Cardiovascular Care – Northern Light Rheumatology – Northern Light Wound Care	NORTHERN LIGHT HEALTH CENTER 50 Union Street Ellsworth, ME 04605 <u>Services at this location include:</u> – Northern Light Breast Care – Northern Light Ear, Nose, and Throat Care – Northern Light Pediatric Care – Northern Light Orthopedics – Northern Light Surgery – Northern Light Urology – Northern Light Women’s Health

NORTHERN LIGHT MAYO HOSPITAL

Contact for all locations: Cheryl Theriault, Compliance/Privacy Officer, 207-564-4516 or chtheriault@northernlight.org

Northern Light Mayo Hospital 897 W Main Street Dover Foxcroft, ME 04426	Northern Light Behavioral Health 41 High Street Dexter, ME 04930
Northern Light Behavioral Health 69 High Street Dover Foxcroft, ME 04426	Northern Light Internal Medicine, Dexter 41 High Street Dexter, ME 04930
Northern Light Orthopedics 43 Dwelley Avenue Dover Foxcroft, ME 04426	Northern Light Pain Management 43 Dwelley Avenue Dover Foxcroft, ME 04426
Northern Light Primary Care, Corinth 492 Main Street Corinth, ME 04427	Northern Light Primary Care, Dover Foxcroft 891 West Main Street, Suite 200 Dover Foxcroft, ME 04426
Northern Light Primary Care, Milo 135 Park Street Milo, ME 04463	Northern Light Surgery 891 West Main Street, Suite 500 Dover Foxcroft, ME 04426
Northern Light Women’s Health 891 West Main Street, Suite 500 Dover Foxcroft, ME 04426	

NORTHERN LIGHT MERCY HOSPITAL

Contact for all locations: Paula Jutting-Anderson, Compliance/Privacy Officer, 207-553-6114 or jutting-andersonp@northernlight.org

Mailing address: 175 Fore River Parkway, Portland, Maine 04102

Dr. Harry E. Davis Pediatrics 195 Fore River Parkway, Suite 160 Portland, ME 04102	Dr. Harry E. Davis Pediatrics 385 Route One Yarmouth, ME 04096
Dr. Harry E. Davis Pediatrics 409 Roosevelt Trail Windham, ME 04062	Northern Light Breast Care 195 Fore River Parkway, Suite 250 Portland, ME 04102
Northern Light Cancer Care 195 Fore River Parkway, Suite 360 Portland, ME 04102	Northern Light Cardiovascular Care 195 Fore River Parkway, Suite 460 Portland, ME 04102

Northern Light Ear, Nose and Throat Care 195 Fore River parkway, Suite 420 Portland, ME 04102	Northern Light Endocrinology and Diabetes Care 155 Fore River Parkway Portland, ME 04102
Northern Light Gastroenterology 155 Fore River Parkway, Suite 130 Portland, ME 04102	Northern Light Internal Medicine 43 Baxter Boulevard Portland, ME 04101
Northern Light Lymphedema Care Westgate Plaza 1364 Congress Street, Suite 3 Portland, ME 04102	Northern Light Mercy Outpatient Specialty and Surgery Center 155 Fore River Parkway Portland, ME 04102
Northern Light Mercy Hospital 175 Fore River Parkway Portland, ME 04102	Northern Light Mercy Midwives 527 Ocean Avenue Portland, ME 04103
Northern Light Orthopedics 20 Northbrook Drive Falmouth, ME 04105	Northern Light Pain Management 195 Fore River Parkway, Suite 120 Portland, ME 04102
Northern Light Physical Therapy Westgate Plaza 1364 Congress Street, Suite 3 Portland, ME 04102	Northern Light Primary Care 409 Roosevelt Trail Windham, ME 04062
Northern Light Primary Care 385 Route One Yarmouth, ME 04096	Northern Light Primary Care 19 South Gorham Crossing Gorham, ME 04038
Northern Light Primary Care 25 Long Creek Drive South Portland, ME 04106	Northern Light Primary Care 75 Gray Road Falmouth, ME 04105
Northern Light Spine Surgery 195 Fore River Parkway, Suite 440 Portland, ME 04102	Northern Light Surgery 195 Fore River Parkway, Suite 210 Portland, ME 04102
Northern Light Urgent Care 409 Roosevelt Trail Windham, ME 04062	Northern Light Urgent Care 19 South Gorham Crossing Gorham, ME 04038
Northern Light Women's Health 195 Fore River Parkway, Suite 310 Portland, ME 04102	Northern Light Women's Imaging 195 Fore River Parkway, Suite 260 Portland, ME 04102
Northern Light Wound and Hyperbaric Medicine 155 Fore River Parkway, Suite 110 Portland, ME 04101 04102	

NORTHERN LIGHT MEDICAL TRANSPORT & EMERGENCY CARE

Attention: Dayna Emerson, Compliance/Privacy Officer, 207-973-7649 or dmemerson@northernlight.org

Mailing address: PO Box 940, Bangor, ME 04402-0940

NORTHERN LIGHT PHARMACY

Contact for all locations: Dayna Emerson, Compliance/Privacy Officer, 207-973-7649 or dmemerson@northernlight.org

Mailing address: PO Box 1779, Bangor, ME 04402-1779 *(for all Northern Light Pharmacy locations)*

Northern Light Pharmacy 401 North Main Street, Suite A and B Brewer, ME 04412	Northern Light Pharmacy Fore River 195 Fore River Parkway, Suite 170 Portland, ME 04102
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Northern Light Pharmacy Riverside 417 State Street, Suite 130 Bangor, ME 04401	Northern Light Pharmacy State Street 210 State Street Bangor, ME 04401
Northern Light Pharmacy Westgate 915 Union Street, Suite 7 Bangor, ME 04401	Northern Light Pharmacy Whiting Hill 33 Whiting Hill Road, Suite 4 Brewer, ME 04412
Northern Light Pharmacy Penny Hill 295 Kennedy Memorial Drive, Suite 8 Waterville, ME 04901	

NORTHERN LIGHT SEBASTICOOK VALLEY HOSPITAL

Contact for all locations: Dayna Emerson, (Interim) Compliance/Privacy Officer, 207-973-7649 or dmemerson@northernlight.org

Northern Light Seabasticook Valley Hospital 447 North Main Street Pittsfield, ME 04967	Northern Light Primary Care 470 Somerset Avenue Pittsfield, ME 04967
Northern Light Primary Care 1309 Main Street, Unit #1 Clinton, ME 04927	Northern Light Primary Care 8 Main Street, Suite A Newport, ME 04953
Northern Light Primary Care 26 Main Street Newport, ME 04953	Northern Light Rehabilitation 118 Moosehead Trail, Suite #3 Newport, ME 04953
Northern Light Rehabilitation 141 Leighton Street Pittsfield, ME 04967	Northern Light Sleep Diagnostics 130 Leighton Street Pittsfield, ME 04967
Northern Light Specialty Physicians 425 North Main Street Pittsfield, ME 04967	

(Site Locations section updated July 11, 2023)

Plan for Emergencies

Collect these items to prepare for responding in event of an emergency.
Store in a covered bucket or tote in an easily accessible place.



Water



Clothes



Flashlight



Food



Hygiene



Can Opener



Radio



First Aid Kit



Medications

- Make a list of your medications (prescribing physician, filling pharmacy, dosage)
- Store all medications in one location that is easy to grab if needed
- Know the phone number & address for your pharmacies

How to Dispose of Medicines Properly

DON'T: Flush expired or unwanted prescription and over-the-counter drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so.

DO: Return unwanted or expired prescription and over-the-counter drugs to a drug take-back program or follow the steps for household disposal below.

1ST CHOICE: DRUG TAKE-BACK EVENTS

To dispose of prescription and over-the-counter drugs, call your city or county government's household trash and recycling service and ask if a drug take-back program is available in your community. Some counties hold household hazardous waste collection days, where prescription and over-the-counter drugs are accepted at a central location for proper disposal.



Drug Take-Back Event

Courtesy: Upper Matauga Riverkeeper
and Appalachian Voices

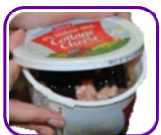
2ND CHOICE: HOUSEHOLD DISPOSAL STEPS*



1. Take your prescription drugs out of their original containers.



2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.



3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.



4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with permanent marker or duct tape, or by scratching it off.



5. The sealed container with the drug mixture, and the empty drug containers, can now be placed in the trash.

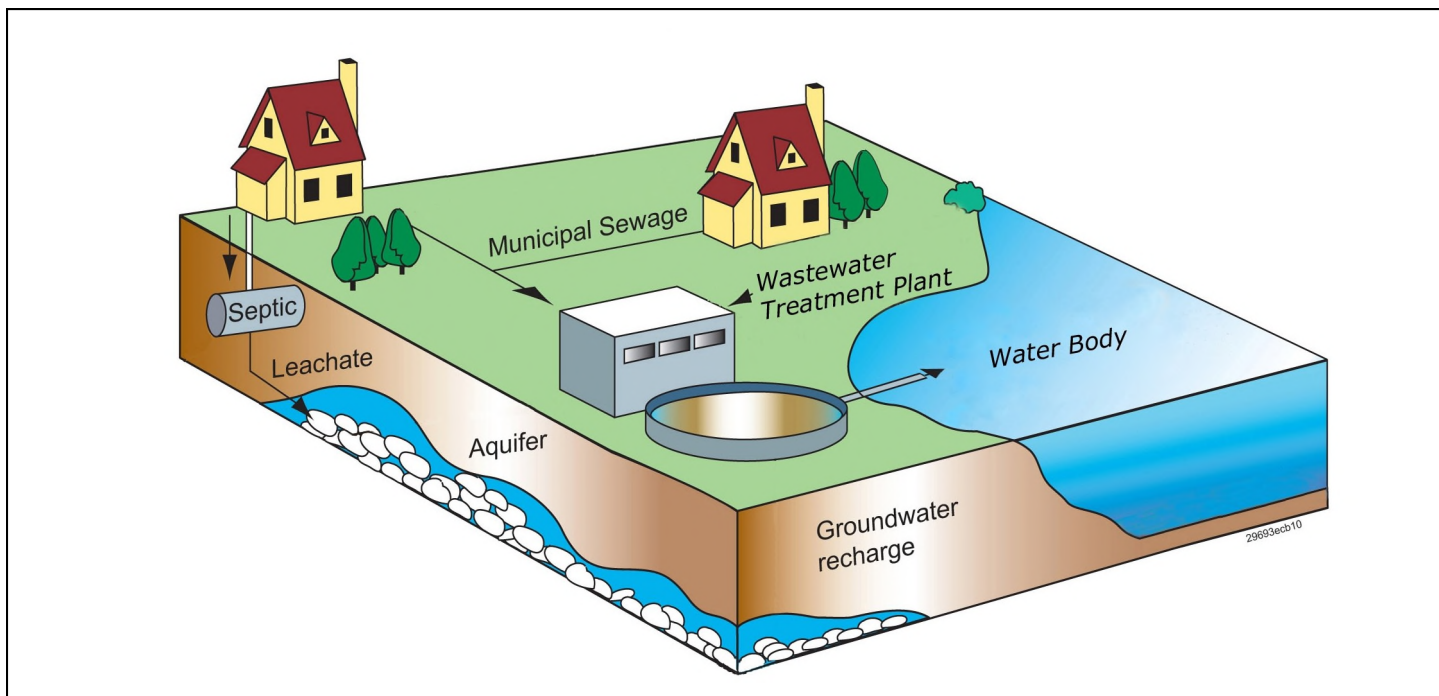
How Proper Disposal of Medicines Protects You and the Earth:

- Prevents poisoning of children and pets
- Deters misuse by teenagers and adults
- Avoids health problems from accidentally taking the wrong medicine, too much of the same medicine, or a medicine that is too old to work well
- Keeps medicines from entering streams and rivers when poured down the drain or flushed down the toilet

How Improper Disposal of Medicines May End Up in Our Drinking Water Sources

In homes that use septic tanks, prescription and over-the-counter drugs flushed down the toilet can leach into the ground and seep into ground water.

In cities and towns where residences are connected to wastewater treatment plants, prescription and over-the-counter drugs poured down the sink or flushed down the toilet can pass through the treatment system and enter rivers and lakes. They may flow downstream to serve as sources for community drinking water supplies. Water treatment plants are generally not equipped to routinely remove medicines.



For more information, go to www.epa.gov/ppcp/
Or call the Safe Drinking Water Hotline at 800-426-4791

DO's and DON'Ts

Safe Disposal of Needles and Other Sharps Used At Home, At Work, or While Traveling

Do

- Immediately place used needles and other sharps in a sharps disposal container to reduce the risk of needle-sticks, cuts, or punctures from loose sharps.
- Use an FDA-cleared sharps disposal container, if possible. If an FDA-cleared container isn't available, some organizations and community guidelines recommend using a heavy-duty plastic household container (i.e. laundry detergent container) as an alternative.
- Make sure that if a household disposal container is used, it has the basic features of a good disposal container. (See box at right for more info.)
- Be prepared — carry a portable sharps disposal container for travel.
- Follow your community guidelines for getting rid of your sharps disposal container.
- Call your local trash or public health department (listed in the county and city government section of your phone book) to find out about sharps disposal programs in your area.
- Ask your health care provider, veterinarian, local hospital or pharmacist
 - where and how you can obtain an FDA-cleared sharps disposal container,
 - if they can dispose of your used needles and other sharps, or
 - if they know of safe disposal programs near you.
- Keep all needles and other sharps and sharps disposal containers out of reach of children and pets.



All sharps disposal containers should be:

- made of a heavy-duty plastic;
- able to close with a tight-fitting, puncture-proof lid, without sharps being able to come out;
- upright and stable during use;
- leak-resistant; and
- properly labeled.

Don't

- Throw needles and other sharps into the trash.
- Flush needles and other sharps down the toilet.
- Put needles and other sharps in your recycling bin — they are not recyclable.
- Try to remove, bend, break, or recap needles used by another person. This can lead to accidental needle sticks, which may cause serious infections.
- Attempt to remove the needle without a needle clipper device because the needles could fall, fly off, or get lost and injure someone.

Best Way to Get Rid of Used Needles and Other Sharps:

Step 1: Place all needles and other sharps in a sharps disposal container immediately after they have been used.

Step 2: Dispose of used sharps disposal containers according to your community guidelines.

For more information visit, www.fda.gov/safesharpsdisposal.