



POLARIS FAMILY MEDICINE

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.

Each time you visit our healthcare practice, a record of your care is created. This record contains your symptoms, examination results, test results, diagnoses, treatment plans, and billing information. This information is considered Protected Health Information (PHI).

OUR RESPONSIBILITIES

Polaris Family Medicine PLLC is required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information that we collect and maintain. We are required by law to abide by the terms of this Notice and notify you if changes are made. We reserve the right to 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.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Uses and Disclosures for Treatment, Payment, and Operations

For Treatment: We may use medical information about you to provide, coordinate and manage your treatment or services. We may disclose medical information about you with other healthcare professionals such as healthcare professionals, technicians, clinical laboratories, imaging centers, medical students, or other personnel who are involved in your care. We may communicate your information using various methods, orally, written, facsimile and electronic communications.

We may also provide other healthcare professionals who contribute to your care with copies of various reports and information to assist him/her and ensure that they have appropriate information regarding your condition/treatment plan and diagnosis.

For Payment: We may use and disclose your health information to bill and collect payment from you, your insurance company, or third-party payers. This includes obtaining referrals, verifying coverage, and seeking pre-approval for services.

For Healthcare Operations: We may use or disclose, as needed, your health information in order to support our business activities. These activities may include, but are not limited to quality assessments, employee review activities, licensing, legal advice, accounting support, information systems support and conducting or arranging for other business activities. We may contact you to remind you of your appointment by telephone, mail or email.

Business Associates: We may share your information with contractors who provide services for our organization (such as billing companies) under written agreements that require them to protect your information.

Breach Notification: If there is a breach of your unsecured protected health information, we will notify you promptly after discovering the breach. We may also be required to notify state and federal agencies as required by law.

Other Permitted Uses and Disclosures

Public Health and Safety: We may share your health information for preventing disease and controlling public health risks, reporting adverse drug reactions or product recalls, preventing serious threats to health/safety, and reporting suspected abuse, neglect, or domestic violence.

Legal Requirements: We may disclose your information when required by law, including to law enforcement officials for legal proceedings; courts in response to subpoenas or court/administrative orders, workers' compensation programs; organ procurement organizations; Department of Health and Human Services for compliance monitoring; and coroners, medical examiners, and funeral directors.

Government Functions: We may disclose information for military, national security, protective services, and other specialized government functions.

Research: We can use or share your information for health research.

If you are unable to tell us your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest or needed to reduce a serious threat to health or safety.

YOUR CHOICES ABOUT INFORMATION SHARING

We will not use and disclose information without your written authorization, except as described in this Notice or as required by applicable laws.

For certain types of information sharing, you have the right to tell us your preferences. Written authorization is required for:

- PHI for marketing purposes except for face-to-face communications
- Disclosures that constitute a sale of your PHI
- Most psychotherapy notes

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps to pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Future Communications: We may communicate with you via newsletters, mailings or other means regarding treatment options and information on health-related benefits or services; to remind you that you have an appointment; or other community based initiatives or activities to include limited marketing or fundraising initiatives in which our facility is participating. You have the right to opt out at any time if you are not interested in receiving these communications, please contact our Privacy Officer.

You may revoke your authorization at any time in writing, though we cannot take back disclosures already made.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health record is the physical property of the practice that compiled it, you have the right to:

Access Your Records

- You may request to see or obtain copies of your medical records
- We will provide copies within 30 days of your request
- Electronic copies are available upon request
- There may be charges for copying records as permitted by law

Request Amendments

- If you feel that the medical information we have is incomplete or incorrect, you may ask us to amend the information by submitting a written request.

Request Restrictions

- You may ask us to limit how we use or share your health information
- If we agree to a restriction, we will follow it unless the information is needed for emergency treatment or required by law

Confidential Communications

- You may request that we contact you in a specific way or at a specific location
- We will accommodate reasonable requests
- You may request alternative phone numbers or addresses for communications

Accounting of Disclosures

- You may request a list of times we've shared your health information in the past six years
- The list will include who we shared it with and why
- We provide one accounting per year free of charge; additional requests may incur reasonable fees

Choose Someone to Act for You

- If someone has medical power of attorney for you or is your legal guardian, they can exercise your rights regarding your health information
- We will verify their authority before taking any action

To exercise any of your rights, please submit your request in writing to the practice's privacy officer indicated below.

MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information please contact the Privacy Officer.

If you believe that your (or someone else's) privacy rights may have been violated, you may file a complaint with the Privacy Officer at the contact number below or with the Secretary of Health and Human Services at 800-368-1019.

Further instructions for filing a complaint can also be found at www.hhs.gov/ocr. All complaints must be submitted in writing within 180 days of when you knew that the act or omission occurred and there will be no retaliation for filing a complaint.

Privacy Officer: Lyannett Bernier
Phone: 978-637-7643
Email: larry@polarisfamilymed.com

Effective Date: 6/15/25