

# Notice of Privacy Practices



This notice explains how medical information about you may be used and disclosed, and how you can gain access to this information. Please read and review carefully.

## How ANHC May Use and Disclose Your Health Information

The following is an explanation and example of some of the ways your health information may be used and disclosed:

### For Treatment

We record personal and medical information in your health record and use it to help decide appropriate care. We may also provide information to others providing your care. For example, medication information could be shared with nurses, pharmacists, or other providers to avoid treatment that might conflict or make your condition worse.

### For Payment

We may use your protected health information for payment purposes. "Payment" includes the activities of ANHC to obtain payment or receive reimbursement for the services we provide you. For example, insurance companies may need information about services you received at ANHC in order to approve payment.

In addition, if someone else is responsible for your health care costs, we may disclose information to that person when we seek payment.

If you pay for a service or item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### For Health Clinic Operations

We may use your protected health information for health care operations. "Health care operations" are certain administrative, financial, legal, and quality improvement activities necessary to run ANHC programs and make sure all patients receive quality care. For example, we may use health information about you to evaluate the performance of our staff, or combine the information with others' information to evaluate services provided at ANHC.

We may also use and share your information as we help with public health and safety issues and disease prevention; help with product recalls; report adverse reactions to medications; report suspected abuse, neglect, or domestic violence; do research; comply with the law; respond to organ and tissue donation requests; work with a medical examiner or funeral director; address workers' compensation, law enforcement, and other government requests; and respond to lawsuits and legal actions.

### For Notification of Family and Others

Unless you ask us not to, 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. We may tell your family and friends your condition and that you are in the hospital. We may also leave telephone messages or send you an email message or text regarding your appointment.

You have the right to object to this use or disclosure of your information. If you have a reasonable objection, we will not use or disclose it for this purpose. You may also choose someone to act for you.

## **Your Individual 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 that we make and store belong to ANHC. 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.

### **Right to Confidential Communications**

You may ask that your health information be given or sent to you or another organization. These requests must be made in writing or electronically. We have a paper request for available.

### **Right to Request an Inspection and Receive Copy**

You may request to see and get a copy of your health record in paper or electronic format.

### **Right to Request an Amendment to Your Record**

You have the right to give us a written request to change your health information. 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 permission to use or disclose your health information, you may revoke your authorization in writing at any time. Once you cancel 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.

### **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 ask for a report of the times we've shared your health information during the last six years. ANHC is only required by law to provide one report without charge during any 12-month period. We will notify you of the cost involved if you ask for 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. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you directed us to make.

## **Who Will Follow This Notice**

- Any individual authorized by ANHC to enter information into your health record.
- All ANHC departments and programs.
- Any member of a volunteer group we allow to help you while you are receiving services at ANHC.
- All individuals who are considered members of ANHC's workforce.
- If we ever have an unintended release of health information that could put the privacy of your information at risk, we will contact you promptly.

## ANHC's Responsibilities

We are required to:

- keep your protected information private.
- give you this notice of privacy practices.
- follow the terms of this notice.

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 ANHC and asking for it or by visiting our website ([www.anhc.org](http://www.anhc.org)).

ANHC respects your privacy and understands that your personal health information is very sensitive. We make a record of the care and services you receive through ANHC programs.

This information is needed to give you quality health care and comply with the law. For example, this information includes your symptoms, test results, diagnosis, treatment, providers, and billing and payment information related to those services. We will not disclose your information to others unless you give us permission to do so, or unless the law allows or requires us to do so.

This privacy notice will tell you about: (1) the way that we may use and disclose health information about you, (2) your privacy rights, and (3) ANHC's responsibilities in using and disclosing your health information. **This updated policy is effective April 1, 2015.**

To ask for help, register a concern or complaint, request more information, or to report a problem about the handling of your health information, you may contact:

907-743-7200

[patientprivacy@anhc.org](mailto:patientprivacy@anhc.org)

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

ANHC Privacy Officer  
4951 Business Park Blvd.  
Anchorage, AK 99503

or

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201

1-877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)