



# Ilanka Community Health Center

## NOTICE OF PRIVACY PRACTICES

705 Second St., PO Box 2290, Cordova, AK 99574-2290, (907) 424-3622 Fax (907) 424-3275

**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.**

You may request a printed version of this Notice from our Front Desk staff, or online at [www.eyak-nsn.gov](http://www.eyak-nsn.gov).

**This notice applies to services provided at Ilanka Community Health Center and the related records.**

This privacy notice will discuss (1) the way that we may use and disclose health information about you; (2) your privacy rights; special rules for patients of Ilanka Community Health Center (ICHC) drug prevention and treatment programs; and (4) ICHC's responsibility in using and disclosing your health information.

Purpose: Ilanka Community Health Center and its professional staff, employees and volunteers follow the privacy practices described in this Notice. ICHC maintains your Protected Health Information (PHI) in records that will be maintained in a confidential manner, as required by law. We will not disclose your information to others unless you authorize us to do so, to the extent necessary for treatment, payment, and health care operations, or unless the law authorizes or requires us to do so. This PHI may include photographs obtained by authorized personnel for treatment purposes.

### **WHAT IS TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS?**

**TREATMENT:** ICHC provides integrated care for our patients. Treatment includes sharing information among health care providers involved in your care. What that means is your Primary Care Provider may think it is in your best interest to share your information with one of our Behavioral Health Clinicians, who is a specially trained clinician that may be able to help you and your Primary Care Provider during your treatment. If you are seeing a Behavioral Health Clinician, your clinician may see the benefit of involving a Primary Care Provider in your treatment. Other examples of when information might be shared is if your physician discusses appropriate medications with your pharmacist or consults with radiologists to make a diagnosis.

**PAYMENT:** ICHC may use your health information for payment purposes. "Payment" includes the activities of ICHC to obtain payment or be reimbursed for the services we provide to you. An example includes providing information to your insurance company for them to authorize payment for services received. If someone else is responsible for your health care costs, then we may disclose information to that person when we seek payment.

**HEALTH CARE OPERATIONS:** We also may use your PHI for health care operations. Health care operations include certain administrative, financial, legal, and quality improvement activities necessary to run ICHC programs. One example is using health information to evaluate the performance of ICHC staff or evaluate ICHC services.

### **ELECTRONIC HEALTH INFORMATION SYSTEMS:**

We utilize electronic health information systems, including an integrated, multi-facility electronic health information system with a patient service communications network that permits providers involved in your care at other tribal health care facilities and Indian Health Service, to access health information accumulated about you at our facilities. We have also partnered with CommonWell Health Alliance® Services, a health information exchange, that combines information from other participating providers and allows those providers involved in your care to access your health information that has been submitted to CommonWell. Ilanka Community Health Center does not share Behavioral Health Services information with CommonWell.

Once information is entered into many of these systems, it can be amended, but it cannot be removed. You are permitted to request information about documentation regarding who has accessed your information through the electronic health systems and through the health information exchange.

You are permitted to request and review documentation regarding who has accessed your information through the electronic health information exchange. Your provider will have information on how to make this request, or you may find the information at our website, once we begin participating in the exchange

**You may "opt out" of including some or all your health information in CommonWell. If you opt out, then your information will only be available to providers who use the Alaska Tribal Health System's shared electronic health record. Front desk staff will have information on how to make this request.**



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**APPOINTMENT REMINDERS:** We may use and disclose health care information to contact you and remind you that you have an appointment for treatment or other health care at the clinic, but the information disclosed will be kept to what is necessary to remind you of the appointment.

**INTERPRETERS:** If needed to ensure proper care, ICHC may use an interpreter. This may require the use and disclosure of your PHI to the interpreter.

### Other Uses and Disclosures:

Your PHI may also be used for the purposes listed below, unless you ask for restrictions on a specific use or disclosure:

- To tell you about or recommend possible treatment options or alternatives that may be of interest to you, or about health-related products or services that may be of interest to you.
- Disaster Relief Purposes: We may disclose health care information to disaster relief agencies to assist in notification of your condition to family or others.
- We may use certain information about the care you received at ICHC to fundraise for the benefit of ICHC. If we engage in fundraising, you have the right to opt out of receiving such communications.
- Public Health Risk activities that can include: disease prevention or control; injury or disability; reporting births and deaths; reporting child, elder or dependent adult abuse or neglect; reporting reactions or problems with medications or health products; notifications of recalls related to their health care; notifying a person that they may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notifying government authorities if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- Health oversight activities done by a health oversight agency e.g., audits, inspections, investigations, and licensure.
- As required by state law and/or when you have made a workers' compensation claim that provides benefits for work-related injuries or illness.
- Court order, lawsuits, and disputes. If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order in accordance with applicable law. We may also disclose health care information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- 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, state medical examiners and funeral directors consistent with applicable law to allow them to carry out their duties.
- Organ and tissue donation.
- Certain research projects.
- National Security and Intelligence Activities: To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Military and Veterans: If you are a member of the armed forces, ICHC may release health care information as required by military command authorities.
- Correctional Institutions: if you are in jail or prison, we may disclose health care information to the Department of Corrections for your health and the health and safety of others.
- To carry out health care treatment, payment, and operations functions through business associates, e.g., to process coding and billing of your visit. These business associates must agree to protect the confidentiality of the protected health information.
- Provide information to FDA regarding US Food and Drug Administration (FDA) regulated drugs and devices.
- Disclose information when otherwise required by law, such as to the Secretary of the US Department of Health and Human Services for purposes of determining our compliance with our obligation to protect the privacy of your health information.



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**NOTIFICATION OF FAMILY & OTHERS:** Unless you object, we may release health information about you to a friend or family member who is involved in your health care while you are receiving services. We may also give information to someone who helps pay for your care.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it. If you want a family member or friend to be able to access information about you or assist in arranging your health care, such as scheduling or checking on appointment times, please make sure that an authorization is on file for that person to access your records. This will be required for individuals to assist you in this manner.

### **Uses and Disclosures That Require Your Authorization:**

Other than the uses and disclosures described above, information will be used or disclosed only as allowed or required by law, or with your written authorization. Uses and disclosures such as the release of psychotherapy notes, uses for marketing and the sale of protected health information require your prior written authorization. If you provide us with written authorization, you have the right to revoke that authorization at any time unless the disclosure is required by law or in circumstances where we have otherwise relied on the authorization, or the law prohibits revocation.

### **SPECIAL RULES FOR ALCOHOL AND DRUG PREVENTION AND TREATMENT RECORDS**

If you receive alcohol and/or drug prevention and 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.

ICHC must obtain your written consent before disclosing information identifying you as a patient of an alcohol or substance abuse treatment program, including before releasing information for payment purposes. ICHC may condition treatment on receiving your consent for payment purposes. Federal law does, however, permit ICHC to release records identifying you as a patient of an alcohol and/or drug prevention or treatment program in certain circumstances without your written authorization. These are disclosures:

- Pursuant to an agreement with a qualified service organization or business associate.
- For research, audit, or evaluation purposes.
- To report a crime against ICHC personnel or on ICHC property.
- To medical personnel in a medical emergency.
- To report suspected child abuse or neglect to appropriate authorities; and
- Pursuant to a court order.

ICHC, for example, may disclose your records identifying you as a patient receiving alcohol and/or drug prevention or treatment services without your consent if a judge issues a Court Order that requires ICHC to provide the records for a court hearing or active lawsuit.

To the extent anything in this Notice conflicts with the protections described in this special section regarding substance abuse treatment, the portion of the Notice providing you with greater protection will apply.

**You Have Rights Regarding Your Health Information.** You have specific individual rights as to the uses and disclosures of your protected health information. The health and billing records we make and store belong to ICHC. The protected health information in it, however, generally belongs to you. You have the following rights:

- **Questions** - You have the right to ask questions about any information contained in this notice.
- **Notice** - You have the right to receive a copy of this Notice of Privacy Practices. You may obtain an electronic copy of this Notice at our website at [www.eyak-nsn.gov](http://www.eyak-nsn.gov).
- **Right to Request Restricted Use** - You have the right to ask ICHC to limit certain uses and disclosures. If you want to limit use and disclosure, you must give us a written request. We are not required to grant the request except under special circumstances, such as a restriction on information provided to an insurer for services paid for out-of-pocket. If we grant your request, we will comply with it unless the information is needed to provide emergency services



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- **Right to Confidential Communications** - You may request that your health information be given or sent to you by another means or at another location. These requests must be made in writing. ICHC will accommodate reasonable requests.
- **Right to Request An Inspection and Receive Copy** - You may request to see and get a copy of your health record. If your health record is in electronic format, you may request that your copy also be in electronic format and ICHC will comply if the requested electronic format is reasonably available.
- **Right to Request An Amendment to Your Record** - You have the right to request a change your health information. This must be submitted in writing. We may accept your request and if we do, we will add an amendment to your record. If we deny your request, you may write a statement of disagreement that will be stored in your health record. Please note that we may add our own statement disagreeing with your proposed changes. All statements regarding changes in your health record would be included with any release of your records.
- **Revoke or Cancel Prior Authorizations** - If you provided us authorization to use or disclose your health information, you may revoke your authorization in writing at any time. Once you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission, and if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.
- **Right to Know About Disclosures** - You have the right to request a copy of the list of certain disclosures made of your health information outside of treatment, payment, and operations. This list will not include disclosures to third party payers. You may request an accounting at any time. ICHC is only required by law to provide one accounting without charge during any 12-month period. We will notify you of the cost involved if you request this information more than once in a 12-month period. In some cases, we may be delayed in providing you a list of certain disclosures, if required by law to not disclose. The list of disclosures will go back prior to the date requested for a period of six years for paper records and for electronic health records to six years prior or the date the electronic health record came into existence, whichever is later.

### WHO WILL FOLLOW THIS NOTICE?

- Any individuals authorized by ICHC to enter information into your health record.
- All ICHC departments and programs.
- Any member of a volunteer group we allow to help you while you are receiving services at ICHC; and
- All individuals who are considered members of ICHC workforce.

### ICHC's RESPONSIBILITIES

We are required by law to:

- Keep your protected health information private.
- Provide notice of our legal duties and privacy practices with respect to protected health information.
- Notify affected individuals following a breach of unsecured protected health information.
- Give you this Notice of Privacy Practices; and
- Follow the terms of the Notice of Privacy Practices currently in effect.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling or visiting ICHC or by visiting our website: [www.eyak-nsn.gov](http://www.eyak-nsn.gov).



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### TO ASK FOR HELP, EXPRESS A CONCERN OR COMPLAINT

If you have questions, want more information, or want to report a problem about the handling of your health information, you may contact:

Privacy Officer  
Ilanka Community Health Center  
PO Box 2290  
Cordova, AK 99574  
1-907-424-3622

If you believe your privacy rights were violated, you may file a written complaint to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

There will be no retaliation for filing a complaint.

Effective Date April 14, 2003, Revised November 22, 2021.