



# Notice of Privacy Practices

Revised Date: 1/27/2014

(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.)

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. 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 affect.

**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, Privacy Officer, PO Box 589, Petersburg, AK 99833.

**Uses and Disclosures of Protected Health Information:** *The following describes different ways that we use and disclose medical information. For each use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure will be listed; however, all of the ways we are permitted to use and disclosure information will fall within the following categories.*

**Treatment:** 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 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 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.

**Payment:** Your protected health information will be used as needed to obtain or collect payment for your health care services. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. For example, we may use information in your health record to assess the care and outcomes in your case and others similar to 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.

**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. You may "opt out" of further communications by contacting our Privacy Officer, in writing, at Petersburg Medical Center, Privacy Officer, P.O. Box 589, Petersburg, AK 99833.

**Uses and Disclosures of Protected Health Information Based upon Your Written Authorization:** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice 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 protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Facility Directories:** Unless you object, we may use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of 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.

**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 protected health information 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 protected health information 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. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**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 protected health information in the following situations *without* your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required 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.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

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

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in 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 protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes 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 disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information 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 protected health information.

**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 Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500. We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Your Rights:** *Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.*

**1. You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information 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 Medical Records Department. If you 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 protected health information. 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.

**2. Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information 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 Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information 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. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**3. Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**4. You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information 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 must submit your request in writing to Petersburg Medical Center, Medical Records, 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).

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information 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 your physician.

**5. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** 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, test results mailed vs. a phone call. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**6. You may have the right to have your physician amend your protected health information.** If you feel that medical information we have about you is incorrect or incomplete, you have the right to 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 PMC Medical Records Department. You must provide a reason that supports your request. We 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 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.

**7. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. You may be charged a fee for these services.

**8. You have the right to obtain a paper copy of this notice from us.** You may ask us to provide you with a copy at any time. You can also obtain a copy of this notice by accessing our website ([www.petersburgmedicalcenter.org](http://www.petersburgmedicalcenter.org)).

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

For more information about the HIPAA Privacy Rule and the Notice requirements, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/notice.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/notice.html)