



# ALASKA NATIVE MEDICAL CENTER



## **NOTICE OF PRIVACY PRACTICES**

**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.**

This notice applies to services that are provided on the Alaska Native Medical Center (ANMC) campus, and the related records.

The Alaska Native Medical Center (ANMC) respects your privacy and understands that your information is a private and sensitive matter. When we make a record of the care and services you receive at ANMC, it is referred to as Protected Health Information, (PHI). This information is needed to provide quality health care and to comply with the law. For example, this information includes your symptoms, test results, diagnosis, treatment, health information from other health care providers, and billing and payment information related to those services. We will not disclose your information to others unless you authorize us to do so, or unless the law authorizes or requires us to do so. We are not responsible for possible redisclosures made by persons who otherwise validly received your PHI from us.

This privacy notice will tell you about: (1) the way that we may use and disclose PHI about you; (2) your privacy rights; (3) special rules for patients of ANMC's alcohol and/or drug prevention and treatment programs; and (4) ANMC's responsibilities in using and disclosing your PHI.

### **How ANMC May Use & Disclose Your PHI**

The following is an explanation and examples of some of the ways your PHI may be used and disclosed:

#### **Treatment:**

We may use and disclose your PHI for treatment purposes. PHI we obtain during your care, or which is disclosed to us from you or your other providers, will be recorded in your health record and used by our staff (providers, nurses, pharmacists, administrative assistants, etc.) to help us determine appropriate treatment options. In addition, we notify your health care providers regarding hospital admissions, discharges, and transfers through electronic notifications. We may also share PHI with others outside of ANMC, as necessary. For example, we might share medication information with a specialist that we refer you to, in order to avoid treatment that might cause a negative reaction.

#### **Payment:**

We may use your PHI for payment purposes. "Payment" includes the activities of ANMC to obtain payment or be reimbursed for the services we provide to you. For example, insurance companies may need information about services you received at ANMC in order to authorize payment. In addition, if someone else is responsible for your health care costs, we may disclose information to that person when we seek payment.

#### Health Care Operations:

We may use your PHI for health care operations. “Health care operations” are certain administrative, financial, legal, and quality improvement activities necessary to run ANMC programs and make sure all patients receive quality care. For example, we may use PHI about you to evaluate the performance of our staff, or to evaluate the services provided at ANMC.

#### Electronic Health Information Systems:

Your PHI will be available to providers who use the Alaska Tribal Health System’s shared electronic health record.

#### Health Information Exchange

We participate in a health information exchange that combines information from other participating healthcare facilities. This allows providers and health plans involved in your care to access PHI submitted by other providers and facilities for legitimate purposes, including treatment, payment, and operations. Once information is entered into 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 information exchange. You may “opt out” of including your health information in the exchange. If you opt out, then your PHI will only be available to providers who use the Alaska Tribal Health System’s shared electronic health record. Your provider will have information on how to make this request, or you may find the information on our website.

#### Appointment Reminders:

Our staff may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or health care at ANMC. The PHI we use or disclose for this purpose will be limited to what is necessary to remind you of the appointment.

#### Interpreters:

In order to provide you proper care and services, we may use the services of an interpreter. This may require the use or disclosure of your PHI to the interpreter.

#### Other Treatments and/or Health Products:

We may use and disclose PHI 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.

#### Research:

We can use or share your information for health research. Under certain circumstances, we may use and disclose PHI about you for health research purposes, both with and without your permission.

#### Funeral Directors/Coroners/State Medical Examiner:

We will disclose PHI about you to funeral directors, coroners, and the state medical examiner, consistent with applicable law, to allow them to carry out their duties.

#### Public Health Risks:

We may disclose PHI about you for public health activities that can include the following:

- prevention or control of disease, injury, or disability;
- reports of births and deaths;
- reports of abuse or neglect of children, elders, and dependent adults;
- reports of reactions or problems with medications or health products;
- notifying people of product 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; and
- notifying a government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

#### Workers' Compensation Laws:

We will disclose PHI when required by state law and/or when you have made a workers' compensation claim that provides benefits for work-related injuries or illness.

#### Correctional Institutions:

If you are in jail or prison, we may disclose your PHI in accordance with state law and regulations to the Department of Corrections for your health and the health and safety of others.

#### Law Enforcement:

We may disclose your PHI to law enforcement for certain purposes, such as to report injuries caused by guns or knives, or when it is suspected that criminal conduct occurred at ANMC, or to locate you when you are the suspect of a crime, or to avert a serious and imminent threat to health and safety, or when legally required to do so, such as when we receive a valid subpoena or court order.

We will *not* use or disclose your PHI to (1) conduct a criminal, civil, or administrative investigation into any person or (2) impose criminal, civil, or administrative liability on any person, for the mere act of seeking, obtaining, providing, or facilitating reproductive health care. For example, we will not disclose your use of prescription birth control to a law enforcement official who intends to impose criminal charges against you for the use of such birth control.

We will not use or disclose your PHI for purposes of health and safety oversight, judicial and administrative proceedings, other law enforcement purposes, or to coroners and medical examiners without requiring an attestation that verifies that the use or disclosure of your PHI is in connection with seeking, obtaining, providing, or facilitating reproductive health care where that reproductive health care is lawful or is protected, required, or authorized by Federal law. For example, if we receive a valid attestation, we may disclose your PHI to resolve a consumer complaint that you made.

#### Tissue Donation, Organ Procurement, and Transplant:

We may disclose your PHI to organizations that handle organ procurement or tissue transplantation or to an organ donation bank to help with organ or tissue donation and transplant, if you or your family members agree to such disclosure in advance.

#### Health and Safety Oversight:

We will disclose your PHI to a health oversight agency when required by law. These oversight activities include audits, investigations, and medical licensure.

Disaster Relief Purposes:

We may disclose your PHI to disaster relief agencies or law enforcement to assist in notification of your condition to family or others in cases of disaster.

Military and Veterans:

If you are a member of the armed forces, ANMC may release your PHI as required by military command authorities.

Court Orders, Lawsuits, and Disputes:

We may disclose PHI about you in response to a court or administrative order, subpoena with a court order or patient authorization, administrative request, or other legal process, in accordance with applicable law, including in cases where you are not a party to the dispute.

National Security and Intelligence Activities:

We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.

Business Associate Agreements:

We may use your PHI and disclose it to individuals and organizations that assist ANMC with treatment, payment, and health care operations, including complying with its legal obligations. For example, ANMC may disclose PHI to consultants or attorneys who assist us in our business activities. These business associates must agree in writing to protect the confidentiality of any PHI that they receive or have access to.

Other Uses and Disclosures:

ANMC may also disclose PHI as required or authorized by applicable laws for any reason not specifically listed here. For example:

1. We may use certain information about the care you received at ANMC to fundraise for the benefit of ANMC as allowed by regulation. If we engage in fundraising, you have the right to opt out of receiving such communications.
2. We provide information regarding FDA-regulated drugs and devices to the U.S. Food and Drug Administration;
3. We provide government oversight agencies with data for health oversight activities such as auditing or licensure;
4. We provide notices to appropriate individuals when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm to an individual; and
5. We disclose information when otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining our compliance with our obligations to protect the privacy of your PHI.

Notification of Family and Others:

Unless you object, we may release PHI about you to a friend or family member who is involved in your health care, or payment for your health care, while you are receiving services. In emergency cases where you are unavailable or incapacitated, or do not otherwise object, we may also tell your family or friends your location and general condition. If you would like to restrict the information provided to family or friends, please contact the appropriate number at the end of this notice.

**ANMC Directory:**

If you are staying in the hospital, information may be provided to people who ask for you by name. We may use and disclose the following information in the hospital directory:

- your name;
- location;
- general condition; and
- religion (only to clergy.)

You have the right to opt out of this use or disclosure of your information. If you opt out, we will not use or disclose it.

If you want a family member or friend to be able to access PHI 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 About Your Reproductive Health Care:**

We will *not* use or disclose your PHI to (1) conduct a criminal, civil, or administrative investigation into any person or (2) impose criminal, civil, or administrative liability on any person, for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify you for the purposes described in (1) and (2) of this paragraph. For example, we will not disclose your use of prescription birth control to a law enforcement official who intends to impose criminal charges against you for the use of such birth control.

We will only use or disclose your PHI for purposes of health and safety oversight, judicial and administrative proceedings, other law enforcement purposes, or to coroners and medical examiners if we obtain an attestation that verifies that the use or disclosure of your PHI is in connection with seeking, obtaining, providing, or facilitating reproductive health care where that reproductive health care is lawful or is protected, required, or authorized by Federal law. For example, if we receive a valid attestation, we may disclose your PHI to resolve a consumer complaint that you made.

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

Other than the uses and disclosures described above, PHI will be used or disclosed only as allowed or required by law, or with your written authorization. Uses and disclosures such as uses for marketing and the sale of PHI 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 SUBSTANCE USE DISORDER PATIENT RECORDS**

If you receive services at a substance use disorder (SUD) treatment program, whether at ANMC or another health care entity, your medical records that identify you as receiving those services may be protected not only by HIPAA but also by 42 C.F.R. Part 2 ("Part 2"), regulations governing the confidentiality of SUD patient records. Part 2 provides additional safeguards to protect the privacy of these records.

ANMC must obtain your written consent before disclosing records protected by Part 2, including before releasing PHI for payment purposes. ANMC may condition treatment on receiving your consent for payment purposes. Federal law does, however, permit ANMC to release records protected by Part 2 in certain circumstances *without your written authorization*. These are disclosures:

- pursuant to an agreement between ANMC and a qualified service organization or business associate;
- for research, audit, or evaluation purposes;
- to report a crime against ANMC personnel or on ANMC property;
- to medical personnel in a bona fide medical emergency;
- to report suspected child abuse or neglect to appropriate authorities; and
- pursuant to a court order.

## **YOUR INDIVIDUAL RIGHTS REGARDING YOUR PHI**

You have specific individual rights as to the uses and disclosures of your PHI. The health and billing records we create and store belong to ANMC. The PHI in those records, 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 Request Restrictions on Use:**

You have the right to ask ANMC to limit certain uses and disclosures. To request any limitation, you must submit your request to ANMC in writing. We are not required or permitted to grant all such requests. We will honor requests where required or reasonably practicable and shall inform you of our decision regarding your request. We will also honor requests to restrict disclosures of PHI to an insurer for services paid entirely out of pocket.

### **Right to Request Confidential Communications:**

You may request ANMC to communicate with you, contact you, or disclose copies of your PHI by a particular method (mail, e-mail, fax, etc.) or at a particular location. These requests must be made in writing, and we have a form available to use for a request. ANMC will accommodate reasonable requests.

### **Right to Request, Inspect, and Receive Copies:**

You may request to see and get a copy of your PHI. If your PHI is in electronic format, you may request that your copy also be in electronic format.

#### Right to Request An Amendment:

You have the right to request an amendment of your PHI. These requests must be submitted in writing. We may accept your request and, if we do, we will add an amendment. If we deny your request, you may submit a written statement of disagreement. ANMC will include your statement of disagreement in your record. Please note that we may add our own statement disagreeing with your proposed changes to your record. Statements regarding amendments to your PHI may be included with any release of your records.

#### Revoke or Cancel Prior Authorizations:

If you authorized ANMC to use or disclose your PHI, you may revoke your authorization in writing at any time. Once revoked, we will no longer use or disclose your PHI. ANMC is unable to take back any disclosures we have already made with your permission. However, if the authorization was received as a condition of obtaining insurance or Workers' Compensation coverage, we may be prohibited from revoking your authorization.

#### Right to Know About Disclosures:

You have the right to request a list ("an accounting") of certain disclosures of your PHI. The list will not include treatment, payment, and operations, or disclosures to third-party payers. You may request an accounting at any time. ANMC 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 a period of six years prior to the date requested for paper records, and three years prior for electronic health records.

#### Right to be Notified of a Breach:

In the event of a breach of the privacy or security of your PHI, ANMC will notify you regarding the circumstances of the breach, efforts that ANMC has taken to correct or mitigate the breach, and steps you can take to protect yourself from potential harm.

#### Right to Receive a Paper Copy:

Even if you have consented to receive this notice via email, you have the right to request a paper copy of this notice.

#### No Right to Certain Information:

There is certain information to which you do not have a right to access. Specifically, you do not have a right to access notes regarding your care when it has been determined by your provider to endanger the life and physical safety of you or another person; any information prepared in anticipation of a legal proceeding; or any information that might have other legal restrictions against disclosure. If ANMC refuses to give you access to certain information, you may request that ANMC provide you with information on your appeal rights, if any.

#### **WHO WILL FOLLOW THIS NOTICE:**

- any individuals authorized by ANMC to enter information into your health record;
- all ANMC departments and programs;
- any member of a volunteer group we allow to help you while you are receiving services at ANMC;

- all individuals who are considered members of ANMC's workforce.

### **ANMC's RESPONSIBILITIES:**

We are required by law to:

- keep your PHI private;
- provide notice of our legal duties and privacy practices with respect to PHI;
- notify affected individuals following a breach of PHI;
- 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 PHI 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 any of our programs and asking for it or by visiting our website:

- <http://www.anthctoday.org/business/compliance.html>

### **To Ask for Help, Express a Concern, or File a Complaint**

If you have questions, want more information, or want to report a problem about the handling of your PHI, you may contact the ANMC Patient Hotline at: **1-877-837-4251**

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

Alaska Native Tribal Health Consortium  
c/o Ethics and Compliance Services  
4315 Diplomacy Dr.  
Anchorage, AK 99508

Southcentral Foundation  
c/o Corporate Compliance Dept.  
4501 Diplomacy Dr.  
Anchorage, AK 99508  
(907) 729-4200  
SCFCorporateCompliance  
@southcentralfoundation.com

For violations of the protections established under HIPAA for patient records, you have the right to file a complaint regarding a violation with the U.S. Secretary of the Department of Health and Human Services, Office of Civil Rights (OCR), by mail at 200 Independence Avenue, S. W. Room 509F, HHH Bldg., Washington DC 20201, by email at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), or by using the [OCR's Complaint Portal Assistant](#). You may also call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697.

For violation of the protections established by 42 C.F.R. Part 2 for SUD patient records, you have the right to file a complaint regarding a violation with the U.S. Attorney's Office in Anchorage by mail at 222 West 7<sup>th</sup> Ave., Room 253 #9, Anchorage, AK, 99513, or by phone at (907) 271-5071.

Please contact ANMC if you would like information on how to file with either governmental entity.



***There will be no retaliation for filing a complaint.***

**Notice Effective Date: April 24, 2003 – revised September 19, 2022 and February 10, 2025**

## **NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

**Effective Date: April 24, 2003** – revised September 19, 2022; February 10, 2025

The Alaska Native Medical Center's Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. You have the right to review the notice before signing this acknowledgement. As stated in the notice, the terms of the notice may change. If the notice is changed, you may obtain a revised copy by contacting the Compliance Departments or asking any ANMC staff.

You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction except in special circumstances but, if we do, we are bound by our agreement.

You have the right to request a list of certain disclosures we have made of your PHI.

By signing this form, you acknowledge receipt of ANMC's Notice of Privacy Practices.

\_\_\_\_\_  
Chart No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Patient or Authorized Representative