



250 Hospital Place, Soldotna, AK 99669 • (907) 714-4404 • [www.cpggh.org](http://www.cpggh.org)

## **NOTICE OF PRIVACY PRACTICES**

EFFECTIVE DATE: January 1, 2026

**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](http://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 paper or electronic copies of your medical records. 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 for the 6 years prior to your request. This excludes 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 within 12 months.

**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. You will be notified of the decision. If your request is denied, you may provide a written statement of disagreement to be included in your medical record.

**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** You have the right to **request that we** communicate with you in a certain way that you think will be more confidential. For example, you can ask that we not call your home, but communicate only by mail. This request must be in writing. We will not ask you the reason for your request, but your written 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.cpggh.org](http://www.cpggh.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](mailto: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 FAX (206) 615-2297 TDD (206) 615-2296  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://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 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.

**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.

**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** 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.

**Patients in Custody** We may disclose your information to correctional/ custodial institutions or other law enforcement officials when you are in their custody. Disclosures would be necessary 1) for the institution to provide you with health care; 2) for your health and safety or the health and safety of others; or 3) for the safety of the correctional institution.

**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.

**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

**Health Information Exchange** We participate in health information networks and exchanges (HINs/HIEs) that securely share your electronic health information with others for treatment, payment, health care operations, public health, and other purposes allowed by law. .

**Participation in a Shared Electronic Medical Record** We use a shared electronic medical record. Other healthcare providers in our community and state may have access to this shared record. The purpose is to improve communications and coordination of care between your providers, thereby improving the quality of your care.

**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.

### **Parental Access**

Alaska laws concerning health information for minors may permit, require, and in some cases restrict disclosure to parents, guardians and persons acting in a similar legal status. CPH will comply with disclosure requests consistent with Alaska and federal law.

**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.

**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

**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.

**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.

**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.

**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.

## **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 subpoena and a court order specifically authorizing release of Part 2 Records; or 3) unless the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

**Psychotherapy Notes** HIPAA provides additional protection for psychotherapy notes, which are the personal notes of a mental health professional about a private or group counseling session. Most uses or disclosures of psychotherapy notes require your written permission

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

**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

Central Peninsula Hospital complies with applicable Federal civil rights laws and does not discriminate, exclude or treat individuals more or less favorably on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)).

Central Peninsula Hospital:

- provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us such as qualified sign language interpreters.
- provides free language assistance services to people whose primary language is not English.

---

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).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-907-714-4404 (TTY: 1-800-770-8973) 번으로 전화해 주십시오.

---

If you believe that Central Peninsula Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The CPH Patient Advocate  
250 Hospital Place, Soldotna, Alaska 99669  
(907) 714-4780 Fax (907) 260-3429  
[patientadvocacy@cpgh.org](mailto:patientadvocacy@cpgh.org)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)