

Ilnaka Community Health Center

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10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, & the Gulf of Alaska

Notice of Privacy Practices

For Your Protection THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Health Care Information Is Private Ilnaka Community Health Center and its professional staff, employees, and volunteers follow the privacy practices described in this notice. Ilnaka Community Health Center (ICHC) maintains your personal health information in records that will be maintained in a confidential manner, as required by law. This health information may include photographs obtained by authorized personnel for treatment purposes. ICHC must use and disclose your health information to the extent necessary to provide you with quality health care. To do this, ICHC must share your health information as necessary for treatment, payment and health care operations. If for any reason there is a breach of unsecured protected health information, you will be notified immediately.

Who Sees And Shares My Health Care Information? Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. ICHC may use your health information as required by your insurer or HMO to obtain payment for your treatment and procedures. We also may use and disclose your health information to improve the quality of care, e.g., for review and training purposes.

How Will ICHC Use My Health Information? Your health information may be used for the purposes listed below, unless you ask for restrictions on a specific use or disclosure:

- *Directory, which may include your name, general condition, and your location in the clinic.
- *Religious affiliation to a chaplain or member of the clergy.
- *Family members or close friends involved in your care or payment for your treatment.
- *Disaster relief agency if you are involved in a disaster relief effort.
- *Appointment reminders.
- *To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- *Fundraising activities: ICHC has no plans to use patient information for solicitation purposes. Funding will be pursued through grants, churches, organizations, other individuals, etc.
- *As required by law.
- *Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medication or product problems; notifications of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- *Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- *Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- *Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on ICHC premises; and in emergency circumstances relating to reporting information about a crime.)

- *Coroners, medical examiners, and funeral directors.
- *Organ and tissue donation.
- *Certain research projects.
- *To prevent a serious threat to health or safety.
- *To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- *National security and intelligence activities.
- *Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- *Inmates. (Medical information about inmates of correctional institutions may be released to the Institution.)
- *Workers' Compensation. (Your health information regarding benefits for work related illnesses may be released as appropriate.)
- *To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.

Your Consent is Required For Other Disclosures Except as described above, we will not use or disclose your protected health information unless you consent (permit) Ilanka Community Health Center in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

Your Rights Regarding You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided by ICHC.

Your Medical Information **Right to request restriction.** You may request limitations on your health information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.

Right to inspect and copy. You have the right to inspect and copy your health information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by ICHC. ICHC will comply with the outcome of the review.

Right to request amendment. If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by ICHC which requires certain specific information. Ilanka Community Health Center is not required to accept the amendment.

Right to accounting of disclosures. You may request a list of the disclosures of your health information that have been made to persons or entities other than for health care treatment, payment or operations in the past six (6) years. After the first request, there may be a charge.

Right to a copy of this Notice. You may request a paper copy of this Notice at any time. You may obtain an electronic copy of this Notice at our web site at www.eyak-nsn.gov

Right to restrict disclosure. You have the right to restrict disclosure of your protected health information to a health plan if the disclosure of your medical information is for payment of health care operations and pertains to a healthcare item or service for which you have paid out of pocket and in full.

May I Have A Copy of This Notice? ICHC is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. ICHC may change this Notice and these changes will be effective for health information we have about you as well as any information we receive in the future. Each time you register at ICHC for health care services, you may receive a copy of the Notice in effect at the time.

May I See My Health Care Information? You may see your health care information, in most cases, by asking in writing. You have the right to receive electronic and paper copies of your health care information. We may charge a small amount for copying costs.

Questions or Complaints? If you believe your privacy rights have been violated, you may file a complaint with ICHC, the Native Village of Eyak, Secretary of the United States Department of Health and Human Services or the Office for Civil Rights. *You will not be penalized or retaliated against in any way for making a complaint.*

You may call Ilanka Community Health Center's Privacy Officer at (907) 424-8295

To report a complaint, ask questions about this notice, request restrictions on uses and disclosures for health care treatment, payment, or operations, or you wish to obtain a form to exercise your individual rights described in paragraph 5, please feel free to contact us.

This notice becomes effective September 23, 2013.