



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.

Purpose: Ilanka Community Health Center and its professional staff, employees and volunteers follow the privacy practices described in this Notice. Ilanka Community Health Center (IHC) maintains your personal health information (PHI) in records that will be maintained in a confidential manner, as required by law. This PHI may include photographs obtained by authorized personnel for treatment purposes. IHC must use and disclose your PHI to the extent necessary to provide you with quality health care. To do this, IHC must share your PHI as necessary for treatment, payment and health care operations.

What are Treatment, Payment and Health Care Operations? 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. IHC may use your PHI as required by your insurer or HMO to obtain payment for your treatment and procedures. We also may use and disclose your PHI to improve the quality of care, e.g., for review and training purposes.

How Will Ilanka Community Health Center Use My Health Information?

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

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 the Indian Health Services, if receiving benefits from that system, to access health information health information accumulated about you at our facilities. Once information is entered into many of these electronic systems, it cannot be removed. Once a user is authorized to have access to your information contained in some of these systems, the user will continue to have such access until determined otherwise. We may make your protected health information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for their treatment and payment purposes. Participation in an electronic health information exchange also lets us see their information about you for our treatment and payment and healthcare operation purposes. 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 main office, once we begin participating in the exchange.

Your PHI may also 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 inside 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.
- Fundraising activities: IHC 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 or elder 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.
- 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.



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- 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 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 PHI regarding benefits for work related illness or injury 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 Authorization is Required for Other Disclosures. Except as described above, we will not use or disclose your protected health information unless you authorize ICHC in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

You Have Rights Regarding Your Medical Information. 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.

- **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 with 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 communication:** 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, ICHC 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 website at www.eyak-nsn.gov.



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Requirements Regarding 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 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.

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) 424-8287 if:

- You have a complaint.
- You have any questions about this Notice.
- You wish to request restrictions on uses and disclosures for health care treatment, payment or operations.
- You wish to obtain a form to exercise your individual rights described in paragraph 5.

PRIVACY PRACTICE ACKNOWLEDGEMENT:

Patient Printed Name: _____

Signature: _____

Date: _____

Relationship to Patient:

This Notice became effective September 23, 2013. Revised 11.30.2017.