

Notice of Privacy Practices

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 applies to services that are provided and the related records. Kodiak Community Health Center (KCHC) takes the privacy of your protected health information seriously and follows state and federal guidelines of disclosure. We will not release your information to others unless you authorize us to do so; unless the law authorizes or requires us to do so.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, healthcare operations, electronic health information systems, interpretation services, and special situations allowed or required by law.

Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. This includes but is not limited to coordination of care for referrals and between other providers for coordination of care.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

Healthcare Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review and patient satisfaction surveys.

Electronic Health Information Exchange and Business Associate agreements
KCHC is part of an organized health care arrangement including participants in OCHIN¹. As a business associate of KCHC, OCHIN supplies information technology and related services. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. KCHC utilizes electronic health information systems through the electronic health record which include your protected health information. This electronic health information exchange is a collaboration with other health care providers and health plans to ensure swift coordination of care with KCHC for their treatment, payment and healthcare operation purposes. Participation in an electronic health information exchange also lets us see the other user's information about you for your healthcare at KCHC for treatment, quality, and payment purposes. We may use your health care information and disclose it to individuals or organizations that assist KCHC with treatment, health care operations/payments, or with complying with legal obligations. These business associates must agree to protect the confidentiality of the protect health information. The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information to the extent disclosed, will be consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

Special Situations Other situations in which PHI may lawfully be disclosed may occur. This can include, but is not limited to, legal subpoena, workers'

compensation claims, law enforcement requests, coroners' reports, health oversight activities, or situations to prevent a serious threat to public health or safety. Other examples of special circumstances can include language interpretation services, after hours care provided by business associate, and appointment reminder services. We may use your PHI to contact you regarding your care or upcoming appointments.

Substance Use Disorder Treatment If you receive alcohol and/or drug treatment services, your medical records that identify you as receiving those services are protected not only by HIPAA, but also by the 42 CFR Part 2 confidentiality law. This law provides additional safeguards to protect the privacy of these records.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than that allowed by law² requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.
- *We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.*
- *We are also required to abide by the privacy policies and practices that are outlined in this notice.*

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Complaints If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: compliance@kodiakchc.org or

Kodiak Community Health Center Attn: Compliance Officer
1911 E. Rezanof Dr. Kodiak, AK 99615

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the address above. You will not be penalized or otherwise retaliated against for filing a complaint.

Effective Date of this Notice

This Notice is effective on or after June 10th, 20

¹ A current list of OCHIN participants is available at www.ochin.org

²Health Information Privacy <https://www.hhs.gov/hipaa/index.html>