

Notice of Privacy Practices

Your medical information is Protected Health Information (PHI) about you, including demographic information, that may identify you and that relates to your past, present and future physical, dental or behavioral health and related health care activities. We understand that your PHI is personal. We are committed to protecting your PHI and to sharing the minimum necessary information required to accomplish each purpose or disclosure. We create a record of the care and services you receive through Peninsula Community Health Services (PCHS). This notice applies to all your PHI that we have collected while caring for you at our agency.

This Notice of Privacy Practices describes how we are allowed to use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law (see in the body of the Notice). The Notice also describes your right to access and control your PHI.

I. USES AND DISCLOSURES OF PHI WITHOUT YOUR AUTHORIZATION

We use and disclose your PHI for treatment, payment, and healthcare operations. This privacy notice about PHI includes your dental, behavioral health and physical health services information collected by the staff and providers of PCHS.

- A. Treatment:** We may use or disclose your dental, behavioral and physical PHI to provide, coordinate or manage your healthcare services at PCHS. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.
- B. Payment:** We may use and disclose your dental, behavioral health and physical PHI to obtain payment for services we provide to you. Information that may be shared includes but is not limited to: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and utilization review activities. For example if you have health insurance and we bill your insurance directly, we will include information that identifies you, as well as your diagnosis, the procedures performed, and supplies used so that we can be paid for the treatment provided.
- C. Healthcare Operations:** We may use and disclose your dental, behavioral health and physical health information for our healthcare operations to support the business activities of PCHS. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities, and conducting or arranging for other business activities.
 - 1. We will share your protected health information with third party "business associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract, Business Associate and Qualified Service Organization Agreement, which contains terms that will protect the privacy of your protected health information.
 - 2. We may use basic demographic information limited to your name, date of birth, address, phone number, health insurance status, and the dates you received services, department of service information, treating provider information, and outcome information to contact you for fundraising activities. We will not prohibit or condition treatment of payment on whether you choose to receive fundraising communications. We raise funds to expand and support healthcare services, education programs, etc. We will not sell, trade, or loan your information to any third parties. You have the right to request not to receive this information. If you do not want to receive these materials, please contact our Compliance Officer and request that these fundraising materials not be sent to you.

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3. We may contact you to remind you about appointments, test results, inform you about treatment options or advise you about other health-related benefits.

D. Other Use and Disclosures

We also use and disclose your information to enhance healthcare services, protect patient safety, safeguard public health, ensure that our facilities and staff comply with government and accreditation standards, and when otherwise allowed by law. For example we provide or disclose information:

1. **Abuse, Neglect or Domestic Violence:** We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We will make this disclosure only when specifically required or authorized by law or when you agree to the disclosure.
2. **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits. In accordance with 7 ACC 71.400 – 7 ACC 71.449, we will disclose PHI to the Division of Mental Health & Developmental Disabilities (DMHDD) for health oversight activities specifically identified in Alaska law.
3. **In Connection with Judicial and Administrative Procedures:** We may disclose your PHI in the course of any judicial or administrative proceedings in response to an order of a court or magistrate as expressly authorized by such order or in response to a signed authorization.
4. **Law Enforcement Purposes:** We may disclose PHI to a law enforcement official as required by law.
5. **Coroners, Medical Examiners, and Funeral Directors:** We may disclose PHI to a Coroner or Medical Examiner or Funeral Director as authorized by law.
6. **Imminent Threat to Health or Safety:** Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
7. **To a Designated Hospital In the Event of an Involuntary Commitment:** We may disclose your protected dental, medical and behavioral health PHI to assure continuity of care.
8. **Specialized Government Functions:** We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities. We may disclose PHI to a correctional institution or law enforcement official having lawful custody of inmate or patient under certain circumstances.
9. **Natural Disaster:** We may use or disclose your location and general condition to an authorized public or private entity (such as FEMA or the Red Cross) authorized by its charter or by law to assist in disaster relief efforts.
10. **For Research Purposes:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

II. Other Uses and Disclosures When You Have an Opportunity to Object

- A. **To Your Family or Friends:** Unless you object, your healthcare provider will use his or her professional judgment to provide relevant protected health information to your family member, friend, or another person. This person would

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be someone that you indicate has an active interest in your care or the payment for your healthcare or who may need to notify others about our location, general condition, or death.

- B. Others Involved In Your Healthcare:** We may use or disclose PHI to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to the use or disclosure.
- C. Natural Disaster:** We may use or disclose your location and general condition to an authorized public or private entity (such as FEMA or the Red Cross) authorized by its charter or by law to assist in disaster relief efforts.
- D. In a Medical or Psychological Emergency:** If you are incapacitated or in an emergency, we will disclose PHI using our professional judgment, only PHI that is directly relevant to the person's involvement in your healthcare. If this is a behavioral health concern, the contact will occur if you are a danger to yourself or others, or you are unable to meet your basic needs. We will also use our professional judgment and experience with common practice to make reasonable accommodation in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.
- E. Deceased Individuals:** We may disclose to a family member, or other persons who were involved in an individual's care prior to the individual's death, PHI of the individual that is relevant to such a person's involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to PCHS.

III. Substance and Alcohol Abuse Diagnosis or Treatment

- A. Substance Abuse Diagnosis or Treatment.** If you have applied for or been given a diagnosis or treatment for alcohol or drug abuse, or a dual diagnosis involving alcohol or drug abuse, then there may be additional confidentiality protections applicable to your PHI under the federal regulations at 42 CFR Part 2.

IV. Use and Disclosure Requiring Your Authorization

- A.** Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. PCHS requires your written authorization for most uses of psychotherapy notes, for marketing (other than face to face communication between you and a PCHS staff member, a promotional gift of nominal value); or before we sell your protected health information. For all other disclosures of your PHI we must obtain a written authorization for release of information from you. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Other uses and disclosures not described in this notice will be made only with your authorization.

V. Your Rights Regarding Protected Health Information

- A. Access:** You have the right to look at or get copies of your PHI, with limited exceptions. If we determine that providing you access to your record constitutes a danger to you or others, we can use our professional judgment regarding that access. You may request that we provide copies in a format other than photocopies. We will use the format you request if reasonably possible. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable cost-based fee for expenses such as copies and staff time.
- B. Disclosure Accounting:** You have the right to request a list of instances where we or our business associates, disclosed your PHI for reasons other than treatment, payment, healthcare operations and certain other activities. Your first accounting of disclosures is free of charge. Any additional request within the same calendar year requires a processing fee.
- C. Restriction:** You have the right to request in writing restrictions on our use or disclosure of your PHI for treatment, payment or healthcare operations. We are not required to agree to additional restrictions but if we do agree, we must

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abide by those restrictions, except in an emergency situation or as required by law. If you make your request to the PCHS Compliance Office, we will provide you with a written notice of our decision about your request.

- D. Restriction on Certain Disclosures to Health Plans:** You have a right to request a restriction on disclosures to a health plan for a health care item or service for which you, or a person other than the health plan on your behalf, has paid PCHS in full. PCHS must agree to this request, unless a law requires us to share that information.
- E. Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or at an alternative location. Your request must be in writing and specify the alternative means or location. Your request must specify how and where you wish to be contacted. We will accommodate reasonable requests.
- F. Amendment:** You have the right to request that we amend your PHI. Your request must be made to your provider, in writing, and it must explain why the information should be amended. We may deny your request and we will do so in writing. You have the right to file a statement of disagreement with us and we may prepare a response to your statement and will provide you with a copy of any response. It will be added to your medical record.
- G. Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice.

VI. Our Legal Duties

We are required by law to maintain the privacy of your protected health information, notify affected individuals following a breach of unsecured protected health information, provide this notice about our privacy practices, and follow the privacy practices that are described in this Notice.

VII. QUESTIONS AND COMPLAINTS

For more information about our privacy practices or if you have questions or concerns, please contact us. If you feel that we have violated your privacy rights you may complain to us using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may also contact the Office of Civil Rights to file a complaint. We will provide you with their address upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. You may contact our Compliance Officer at:

Compliance Officer
Peninsula Community Health Services of Alaska
230 E. Marydale Ave, Suite 3
Soldotna, Alaska, 99669
Phone: (907) 262-3119 and ask for the Compliance Officer

VIII. Reservation of Right to Change this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will include on the bottom of every page the effective date. You will be offered a copy of the current notice when you visit our offices for services.

IX. Effective Date of this Notice of Privacy Practices

This Notice of Privacy Practices is effective 01/01/2020