



Notice of Privacy Practices

Effective Date of Notice: April 2014

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.

QUESTIONS

If you have any questions about this Notice, please contact our Privacy Officer at 222-2300 or contact via mail at Denali Family Services: 6401 A Street, Anchorage, AK 99518.

SUMMARY OF NOTICE

Health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. We understand that your health information is personal. We are committed to protecting your privacy. This Notice of Privacy Practices describes how we use and disclose your health information. It also describes your rights and our duties with respect to that health information.

Use and Disclosures We generally use and disclose your health information:

- For treatment, payment, and health care operations
- Following special rules for mental health records
- Through a facility directory, to friends and family involved in your care, or for notification
- For fundraising, to remind you of appointments, or to give you information about treatment alternatives or health-related benefits and services
- As permitted or required by law
- For certain activities, such as: public health; reporting of abuse, neglect, or domestic violence; health oversight; lawsuits and disputes; law enforcement activities; coroner, medical examiner, or funeral director purposes; organ donation; avoidance of a serious threat to health or safety; workers' compensation; and national security
- With your authorization



Your Rights As limited by law, you generally have the right to:

- Inspect and copy your records
- Ask to amend incomplete or inaccurate information in your records
- Receive an accounting of certain disclosures of your health information
- Ask for additional privacy protections (although we do not have to agree)
- Ask for alternative confidential communications
- Receive a paper copy of this Notice
- File a complaint without penalty

Our Duties We must: maintain the privacy of your health information; and give you a copy of and follow this Notice. We may change this Notice.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the privacy practices of Denali Family Services including:

<ul style="list-style-type: none"> ● All workforce 	<ul style="list-style-type: none"> ● Students/trainees
<ul style="list-style-type: none"> ● Volunteers 	<ul style="list-style-type: none"> ● Licensed providers while providing services at our agency

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

When you come into our agency there are many forms that you will need to complete and data that you will provide. We are required to compile much of this information by our funders and under Alaska law. Typically, the information we retain contains health information, including your symptoms, examinations and test results, diagnoses, treatment, a plan for future care or treatment, information from other providers, and billing and payment information. We understand your information is personal and we are committed to protecting health information about you. For many of the situations described below, we will use, disclose, or receive the minimum amount of health information necessary to accomplish the intended purpose.

The following categories describe the different ways we use and disclose your health information and give examples of the same. Not every use or disclosure in a category is listed. But, the ways we are permitted to use and disclose your health information will fall within one of the categories.



USE AND DISCLOSURE OF YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Treatment: We may use your health information to provide, coordinate, or manage your care and any related services. This includes the coordination or management of your care. This includes sharing information that you provide with supervisors or our internal team members so that they can assist in determining the best course of care and services for you. To assist with your care outside our agency, we may disclose your health information to outside providers. For example, if you are referred to a hospital, then your information is shared with practitioners at that facility.

Payment: We may use and disclose your health information, as needed, to obtain payment for the services that we provide. This may include certain activities that your health insurance plan or service funder may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant health information be disclosed to the health plan/funder to obtain approval for the hospital admission. We may also disclose your information to another provider involved in your care for their payments purposes as part of ensuring your eligibility for services.

Healthcare Operations: We may use and disclose, as-needed, your health information for our own health care operations in order to provide quality care to all consumers, to assess staff training needs or to ensure the efficiency of program operations. Health care operations include such activities as:

- Quality assessment and improvement activities,
- Employee review activities,
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision,
- Accreditation, certification, licensing, or credentialing activities,
- Review and auditing, including compliance reviews, record reviews, legal services and maintaining compliance programs, or
- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.



Other Uses and Disclosures: As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment,
- To inform you or recommend potential treatment alternatives or options,
- To inform you of health-related benefits, products, or services that may be of interest to you.
- To inform you about general health matters, our services, health fairs, wellness programs, and similar events

USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT

Directory: Unless you object, we may include certain limited information about you in our agency's directory, including an appointment book that may alert others to the fact you are at our agency. This information may include your name, location in a facility, and your general condition. Directory information may be released to people who ask for you by name. If you wish to opt out of the directory, or restrict some of the directory disclosures, please notify our agency. If you opt out, then we will not tell callers or visitors that you are present.

Others Involved in Your Healthcare: As addressed below, unless a danger is posed to you, we may use or disclose health information to your guardian or other legally designated or personal representative that is directly responsible for your care, even if you object to the use and disclosure. However, unless you object, we may also disclose, as needed, some of your health information to a family member, close friend, or any other person that you identify who is involved in your care or in payment for your care. If you are not present or if you are unable to agree or to object to a disclosure, we, in our professional judgment, may disclose health information in your best interests to the extent that the information is relevant to a person's involvement in your care.

In the Event of a Disaster: We may disclose your protected health information to an authorized public or private entity assisting in a disaster relief effort to coordinate care and so that your family and other individuals involved in your care can be notified of your condition and location.

USES AND DISCLOSURES THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION

Legally Designated or Personal Representatives: Certain minors and incapacitated adults may have legally designated or personal representatives that act on their behalf for health care matters. Our agency may disclose health information about you to these



legally designated or personal representatives. These individuals may be able to act on the person's behalf and exercise the person's privacy rights. If we have a reason to believe an individual poses a past or future harm to the person, we may elect not to treat the individual as a person's personal representative.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any judicial or administrative proceedings in response to a court or administrative order.

As Required by Law: We will disclose your health information when we are required to do so by any federal, state or local law.

Victims of Abuse, Neglect or Domestic Violence: We may disclose health information about an individual we reasonably believe to be the victim of abuse, neglect, or domestic violence to a government authority authorized by law to receive such reports. We will make the disclosure if the individual agrees to the disclosure. We will also make the disclosure if the disclosure is required by law. If the disclosure is authorized by law, but not required, then we will disclose the information as long as the individual agrees or if we believe the disclosure is necessary to prevent harm to the individual or other potential victims.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law, such as audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

Research Purposes: Under certain conditions, we may use or disclose your health information to researchers, when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. We may use or disclose your health information to prepare for a research project. In other cases, we will only disclose health information pursuant to your authorization.

Fundraising: We may use certain information about you to raise money for our agency and its operations. This may include telling you about projects funded by our agency and sending you fundraising materials. We may disclose limited contact information, such as your name, address, phone number, and dates of service, to a foundation related to our agency or to a business associate so that it may contact you about raising money for our agency. Fundraising material will tell you how you may opt-



out of receiving future fundraising materials. If we receive your request to opt-out, then we will make reasonable efforts so you will not be sent future fundraising materials.

Business Associates: We may disclose health information to our business associates, with whom we contract to perform services on our behalf. For example, if a provider dictates a report on your care, we may use a transcription company with which we have a contract to type the report.

Public Health Activities: We may disclose your health information for public health activities. These activities generally include disclosures to: a public health authority authorized by law to collect information to prevent or control disease, injury, or disability, such as reporting disease, injury, and vital events (births, deaths, etc.), including mandated registries, or for public health surveillance, investigations, and interventions; a person responsible for federal Food and Drug Administration (“FDA”) activities for purposes related to the quality, safety, or effectiveness of FDA-regulated products or activities; a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, as authorized by law; or an employer about an employee, in certain situations.

Law Enforcement Activities: We may disclose health information if asked to do so by a law enforcement official: as required by laws that require reporting of certain types of wounds; in response to court orders, warrants, summons, grand jury subpoenas, certain administrative requests, or similar processes; to identify or locate a suspect, fugitive, material witness, or missing person (but we will give only limited information); about the victim of a crime in certain circumstances; about a death we suspect may be the result of criminal conduct; about criminal conduct on our premises; and in emergencies, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors: We may release health information to a medical examiner or coroner as necessary, or required, to identify a deceased person or determine the cause of death. We also may release health information about individuals to funeral directors so they can perform their duties.

Organ and Tissue Donations: We may release health information to organizations that handle organ procurement or organ, eye, or tissue transplants or to an organ donation bank, as required and needed for organ or tissue donation and transplants.

To Avert a Serious Threat to Health or Safety: We may use and disclose your health information when we reasonably believe it is necessary to prevent a serious threat to the health and safety of you, the public, or another person. The disclosure would be only to someone who is likely to help prevent the threat.



Workers' Compensation: We may disclose health information about you for workers' compensation or similar programs.

National Security, Intelligence Activities, and Protective Services: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, special investigations, and other national security activities authorized by law and so they may protect the President or other authorized persons.

Military Personnel: If you are a member of the armed forces, then we may release health information about you as required by your military command authorities.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, then we may disclose health information about you to the correctional institution or a law enforcement official.

Incidental Disclosures: Certain incidental disclosures of your health information may occur as a by-product of permitted uses and disclosures. For example, a roommate may inadvertently overhear a discussion about your care if you share a room.

Limited Data Sets: We may disclose limited health information, contained in a "limited data set," to certain third parties for research, public health, and health care operations. Before disclosing limited data sets, we will contract with the recipient to limit the recipient's use and disclosure of this information.

De-identified Information: We may use and disclose health information that reasonably has been "de-identified" by removing certain "identifiers" (such as name and address) making it unlikely that you could be identified.

Mental Health Information: Information about your mental health is confidential. We will not use or disclose your mental health information unless we obtain an authorization from you to do so, except:

- As required by a court order
- To a designated hospital where a patient is involuntarily committed
- To direct service personnel in an emergency
- To mental health professionals designated to conduct program or on-site reviews
- For research purposes if the anonymity of the patient is preserved
- To insurance, medical assistance, or other programs for payment
- As required by law
- To the Division of Mental Health and Developmental Disabilities.



USES AND DISCLOSURES WITH AUTHORIZATION

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission or authorization. If we face communication barriers in obtaining to get your authorization, we will endeavor to overcome those barriers. Generally, if you give us an authorization to use and disclose your health information, then you may revoke your authorization, in writing, at any time. If you revoke your authorization, then we will no longer use or disclose your health information for the reasons covered by your written authorization, except to the extent that we already have relied on your authorization. We cannot take back any disclosures we already have made with your authorization. We must retain our records of the care we provided to you.

YOUR HEALTH INFORMATION RIGHTS

The following is a statement of your rights with respect to your health information and a brief description of how you may exercise these rights.

Right to Inspect and Copy: You have the right to inspect and receive a copy of your health information that may be used to make decisions about your care. We may have to charge you for copying. We may deny your request to inspect and copy your records in certain limited circumstances.

Right to Request Restrictions: You have the right to request a limitation on the health information we use about you for treatment, payment, or health care operations. You also have the right to request a limitation on the health information we disclose about you to someone who is not a legally designated or personal representative, but is involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.

Right to Request Confidential Communications: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make this request in writing. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We may end our accommodation to your request if payment arrangements are not honored.



Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you may have to request an amendment of the health information we have about you. This request must be in writing and provide a reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, we will do so in writing. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. These documents will be made part of your record. Please contact our agency if you request an amendment.

Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures, if any, we have made of your health information. This accounting will not include disclosures:

- For treatment, payment, or health care operations
- To you under your right of access to your records
- That you authorized
- Through a facility directory, to persons involved in your care, or for notification
- Incidental to an otherwise permitted use or disclosure
- As part of a limited data set
- For national security or intelligence purposes
- To correctional institutions or other custodial law enforcement officials or
- That occurred before April 14, 2003.

To request this list or accounting, you need to submit your request in writing. The first list you request within a 12-month period will be free. We may charge you a reasonable fee for the cost of providing subsequent lists. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before you are charged.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

We are required by law to:

- Maintain the privacy of your health information
- Give you this Notice of our legal duties and privacy practices with respect to the information we collect and maintain about you and
- Follow the terms of the Notice that is currently in effect.



CHANGES TO THIS NOTICE

We reserve the right to change this Notice. The revised Notice will be effective for information we already have about you as well as any information we receive in the future. Unless required by law, the revised notice will be effective on the new effective date of the Notice. The current Notice will be available from our agency.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at 222-2300 or via mail at Denali Family Services: 6401 A Street Anchorage, AK 99518. You also may file a complaint with the Secretary of United States Department of Health and Human Services of the Office for Civil Rights.

You may also file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W.; Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000. **There will be no retaliation for filing a complaint.**



Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I received a copy of Denali Family Service’s Notice of Privacy Practices.

Name: _____
(Please Print)

Signature of Individual/Legally Authorized or
Personal Representative: _____

Date: _____

If not signed by the Individual, please indicate the relationship to Individual: _____

Documentation provided: _____

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For Agency Use Only:

Signed Acknowledgement received by: _____

Acknowledgement refused:
Describe good faith efforts to obtain acknowledgement:

Describe reasons why acknowledgement was not obtained:

Employee Signature: _____