

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Community Partners, Inc., hereafter known as “Provider”, is required by law to maintain the privacy of your health care information, and to provide you with a notice of Provider’s privacy practices. While required to abide by the terms of the notice that is currently in effect, Provider reserves the right to change Provider’s privacy practices at any time. If Provider’s privacy practices change, Provider will provide you with a revised notice at your next visit following the change.

Use of your health information

Provider may use your information for treatment, payment and health care operations. For example:

Your information may be used to develop a diagnosis and treatment plan, or to coordinate referrals to another health care provider.

Portions of your information may be submitted to your insurance carrier or other third-party payor to secure payment on your behalf.

Your information may be used in the course of health care operation, such as for quality assurance, evaluation, training, or audit activities.

Business associates performing services on Provider’s behalf related to treatments, payment, or health care operations may also have access to your information solely for the purpose of providing such services, provided that the business associate has agreed in writing to maintain the confidentiality of such information.

Provider may disclose information without your authorization as permitted or required by applicable law, including any of the following: to comply with public health statutes and rules; to make any required reports of abuse or neglect; to comply with health oversight activities by government agencies (for example, licensure); to comply with a court order, government subpoena, or other lawful process; for research purposes; in the event of your death, to a medical examiner; to avert a serious threat to health or safety; or for workers’ compensation purposes.

Your Rights

You have the right to request restrictions on the use and disclosure of your information. However, Provider is not required to agree to a requested restriction, and it is Provider’s policy not to agree to such restrictions unless Provider determines, in Provider’s sole discretion, that a compelling reason exists to do so.

You have the right to receive communications from Provider in a confidential manner. If you would like Provider to use another address or telephone number to contact you, you must so request in writing.

You have the right to receive an accounting of disclosures of your health care information that you have not authorized. To receive such an accounting, please contact Provider at the address given below.

You have the right to inspect and copy your information. If you wish to do so, you will be provided an opportunity to inspect your information within 30 days of receipt of your written request. You may be charged reasonable costs of copying your information, or of preparing any summaries that you request.

You have the right to amend your health care information. If you wish to do so, please submit that proposed amendment in writing to Provider at the address given below.

You have the right to complain to Provider and to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint, please contact Provider as set forth in this notice. Nobody is permitted to retaliate against you for filing a complaint.

For further information about Provider's privacy policies, please contact:

Community Partners, Inc.
PO Box 363
443 Main St
Biddeford, ME 04005