Welcome to Your Health Care Center

See instructions for new patients on pages 4–5.

MartinsPoint.org

Martin's Point

Contents

Our Locations 3

Our Services 3

New Patient Instructions 4

MyMartinsPoint® Patient Portal 6

What Is a Referral? 8

Care and Coverage from Martin's Point . . . 9

Patient Rights and Responsibilities 10

Notice of Privacy Practices 12

Our patients are at the center of all we do.

At Martin's Point Health Care, our mission is to deliver the care every person deserves. Our providers offer the highest-quality primary and specialty care at our Health Care Centers in Maine and New Hampshire. We use a team-based approach that helps patients understand their health care needs and their treatment options.

We look forward to being your partner in health!

Your Martin's Point Care Team

Martin's Point

Our Locations

For more information about each location's services, hours, and more, visit MartinsPoint.org. *We accept most major insurance plans.*

Biddeford, ME
61 Barra Road
207-283-1441

Brunswick, ME
114 Bath Road
207-798-4400

Gorham, ME
575 Main Street
207-839-2559

Portland, ME
331 Veranda Street
Building 6
207-828-2402

Scarborough, ME
153 US Route 1
207-799-8596

Portsmouth, NH
161 Corporate Drive
Pease International Tradeport
603-431-5154

Our Services

PRIMARY AND SPECIALTY CARE

We offer primary care for all ages at all six of our Health Care Centers and specialty care at select locations.

Specialties include:

- **Pediatrics**
- **Internal (Adult) Medicine**
- **Sports Medicine**
- **Integrative Medicine**
- **Osteopathic Manipulative Treatment**
- **Physical Therapy (Pinnacle Physical Therapy Affiliates)**
- **Palliative Care**

ON-SITE SERVICES

Available to the general public!

- **Lab Testing** (All locations—see hours of operation on our website.)
- **Radiology Services** (Brunswick, Gorham, Portland, ME and Portsmouth, NH)

New Patient Steps

For the best health care experience, please follow the instructions below, including completing required forms, before your first appointment. All required forms are included in this Welcome Kit.

Follow these five easy steps to get started:

Step 1

Register and schedule your first appointment

Start the New Patient Registration process online by completing the New Patient Inquiry form (available at **MartinsPoint.org/Become A Patient**) or calling the Martin's Point Health Care Center of your choice. See page 3 or our website for a list of our locations.

Step 2

Create your online patient portal account

Your MyMartinsPoint® patient portal account provides convenient online access to your care team and health information.

- Register for a patient portal account at MyMartinsPoint.org
- See page 7 for a step-by-step guide to the registration process.
- For more information, visit MartinsPoint.org/NewPatient

Step 3

Send us your medical records

Complete the **Authorization to Release Protected Health Information** form included in this Welcome Kit. This form allows your previous health care provider(s) to send us your medical records. Mail or fax the signed form to your previous provider's office as soon as possible so we will have your records for your first appointment.

Step 4

Fill out required forms before your appointment

Complete the forms in this Welcome Kit and bring them to your first appointment.

Step 5

Know what else to bring to your appointment

In addition to the required forms, please bring:

- Insurance card and copayment
- A list of your medications

We look forward to seeing you at your first appointment!

MyMartinsPoint® Patient Portal

- **View and Request Appointments**
- **Send Messages to Your Doctor**
- **Make Secure Payments**
- **View Test Results and Records**
- **Update Information**

SELF-SCHEDULING
Current patients can now schedule new appointments online with or without a portal login. Visit martinspoint.org/selfschedule to learn more or schedule your next appointment.

The MyMartinsPoint patient portal gives you on-demand access to important health information and services, seven days a week, 24 hours a day. Securely log on to MyMartinsPoint from your desktop, tablet, or mobile device and quickly connect with your health care providers or view your health care information, wherever and whenever it's convenient for you.

Important Information about Your Email Address and Confidentiality

The MyMartinsPoint® patient portal is offered to our adult patients (18 years of age and older) to manage their own health care information. You will access the patient portal using your email address and a password. Email addresses must be unique for each patient. Joint or business email accounts should not be used, as you will receive messages regarding updates to your confidential health record.

Please call your Martin's Point Health Care Center with registration or portal questions.

REGISTRATION

Follow the directions below to register to use the MyMartinsPoint® patient portal or call your Martin's Point Health Care Center for instructions on registering.

STEP ONE—Submit an online registration request.

1. Go to **MyMartinsPoint.org.**
2. Under the "Sign In to Your Portal" section, click the "Create an Account" button.
3. On the "Create Account" page, enter all required information. Click "Continue" at bottom.

STEP TWO—Verify your identity and set your password.

4. After completing STEP ONE above, an email will be sent to the address you provided.
5. Open the email and click on "Register Now."
6. On the "Account Registration" screen, choose to receive your "Temporary Passcode" by phone call or text. Click on "Send Code." You should receive your temporary passcode within 90 seconds.
7. Enter the code into the "Enter Temporary Passcode" box, then click "Continue."
8. On the "Account Registration" screen, create your new password.
9. Click "Submit" and you are now in the MyMartinsPoint® patient portal.
10. **IMPORTANT:** Under your Profile, set up your portal notification setting preferences (text/email/phone). **Please check the box at the top "Include text messaging as a contact option" to enable text messaging options below.**

LOGGING IN

Once you have initially registered for the MyMartinsPoint® patient portal, you can log in and use the portal anytime and anywhere you have internet access in the United States. You will not be able to access the portal with an IP address outside the US.

1. Go to **MyMartinsPoint.org.**
2. Under "Sign In to Your Portal Account," click the "Log in with your athenahealth" button, then enter the email address you provided and the password you created during registration, then click the "Sign in" button. (If you forget your password, click the "Forgot your password?" link and follow the instructions to recover your password.)
3. **IMPORTANT:** Under your Profile, update your portal notification setting preferences (text/email/phone). **Please check the box at the top "Include text messaging as a contact option" to enable text messaging options below.**

If you have questions about the patient portal please call your health care provider's office and speak with a patient service representative.

What Is a Referral?

A referral is a request from your primary care provider (PCP) for recommended specialty care. Some examples include a specialist visit, physical therapy, or diagnostic imaging.

Please allow up to 14 days to hear from the specialist's office before contacting your PCP.

Specialty Services Offered at Martin's Point Health Care Centers

- Laboratory: All locations
- Radiology: Brunswick, Portland, Gorham, ME and Portsmouth, NH
- Physical Therapy: Portland, ME and Portsmouth, NH
- Sports Medicine: Brunswick and Portland, ME

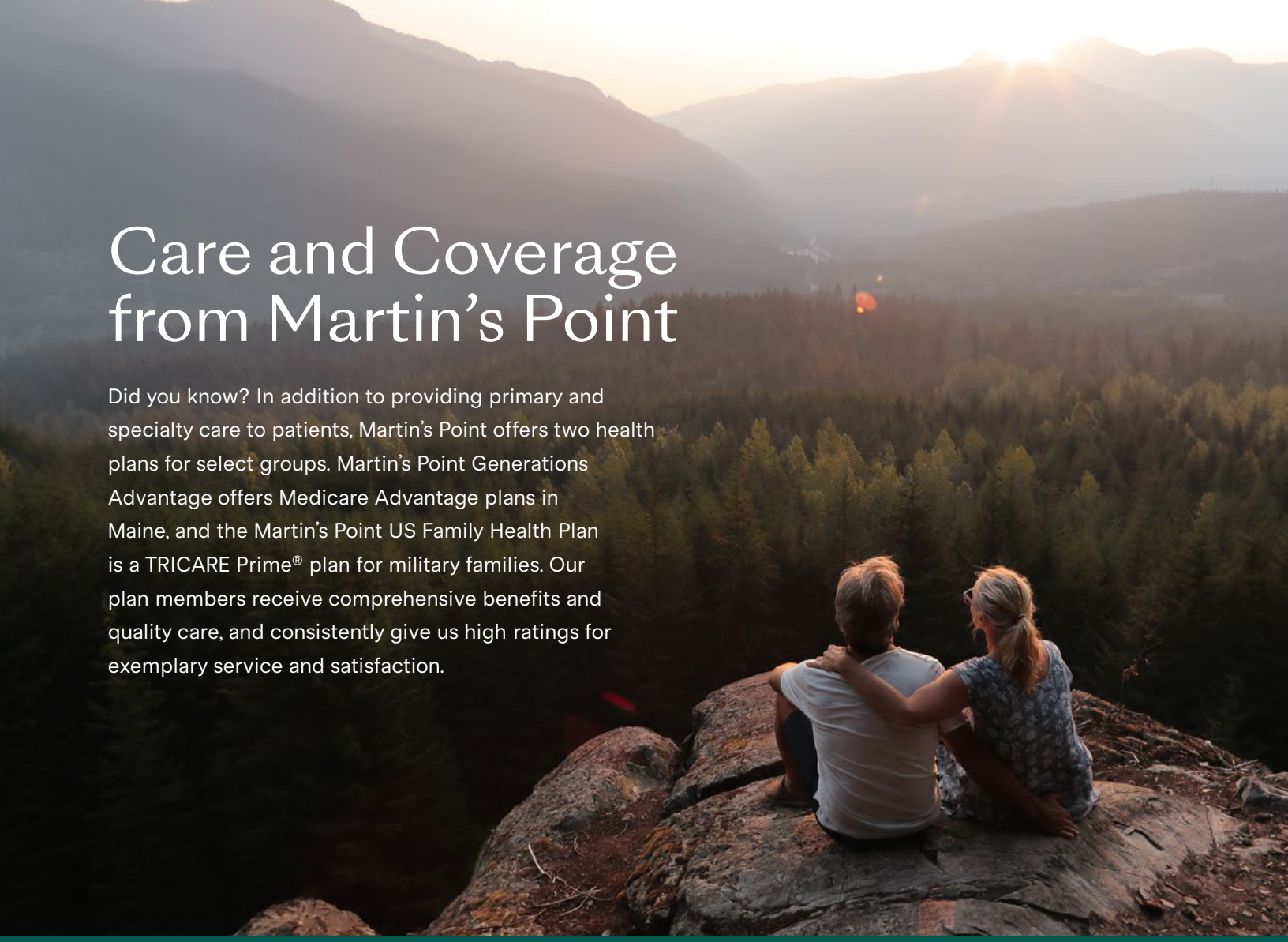
CHECK YOUR INSURANCE!
Our referrals specialists are not familiar with the benefits provided by every insurance plan. We strongly recommend that you contact your insurance company to confirm coverage and understand your costs for referred services. Out-of-network services may cost more or require additional insurance approval.

What to Expect from Our Referrals Department

Our referrals specialists are here to help coordinate your specialty care. They will:

- Process most referrals and authorizations required by your insurance plan
- Send the referral to the appropriate specialty office
- Send copies of the appropriate notes and information from your medical record to the specialty care provider
- Schedule appointments, as needed
- Contact you with your appointment information and any additional information you may need for your appointment.

NOTE: In some cases, the specialty office will contact you directly with your appointment information. Please allow up to 14 days to hear from the specialist's office before contacting your PCP.



Care and Coverage from Martin's Point

Did you know? In addition to providing primary and specialty care to patients, Martin's Point offers two health plans for select groups. Martin's Point Generations Advantage offers Medicare Advantage plans in Maine, and the Martin's Point US Family Health Plan is a TRICARE Prime® plan for military families. Our plan members receive comprehensive benefits and quality care, and consistently give us high ratings for exemplary service and satisfaction.

Medicare Advantage Plans

MARTIN'S POINT GENERATIONS ADVANTAGE

Our Medicare Advantage plans offer comprehensive medical coverage including office visits, preventive care, inpatient and outpatient hospital care, and emergency and urgent care, all with low out-of-pocket costs. Most plans include Part D prescription drug coverage. Martin's Point Generations Advantage plans are available in Maine. Learn more at MartinsPoint.org/Medicare.

Military Health Plans

MARTIN'S POINT US FAMILY HEALTH PLAN

This TRICARE Prime® plan, for active-duty military families and retirees and their dependents (to age 65), offers traditional TRICARE® benefits along with valuable discounts on eyewear, hearing, gym memberships, and chronic disease management. The Martin's Point US Family Health Plan is available statewide in Maine, New Hampshire, and Vermont, and parts of New York, Pennsylvania, and Ohio. Learn more at MartinsPoint.org/TRICARE.

Patient Rights and Responsibilities

At Martin's Point, we want to ensure you receive excellent care and have a great experience every time you come to one of our Health Care Centers. We want you to leave your doctor's visits feeling confident and in control of your health care. One way to do this is to understand your rights and responsibilities as described below. Thank you for trusting Martin's Point to be your health care partner.

Complete written policies and procedures regarding Martin's Point Health Care services, including after-hours and emergency coverage, the patient grievance system, payment policies and fee schedules, treatment of unemancipated minors, and patients' rights and responsibilities, are available at all Martin's Point Health Care Centers.

Patient Rights

As a Martin's Point Health Care patient, you and your family have the right to:

- Considerate and respectful care, with recognition of your personal dignity
- Access all of the health care services we provide, consistent with available resources and accepted standards of care
- Refuse treatment to the extent permitted by law; and to be informed of any alternative treatments and the complications, risks, and/or benefits of alternative treatments or of accepting or refusing a course of treatment
- Privacy and confidentiality concerning your medical care and records, to the extent permitted by law
- Authorize or refuse to authorize the release of your health care information, except when release is permitted or required by law
- Participate in decisions about your health care
- Know the identity and professional status of the health care provider responsible for managing your care
- An easily understandable explanation of the diagnosis, treatment, and prognosis of your illness
- Participate or refuse to participate in experimental research and to receive adequate information before making a decision regarding any offered experimental or research-level treatments or procedures
- Receive care in a safe environment
- Be informed of the facility's rules and regulations that relate to patient and visitor conduct
- Be informed of the patient grievance system and to report grievances, recommendations, or concerns to a Practice Administrator or Manager

Patient Responsibilities

As a Martin's Point Health Care patient, you and your family are responsible for:

- Providing accurate and complete information regarding your medical history so we can provide you with appropriate care
- Providing accurate and complete information about your health insurance so we can coordinate your care with your health plan
- Being considerate of the rights of other patients and staff
- Being respectful of other people's property
- Complying with the medical plan, including follow-up care, agreed upon by you and your provider
- Letting your provider know whether you understand the medical plan and what is expected of you
- Arriving 10 minutes before your scheduled appointments and informing us at least 24 hours before any appointment you may have to miss
- Following the facility's rules and regulations, including no-tobacco rules and parking regulations

Notice of Privacy Practices

We care about your privacy.

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.

1. Our Pledge Regarding Your Health Information

The Martin's Point Health Care health plans and health care providers covered by this Notice are committed to protecting the privacy of health information we create or obtain about you. The privacy of your medical information is important to us. This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to: (i) make sure your health information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your health information; (iii) follow the terms of the Notice that is currently in effect. Before we make an important change in our privacy practices, we will change this Notice and make the new Notice available upon request, in our facilities, and on our website at **www.martinspoint.org**. A list of the plans and providers covered by this Notice is included below.

2. Use and Disclosure of Your Protected Health Information (PHI)

The following section describes different ways that we may use and disclose your health information. We abide by all applicable laws related to the protection of this information. Please know that we will not use or disclose your health information for any purpose not listed in this Notice without your authorization, and all of our uses and disclosures of your information will be done in accordance with the most stringent applicable law (including HIPAA and/or 42 C.F.R. Part 2, as discussed further herein). All the ways that we are permitted to use and disclose information will fall within one of the following categories:

Treatment

We may use and disclose your health information for treatment purposes. For example, a doctor treating you for a particular condition may need to obtain information from us about prior treatment of a similar or different condition, including the identity of the health care provider who treated you previously. We may disclose health information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you.

Payment

We may use and disclose your health information for purposes related to payment for health care services. For example, we may use your health information to settle claims, to reimburse health care providers for services provided to you or give it to another health plan to coordinate benefits. Payment activities also include work we do to determine eligibility, claims processing, risk adjustment, assessing medical necessity, and utilization review.

Health Care Operations

We may use, access, and disclose your health information to operate our business. For example, we may use or disclose your health information for quality assessment and improvement activities, case management and care coordination, to comply with law and regulation, accreditation purposes, plan members' claims, grievances or lawsuits, health care contracting relating to our operations, legal or auditing activities, business planning and development, business management and general administration, underwriting, obtaining re-insurance and other insurance activities, to operate the health plan.

Health Information Exchange

We may share information that we obtain or create about you with other health care entities, such as your health care providers, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your participation in a care management program may be shared with your treating provider for care coordination purposes if they participate in the HIE as well. Exchange of health information can provide you with faster access and better coordination of care and assist entities in making more informed decisions. We may use or disclose your health information for quality assessment, case management and care coordination, evaluating a practitioner and provider performance, credentialing activities, underwriting and enrollment activities, medical review, legal services and auditing functions, or business management, and general administrative activities. You can opt out of the sharing of your information through certain HIEs by telling us, and can always choose to opt back in later.

Business Associates

Martin's Point may contract with other organizations called "business associates" to provide services on our or your behalf that involve access to your health information. We enter into written agreements with business associates that explicitly set forth the applicable requirements for the protection and safeguarding of your PHI.

Family and Friends

We may disclose your PHI to a friend or family member that is involved in your care, or who assists in your care taking; provided that such disclosures will be limited to your PHI that is relevant to their involvement in your care or the payment for your care. If you are present, we may share your PHI with a friend or family member if we obtain your consent, if we provide you with an opportunity to object and you do not object, or if we reasonably assume that you do not object based on the circumstances. If you are not present or you do not have an opportunity to agree or object because of incapacity or emergency, we may share information with those involved in your care that, in our professional judgement, we determine to be in your best interest.

Parents as Personal Representative of Minors

In most cases, parents, guardians and others authorized by law have access to the PHI and records of a minor child. However, we may be required by law to protect a minor's health information for certain diagnoses or treatment that involves sensitive health information, such as information about sexually transmitted diseases, family planning, abortion, substance abuse, or mental health services.

Please also know that the use or disclosure of certain sensitive health information may be further limited by applicable state or federal law. Sensitive health information may include certain information related to mental health treatment, HIV test results, substance use disorder treatment, and genetic testing and test results. Martin's Point will comply with the stricter provisions when they apply, and we will request a written authorization from you for any use or disclosure that requires your express authorization.

Revocation of Authorization

If you have given an authorization for a use or disclosure of your PHI, you may revoke your authorization at any time by providing us with a written notice. Please be aware that a revocation will not affect certain disclosures, such as those made in reliance of your authorization before your revocation was communicated.

You should be aware that once your health information is shared with your authorization, consent, or as allowed by this Notice, it may be subject to redisclosure by the recipient and no longer protected by HIPAA or this Notice.

ADDITIONAL USES AND DISCLOSURE OF YOUR HEALTH INFORMATION

Communications with/from Martin's Point

We may use and disclose your PHI to contact you to remind you of an appointment, share test results or follow-up instructions, or to inform you of potential treatment options or alternatives, and for other health-related purposes in accordance with this Notice and applicable law. Your appointment reminder may be automated in order to improve our operations. Our communications may be via mail, telephone, voicemail, text message (SMS), electronic mail (email), patient portal messaging, or other electronic means.

By providing your contact information, including your address, email address(es), phone number, and other information, and/or by signing up to receive communications through our patient portal, you expressly consent and authorize Martin's Point to use and share your contact information to communicate with you for purposes allowed by law, including treatment, payment, and operations.

Health Plan Sponsor

We may disclose certain health and payment information about you to the plan sponsor to obtain premium bids for the plan or to modify, amend, or terminate the plan. We may release other health information about you to the plan sponsor for purposes of plan administration, but only if certain provisions have been added to the plan to protect the privacy of your health information, and the sponsor agrees to comply with the provisions.

Workers' Compensation

Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Public Health Activities

Your PHI may be used or disclosed for public health activities, such as to assist public health authorities to prevent or control disease, injury, or disability, or to report child abuse or neglect.

Research

We may use and disclose your PHI for research purposes in certain limited circumstances. Any research that includes the use of PHI is required to undergo additional review for compliance with the HIPAA requirements for uses and disclosures of PHI for research purposes.

Legal Proceedings

Your PHI may be disclosed in the course of a legal proceeding, in response to an order of a court or an administrative tribunal and, in certain cases, in response to a subpoena, discovery request, or other lawful process.

Health Oversight

Your PHI may be disclosed to a government agency authorized to oversee the health care system or government programs or its contractors, such as the U.S. Department of Health and Human Services, a state insurance or health department or the U.S. Department of Labor, for activities authorized by law, such as audits, examinations, investigations, inspections, and licensure activity.

Fundraising

Martin's Point Health Care is a not-for-profit organization, and we may engage in fundraising efforts to support our mission. We may use and disclose your PHI to contact you regarding our fundraising efforts (or to allow an affiliated foundation to do so on our behalf). You have the right to opt out of receiving future fundraising communications by following the opt-out instructions on the communication you receive or by contacting our Privacy Officer and making a request to opt out of receiving fundraising communications.

We will not use any substance use disorder records subject to 42 C.F.R. Part 2 to contact you for fundraising purposes without your prior consent. Your decision to opt-out of receiving these communications will have no impact on your treatment or payment for services.

De-Identified Information

We may use your PHI to create de-identified information, or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. Once de-identified, the information will not identify you or be able to be used to identify you.

Limited Data Set

We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research, public health, and health care operations.

To Avert Serious Threat
We may use or disclose your PHI to prevent or reduce a serious and imminent threat to the health or safety of yourself, another person, or the public.

As Required by Law
We may use and disclose information about you as required by law. For example, we may disclose information to make a report related to victims of abuse, neglect, or domestic violence or to assist law enforcement officials in performing their duties.

Government Functions
We may also disclose your PHI to authorized federal officials for national security purposes. For example, we may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your PHI to certain federal officials for lawful intelligence, counterintelligence, and other national security activities.

Inmates
If you are an inmate, your PHI may be disclosed to a correctional institution or a law enforcement official having lawful custody for certain permitted purposes, such as if the provision of such information is necessary to provide you with health care, protect your or another's health and safety, or maintain the safety and security of the correctional institution.

Decedents
PHI may be disclosed to funeral directors, coroners, and medical examiners to enable them to carry out their lawful duties.

Organ, Eye, and Tissue Donation
Your PHI may be used or disclosed to organ procurement organizations to facilitate cadaveric organ, eye, or tissue donation and transplantation purposes.

USES AND DISCLOSURES OF PHI THAT MAY REQUIRE YOUR AUTHORIZATION INCLUDE THE FOLLOWING:

Marketing Communications
We may use your health information to send you certain types of communications that do not require your authorization, such as communications for treatment, including case management, care coordination, or recommended alternative treatments, providers, or settings of care. We may also communicate with you to inform or update you about health-related products or services provided by Martin's Point. In most other circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes.

Psychotherapy Notes
Most uses and disclosures of psychotherapy notes require your authorization. However, there are certain limited circumstances under which we may use or disclose psychotherapy notes without your authorization, such as to defend ourselves in a legal action brought by you or for certain oversight activities.

Genetic Information
We will not use your genetic information to make determinations about whether to provide you with coverage and the price of that coverage.

Substance Use Disorder Records
Records that we maintain related to care you receive or referral for care from a specialized substance use disorder program protected under federal law (at 42 C.F.R. Part 2) cannot be shared without your consent except in narrow circumstances. You may provide a single written consent to permit all future uses or disclosures of your substance use disorder treatment records protected under 42 C.F.R. Part 2 for treatment, payment, and/or health care operations purposes. If you provide such a consent, we may further use or disclose your records as permitted by HIPAA and this Notice without additional consent from you. However, we may not use or disclose your Part 2 records of substance use disorder treatment, or any testimony relaying the content of those records, in connection with any civil, criminal, administrative, or legislative proceedings against you without your consent, except as required by a court order accompanied by a subpoena or similar legal mandate (which may only be issued after you are given notice and an opportunity to be heard).

Ask us if you have any questions regarding whether these requirements apply to you.

3. Your Rights Regarding Your Health Information

Access and Receive Copies of Your Health Information
With certain exceptions, you have the right to inspect and/or receive a copy of your health information that is maintained by us or for us or that is part of a designated record set that is otherwise used by us to make a decision about you. You have the right to request that we send a copy of your health plan/health care provider record to a third party.

You are required to submit your request in writing. We may charge you a reasonable fee for providing you a copy of your records. We may deny access, under certain circumstances. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

Amend Your PHI
If you believe that your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our health care provider(s) in a designated record set, or our health plan in enrollment, payment, claims settlement and case-or medical-management records systems, or that is part of a set of records that is otherwise used by us to make a decision about you. You are required to submit your request in writing, as explained at the end of this Notice, with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your

records. We cannot change what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete health information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if the health information: (i) was not created by Martin's Point (unless the person or entity that created the health information is no longer available to respond to your request); (ii) is not part of the enrollment, payment, claims settlement and case- or medical-management record systems maintained by or for us, or part of a set of records that we otherwise use to make decisions about you; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is determined by us to be accurate and complete.

Request Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. If you want us to communicate with you in a special way, you will need to give us details about how to contact you. You will need to give us information as to how payment will be handled. We may ask you to explain how disclosure of all or part of your health information could put you in danger. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Request Restrictions on Uses and Disclosures of Your PHI

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. To request a restriction, you must submit a written request. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so.

Accounting of Disclosures of PHI

You have the right to receive an accounting of certain instances in which we disclosed your PHI. An accounting will not include disclosures made for treatment, payment, or health care operations. An accounting will also not include certain other disclosures, such as disclosures made directly to you or persons involved in your care, disclosures made pursuant to an authorization, or disclosures made as part of a limited data set. You are required to submit your request in writing, as explained at the end of this Notice. You must state the time period for which you want to receive the accounting. The first accounting you request in a 12-month period will be free, and we may charge you for additional requests in that same period.

Receive Notice of Privacy Practices

You have the right to a paper copy of this Notice. You may ask us to provide you a copy of this Notice at any time. Copies of this Notice are available from Martin's Point Health Care, LLC or by contacting the Privacy Officer as explained at the end of this Notice. You may also obtain an electronic copy at **www.martinspoint.org**.

Future Changes to Martin's Point Privacy Practices

We reserve the right to change this Notice and the privacy practices of the plans and providers covered by this Notice. We reserve the right to make the revised or changed Notice and will post the current version on the Martin's Point website, **https://martinspoint.org/Disclaimer-and-Policies/Notice-of-Privacy-Practice**

Plans and Providers that will follow this Notice include the following:

- **Martin's Point Generations Advantage**
- **Martin's Point US Family Health Plan**
- **Martin's Point Health Care Centers**

Breach Notification

We will notify you if your health information has been "breached," which means that your health information has been used or disclosed in a way that is inconsistent with law and results in it being compromised. We are required to comply with all applicable breach notification requirements under HIPAA and state law.

Non-Discrimination Notice

Martin's Point complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Questions and Complaints

If you have any questions about this Notice, please let Patient/Member Services know you would like to speak to our Privacy Officer.

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer at:

Martin's Point Privacy Officer
c/o Compliance and Legal Affairs Department
331 Veranda Street
PO Box 9746
Portland, ME 04104
Phone: (207) 791-3848

You may also notify the Secretary of the Department of Health and Human Services by sending your complaint to: Centralized Case Management Operations,
U. S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D.C., 20201. You may also send the information by email to **OCRComplaint@hhs.gov** or file a complaint online through the Office for Civil Rights Complaint Portal at **https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**.

Martin's Point Health Care will not take retaliatory action against you if you file a complaint.

Notice Revised Effective:

November 2011
September 23, 2013
September 29, 2014
November 15, 2018
July 1, 2022
May 14, 2024
December 17, 2025
February 16, 2026

Committed to Delivering the Care Every Person Deserves

Martin's Point Health Care is a Maine-based, not-for-profit organization providing both primary care and health insurance plans. Building trusting relationships with people of all generations for over 40 years, we are committed to improving the health of our community—one person at a time.

PRIMARY & SPECIALTY CARE

For patients at our Health Care Centers in Maine and New Hampshire. *Accepting most major insurance plans.*

MEDICARE ADVANTAGE PLANS

Martin's Point Generations Advantage plans for Medicare-eligible persons in Maine

MILITARY HEALTH PLANS

Martin's Point US Family Health Plan—a TRICARE Prime® option for military families in northern New England, NY, PA, and OH

For more information, visit MartinsPoint.org.

Martin's Point