



NOTICE OF PRIVACY PRACTICES

Revised Date 07/2022, 03/2025

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

Petersburg Medical Center (PMC) understands that medical information about you and your health is personal, and we respect your privacy. We create a record of the care and services you receive at PMC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care and records related to payment for that care, generated, or maintained by PMC.

Petersburg Medical Center has more restrictive policies, as required by federal and state laws, related to the disclosure of the following protected health information under Alaska Statute AS 25.20.025:

- Drug and alcohol treatment information
- Care of a minor for: (1) family planning, (2) pregnancy, (3) sexually transmitted diseases, and (4) alcoholism or drug abuse.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or healthcare operations, and for those purposes that are permitted or required by law. It also describes your rights to access and control your PHI. We are required by law to make sure medical information that identifies you is kept private, to give you this notice of our legal duties and privacy practices with respect to medical information about you, and to follow the terms of the notice that is currently in effect.

Terms of Notice: We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon request, we will provide you with the revised Notice of Privacy Practices.

Privacy Policy Inquiries: If you have any questions about this notice, please contact us by calling (907) 772-4291 or by writing to us at PMC, Compliance Officer, PO Box 589, Petersburg, AK 99833.

How We May Use and Disclose Protected Health Information (PHI): The following describes different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in



NOTICE OF PRIVACY PRACTICES

a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the following categories.

Treatment: We may 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 a third party that has already obtained your permission to have access to your protected health information. In addition, we may disclose

your protected health information to doctors, nurses, technicians, healthcare students, or other PMC personnel who are involved in your care at PMC. For example, a doctor treating you for a broken arm may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian so that you will get the proper meals. The provider would need to share medical information about you to coordinate different services you may need, such as from the pharmacy or radiology. We may also disclose information about you to a healthcare provider that may be involved in your care upon discharge.

Payment: Your protected health information may be used as needed to obtain or collect payment for your health care services. For example, we may need to give your health insurance plan information about your diagnosis, procedures, or supplies used for your care. We may also inform your health insurance plan about a treatment you are going to receive to obtain prior approval or to determine if your health insurance plan will cover the treatment.

Healthcare Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it as part of our ongoing quality assessment program. This information could be used in our effort to continually improve the quality and effectiveness of the healthcare services we provide. We may disclose information to doctors, nurses, and other students for educational purposes. We may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

Appointment Reminders, Treatment Alternatives, Fundraising: We may use or disclose your protected health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you, or to contact you to provide appointment reminders. We may also send you information about products or services that we believe may be beneficial to you, or to contact you for fundraising purposes. When disclosing information, mainly appointment reminders and billing/collection efforts, we may leave messages on your answering machine/voicemail. You have the right to elect to not receive such communications and may "opt out" of further communications by contacting our Compliance



NOTICE OF PRIVACY PRACTICES

Officer, in writing, at Petersburg Medical Center, Compliance Officer, P.O. Box 589, Petersburg, AK 99833.

Authorizations Required: We will not use your PHI for any purposes not specifically allowed by federal or state laws or regulations without your written authorization. Specifically, the following types of uses and disclosures of your medical information require an authorization: 1) disclosure of psychotherapy notes; 2) disclosure for marketing purposes; 3) disclosure that constitutes a sale of PHI. You may revoke this authorization, at any time, in writing, except to the extent that PMC has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made with Your Consent, Authorization, or Opportunity to Object: We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Facility Directories: Unless you object, we may include certain limited information about you in our facility directory such as your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All this information, except religious affiliation, may be disclosed to people that ask for you by name. Your religious affiliation may be disclosed to members of the clergy, such as a priest or rabbi, even if they do not ask for you by name, this is so your family friends and clergy can visit and generally know how you are doing.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. In addition, we may disclose medical information about you to an entity assisting in disaster relief effort so that your family can be notified about your condition and location.

Health Information Exchange: We may make your protected health information available electronically through an electronic health information exchange (HIE) to other participating health care providers and health plans that request your information for their treatment and payment



NOTICE OF PRIVACY PRACTICES

purposes. Participation in an electronic HIE also lets us see their information about you for our treatment, payment, and healthcare operations. You are permitted to request and review documentation regarding who has accessed your information through the electronic HIE. You may also opt-out of the HIE at any time. If you would like to opt-out of being in the HIE, please request the Opt-Out Form from the admission staff or PMC Compliance Officer.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object: We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

1. **Required By Law:** We will disclose medical information about you when required to do so by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
2. **Public Health:** We may disclose medical information about you for public health activities.

These activities include the following:

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls or products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Legal Proceedings: We may disclose PHI protected during the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement/Military: We may also disclose PHI so long as applicable legal requirements are met for law enforcement purposes. These law enforcement purposes include (1) legal processes



NOTICE OF PRIVACY PRACTICES

and otherwise required by law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of our facility; and (6) medical emergency (not on our facility's premises) and it is likely that a crime has occurred. If you are a member of the armed forces, Petersburg Medical Center may release medical information about you as required by military command authorities.

Coroners, Funeral Directors, and Organ Donation: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release medical information about PMC patients to funeral directors as necessary to carry out their duties. PHI may be used and disclosed for cadaver organ, eye, or tissue donation purposes.

Research: 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.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Other Uses and Disclosures: We may also use and disclose PHI to enhance health care services, to protect patient

safety, to safeguard public health, to ensure that PMC comply with government and accreditation standards and when otherwise allowed by law.

Your Rights: Although your health record is the physical property of PMC, following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

Right to Inspect, Copy Your PHI: This means you may inspect and obtain a copy of PHI about you that may be used to make decisions about your care. To do so, you must submit your request in writing to the Petersburg Medical Center Health Information Management department. If you



NOTICE OF PRIVACY PRACTICES

request a copy of the information, we may charge a fee for our costs. Petersburg Medical Center may, in certain limited circumstances, deny your request to inspect and copy PHI. Depending on the circumstances, a decision to deny access may be reviewed by another licensed health care professional. In this instance, the person conducting the review would not be the person who denied your original request. We will comply with the outcome of the review.

Right to a Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form of format, a readable hard copy form. If you request a copy of the information in either paper or electronic format, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

Right to Receive Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured PHI.

Right to Request a Restriction: This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. To make a request, you submit your request in writing to Petersburg Medical Center, Health Information Management, P.O. Box 589, Petersburg, AK 99833. Your request must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, nondisclosure to your spouse). PMC is not required to agree to a restriction that you may request. If PMC believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If PMC does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the admission staff or the PMC Compliance Officer.

Right to Request Confidential Communications: For example, you may ask that we only contact you at work, or by mail, or to request that confidential information about you be communicated by the means or location of your choice. For example, mailing test results rather than notifying you by phone. We may condition this accommodation by asking you

for information as to how payment will be handled or specification of an alternative address or



NOTICE OF PRIVACY PRACTICES

other method of contact. We will not request an explanation from you as to the basis for the request. Any request for a restriction must be made in writing to the Compliance Officer. PMC is required to agree to your request only *if* (1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and (2) your information pertains solely to health care services for which you have paid in full. For other requests, PMC is not required to agree. If PMC does agree, PMC will comply with your request unless the information is needed to provide you emergency treatment.

Right to Amend: If you believe that medical information that PMC has about you is incorrect or incomplete, you may request an amendment for as long as the information is kept by or for PMC. To request an amendment, it must be in writing and submitted to the PMC Compliance Officer. You must provide a reason that supports your request. PMC may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, PMC may deny your request if you ask us to amend information that was not created by us; is not part of the medical information kept by or for PMC; is not part of the information which you would be permitted to inspect and copy; or is information that is accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an Accounting of Disclosure: The accounting excludes disclosures for treatment, payment, or health care operations as described in this Notice of Privacy Practices. It also excludes disclosures we may have made to you, a facility directory, to family members, designated representatives, or for notification purposes. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically if available). The right to receive this information is subject to certain exceptions, restrictions, and limitations. The first list you request within a 12-month period will be complimentary. For additional lists, we may charge you for the costs of providing the list.

Right to obtain a paper copy of this notice from us: You may ask us to provide you with a paper copy of this notice at any time. You can also obtain a copy of this notice by accessing our website at www.pmcak.org.

To Report a Problem: If you believe your privacy rights have been violated, you can file a complaint with PMC, by contacting our Compliance Officer at 907-772-4291, or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint. All complaints must be submitted in writing.

For more information about the HIPAA Privacy Rule and the Notice requirements, see:



Petersburg
MEDICAL CENTER

PO Box 589
103 Fram Street
Petersburg, AK 99833
907-772-4291
www.pmcak.org

NOTICE OF PRIVACY PRACTICES

www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/notice.html

Notice of Privacy Practices. Retrieved 03/2025. Official copy at <http://pmcak.policystat.com/policy/17856481/>.
Copyright © 2025 Petersburg Medical Center

OUR MISSION is excellence in healthcare services and the promotion of wellness in our community.