



250 Hospital Place, Soldotna, AK 99669 • (907) 714-4404 • www.cpggh.org

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: February 1, 2018

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.

Central Peninsula Hospital (CPH) is committed to protecting the confidentiality of information about you, and is required by law to do so. This notice describes how we may use information about you within the CPH organization, and how we may disclose it to others outside CPH. This notice also describes the rights you have concerning your own health information.

APPLICATION OF THIS NOTICE

This Notice of Privacy Practices applies to Central Peninsula General Hospital, Inc, which includes:

- Central Peninsula Hospital
- Heritage Place
- Serenity House
- CPH owned primary and specialty clinics

CHANGES TO THIS NOTICE We reserve the right to change this Notice and may revise our practices concerning how we will use or disclose health information, or how we will implement processes related to individual rights concerning health information. This notice is available on the www.cpggh.org website, and is posted at our locations. The effective date is near the top of the document.

We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at our location(s), a notice posted on our web site or other means of communication.

WHAT ARE YOUR RIGHTS?

Access your health information You have the right to inspect and receive a copy of the information that we maintain in your Designated Record Set (medical and billing information), with some limited exceptions. Contact the CPH/HP Medical Record Department in order to obtain copies of your medical records, or to request them in electronic format. We reserve the right to charge a reasonable fee for the cost of producing the information, which you will be notified of prior to incurring the cost. You have the right to request that your health information be sent to any person or entity, such as another doctor.

Accounting of Disclosures You have the right to a listing of the disclosures we make of your health information, except for those disclosures made for treatment, payment, health care operations, or those made at your request. To request an accounting of disclosures, contact the Health Information Management Department. The first list is provided at no charge, but we may charge you for any additional lists you request during the same twelve-month period.

Amendment of your health information If you believe information in your medical record is incorrect or incomplete, you may ask us to amend the information. To request an amendment, complete and submit a Medical Record Amendment Request Form to the CPH Privacy Officer. We may deny your request in certain situations, such as when the health information in your records was created by another provider or if we determine your information is accurate and complete. Any denials will be in writing. You have the right to appeal our denial by filing a written statement of disagreement.

Assign a Personal Representative If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Breach Notification You have the right to receive notification of breaches of your health information as required by law.

Confidential Communications We will accommodate reasonable requests to communicate with you by alternate methods or locations. For example, you can ask that we not call your home, but communicate only by mail. To request confidential communications, you may complete and submit the "Request for Confidential Communication" to the Privacy Officer. We will not ask you the reason for your request, but your request must specify how or where you wish to be contacted.

Request Restrictions You can ask us **not** to use or share certain health information for treatment, payment, or our operations (TPO). We are not required to agree to your request, and we may say "no" if it would affect your care. If we agree to a restriction, we will not use or disclose your health information in violation of that restriction, unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you. To request a restriction, please complete the "Request for Restriction for T.P.O" form and submit it to the CPH Privacy Officer.

Restrict disclosures to health plans You may request in writing, at the time of service that we not disclose information to health plans where you have paid for items or services out of pocket in full. We must agree not to disclose this information to your health plan if certain conditions are met. However, there may be instances where we are required to release this information if required by law. To request restrictions, you may complete and submit the Request for "Request for Restriction to Health Plan" form to the Privacy Officer.

Receive a copy of this notice You may ask us for a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. Copies of this Notice are available in waiting areas at CPH/HP and at other CPH clinics and campuses, as well as from on our web site: www.cpgh.org.

File a complaint If you have a privacy concern, or believe your privacy rights have been violated, you may file a complaint with the:

Privacy Officer
Central Peninsula Hospital
250 Hospital Place
Soldotna, Alaska 99669
PHONE (907) 714-4563
FAX (907-714-4963
E-MAIL: PrivacyOfficer@cpgh.org

Secretary of the Dept of Health and Human Services
Office for Civil Rights Region X,
U.S. Department of Health & Human Services,
Seattle, WA 98121-1831
PHONE (206) 615-2290
TDD (206) 615-2296
FAX (206) 615-2297
www.hhs.gov/ocr/privacy/hipaa/complaints

You will not be penalized for filing a complaint.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION

To contact you Your information may be used to contact you to remind you about appointment, provide test results, inform you about treatment options or advise you about other health-related benefits and services.

Treatment We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.

Payment We may use and disclose health information about you so that the treatment and services you receive from CPH may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a CPH service you received so your health plan

will pay us or reimburse you for the service. We may also tell your health plan about a future service to obtain prior approval or to determine whether your plan will pay for the treatment.

Health Care Operations We may use and disclose health information about you in order to support our business activities and assure that quality health care services are being provided. Some of these activities include quality assessments, peer or employee review, training of medical personnel, data aggregation and audits by regulatory agencies.

- **Business Associates** We may share your health information with third parties who perform services, such as transcription or billing. In those cases we have written agreements with the third parties that they will not use or disclose your health information except if permitted by law.
- **Fundraising** We may use certain information (your name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of fundraising to benefit CPH. You have the right to opt out of receiving such communications, and your decision will have no impact on your treatment or payment for services at CPH. If you do not wish to not receive these materials, please contact our CPH Foundation office and request these materials not be sent to you.
- **Marketing** CPH may use your information to communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your written authorization. However, we will obtain your written authorization prior to using your information to send you any other marketing materials.
- **Facility Directory** Unless you object, we will include your name, location in the facility, your general condition (e.g. fair, good, critical) and your religious affiliation to disclose to people who ask for you by name. Information in the facility directory may be shared with clergy. **Please notify** the registration staff if you do not wish to have your name listed on the directory.

WE MAY ALSO MAKE THE FOLLOWING DISCLOSURES WITHOUT YOUR AUTHORIZATION

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

Required By Law We will disclose health information about you when required to do so by federal, state or local law. For example, reporting suspected abuse, neglect or domestic violence.

Disaster Relief We may disclose health information about you to an entity assisting in a disaster relief effort, such as The Red Cross, so that your family and friends can be notified about your condition, status, and location.

Organ and Tissue Donation If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Public Health We may disclose your health information for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Workers' Compensation We may release health information about you for workers' compensation or similar programs.

Information Not Personally Identifiable We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Health Oversight Activities We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements. We may also release your information to correctional/ custodial institutions or other law enforcement officials when you are in their custody.

Federal law or regulations do not protect any information about a crime committed by you at CPH or about any threat to commit a crime, or for law enforcement's use to identify or locate a suspect or fugitive. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Legal Proceedings We may use or disclose your health information in response to a court or administrative order in an administrative or judicial proceeding, or in response to a subpoena, discovery request or other legal process

Military, Veterans, National Security and Intelligence If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Research We may use and disclose your health information to researchers, provided that you have consented to participate in the research, or the research has been approved by an Institutional Review Board and/or a Privacy Board, and the research protocols have been approved to ensure your privacy.

To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person

Alaska Personal Information Protection Act We report to the Office of the State Attorney General information about unauthorized disclosures, which pose low risk of harm to the individual whose information was disclosed.

Family and Friends We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis.

Decedents, Disclosures to a Family Member/Others Involved in Care CPH is permitted but not required to disclose the decedent's health information to a family member or other person involved in the decedent's care or treatment, but only to the extent the PHI is relevant to the role the family member or other person played in the decedent's treatment. No release is permissible where the decedent expressly stated before death that he/she preferred their information not be released. However, this is not a mandate and involves a permission authority issue, which means that if CPH doubts the identity or explanation of the person seeking the information, CPH may deny the request.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, **in writing**, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment and healthcare operations.

Confidentiality of Alcohol and Drug Abuse Records Federal law and regulations protect the confidentiality of alcohol and drug program records maintained by CPH. Information on your alcohol or drug use may not be disclosed without 1) your written authorization; or 2) a court order and subpoena; or 3) unless the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Sale of PHI CPH must have your authorization for any disclosure of your information which is considered a sale your information. Such authorization will state that the disclosure will result in remuneration to CPH.

Psychotherapy Notes CPH must have your authorization for any use or disclosure of psychotherapy notes, except: for use by the originator of the psychotherapy notes for treatment or health oversight activities; for use or disclosure by CPH for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; for use or disclosure by CPH to defend itself in a legal action or other proceeding brought by you; to the extent required to investigate or determine CPH's compliance with the HIPAA regulations; to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law; for health oversight activities with respect to the oversight of the originator of the psychotherapy notes; for disclosure to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Use or Disclosure of PHI for Underwriting If CPH, as a health plan, intends to use or disclose your information for underwriting purposes, CPH is prohibited from using or disclosing genetic information about you for such purposes.

NON-DISCRIMINATION

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-907-714-4404 (TTY: 1-800-770-8973).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-907-714-4404 (TTY: 1-800-770-8973).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-907-714-4404 (TTY: 1-800-770-8973)。

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-907-714-4404 (TTY: 1-800-770-8973).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-907-714-4404 (TTY: 1-800-770-8973).

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-907-714-4404 (TTY: 1-800-770-8973).