

Welcome and thank you for selecting the Yukon-Kuskokwim Health Corporation (YKHC) to assist you with your physical and mental health needs. While receiving services through any of our various programs or while visiting any of our facilities throughout the YK Delta Region, YKHC makes sure that necessary measures have been taken to protect the confidentiality and privacy of your **Protected Health Information (PHI)** against improper uses or disclosures.

Federal and State laws and regulations provide guidelines that YKHC must follow. These include the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Act, Freedom of Information Act, and Alcohol and Drug Confidentiality Regulations.

## 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 read and review it carefully.

**U**pon arrival to any of our facilities, personal information such as your name, address, phone number, date of birth, social security number, insurance carrier(s), etc. may be requested. This information is needed for future identification, billing, or health care purposes. YKHC has implemented policies and procedures and trained all staff members to assure that your PHI is properly used or disclosed. YKHC also assures that other organizations permitted to receive information about you are protecting it as well.

As a result of your visit, additional information may be created that relates to your symptoms, test results, diagnosis, treatment information, health information from other medical providers, and billing and payment information related to those services.

All individual employees are required to receive training to ensure they understand that any access, uses, or disclosures of PHI are limited to a “Minimum Necessary” and “Need to Know” basis. This means the amount of PHI accessed, shared or released should be limited to the amount necessary for someone to perform their job and only when required to know.

### This privacy Notice describes:

- How your information may be used or disclosed either with or without your permission
- What rights you have in regards to the information
- What responsibilities YKHC has regarding your medical information
- What to do if you feel you have concerns about your PHI.

If you have additional questions, comments, concerns, or you do not fully understand what is described within this Notice, you may contact the **YKHC Privacy Officer at 1-800-478-3321 ext. 6995, or 907-543-6995**, or you may email directly to: [privacy\\_officer@ykhc.org](mailto:privacy_officer@ykhc.org)

### HOW INFORMATION MAY BE USED OR DISCLOSED

In most situations, it is required that a written authorization be obtained prior to any use or disclosure of your PHI. However, there are exceptions that permit YKHC and other covered entities to use (share) PHI with each other, or to disclose (release) the PHI after having provided you an opportunity to agree or object, or even without your authorization.

### YKHC Alcohol/Drug or Behavioral Health programs

YKHC refers to 42 Code of Federal Regulations (CFR), Part 2, to ensure compliance with regulations that place strict limitations on



how PHI may be used or disclosed for individuals that are receiving any types of services related to Alcohol or Drug & Substance abuse programs. Because YKHC combines our Behavioral Health with Alcohol and Substance Abuse programs, YKHC also requires that all behavioral health information be handled in compliance with 42 CFR regulations. These programs will only *use* PHI without your authorization if:

- A situation with the Veteran's Administration, the Armed Forces, or a Qualified Service Organization exists that authorizes PHI to be shared;
- Communication is between a program or an entity having administrative control over the program;
- A situation exists that requires that a mandatory report be made to the proper authorities.

A *disclosure* of PHI is only authorized if you have provided written authorization to do so, unless:

- It is to medical personnel to meet a bona fide medical emergency
- A qualified personnel requires PHI to perform research, audits, or program evaluations, but any reports may not directly or indirectly, identify you in any manner
- Only as authorized by an appropriate court of competent jurisdiction after application showing good cause.

### All other Medical services

YKHC refers to 45 CFR, Part 160 and 164 to ensure compliance with regulations that not only provide for the confidentiality of your PHI, but it also requires that security measures be in place to protect information that is transmitted electronically. It also provides rights to the individual. The following pages will advise you of how PHI may be used or disclosed and what your rights are to the information.

YKHC and other covered entities are permitted to use or disclose PHI for purposes which include:

### For Treatment, Payment or Operations (TPO):

**Treatment** – Information may be used by any YKHC workforce member involved in your health care. It may be shared with other individuals assisting in your care so that informed decisions may be made. This may include other health care providers, nurses, health aides, pharmacists, dieticians, or physical therapists, etc. Information may be shared with an authorized person outside YKHC if seeking an expert or second opinion, or when you may be referred to another provider or hospital. (If you seek health care from another provider on your own, YKHC will require that an authorization form be completed prior to the disclosure of any PHI.)

**Payment** – Information may be used and disclosed for billing or payment purposes so payment may be collected from the government, an insurance company, third party payors, or other responsible persons. For example, insurance companies may need information about surgery you had at the hospital in order to pay us for the costs of the surgery and care. Ambulatory services may be provided information to receive payment for services rendered.

**Operations** – Information may be used and disclosed for operational purposes that are necessary to run the hospital, clinics and other facilities and make sure all of our patients receive quality care.

For example, information may be used to:

- Evaluate the performance of our staff
- Determine what additional services the hospital should offer, what services are not needed, and whether certain new treatments work
- To ensure compliance with federal and state laws and regulations, as well as YKHC policies and procedures.

### In the following situations, you have an opportunity to agree or object

**Notification to Family and Others** – You may authorize that PHI be disclosed to a friend or family member who you would like to be involved in your medical care. If you are unable to provide that authorization, a provider may in their expert opinion, determine that it is in your best interest to have someone notified of your situation.

**Facility Directory** – While you are receiving services in any YKHC facility, you may authorize individuals to know of your presence if they ask for you by name. You also have the right to restrict who knows of your presence. When you permit your name to be included in the facility directory, only the following information may be disclosed:

- Your name
- Location within the facility
- General condition
- Religious preference (only to clergy).

**Disaster Relief Purposes** – In the event of a disaster, information may be disclosed to disaster relief agencies to assist in notification of your condition to family members or others.

### In the following situations, an opportunity for you to agree or object is not required

**Law Enforcement** – Information may be disclosed to law enforcement officials when:

- It is legally required, or mandatory reporting;
- When authorized by a subpoena, court order or other legal process;
- A crime is committed, or threatened to be committed, a crime while on YKHC property, or it is against any person on YKHC property, or if there are concerns about the safety of an individual(s) not on YKHC property;
- Limited PHI may be provided to assist in identification or missing person situations;
- To report abuse, neglect, or domestic violence to agencies authorized to receive such reports.

**Public Health Activities** – Information may be accessed or disclosed, through oral, written or electronic means, for public health activities that can include the following categories.

- 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 a person(s) of a product recall related to their health care;
- Notifying a person(s) that may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- Notifying a government authority if it is believed that an adult patient has been the victim of abuse, neglect or domestic violence. A disclosure under this exception will only be made if you agree or if it is required or authorized by law.

**Health and Safety Oversight** – Information may be used or disclosed to a health oversight agency when required by law. These oversight activities include audits, investigations, medical licensure, etc...

**Funeral Directors/Coroners** – Information may be disclosed to funeral directors or coroners as long as it is consistent with state and federal laws so they may carry out their duties.

**Tissue Donation and Transplant** – Information may be disclosed to organizations that handle organ procurement or tissue transplantation or to an organ donation bank, as necessary to help with organ or tissue donation and transplant.

**Medical Research** – Under certain circumstances, information may be used or disclosed for research purposes, but only if the research has been approved and have given assurances that the information will be protected. Information may be shared with medical researchers preparing to conduct a research project. In most situations, the researcher will be required to have you sign an authorization form prior to obtaining, accessing or having any information that may identify you, such as to your name, address, phone number, chart number, etc.

**Correctional Institutions** – Authorized personnel in a correctional institution may be provided information if you are in jail or prison and it is deemed necessary for the health and safety of you or others.

**Military and Veterans** – If you are a member of the armed forces,

information may be requested and disclosed to authorized military command authorities. If you are a member of a foreign military service, information may be disclosed to appropriate foreign military authorities.

**Lawsuits and Disputes** – If you are involved in a lawsuit or dispute, information may be disclosed in response to a court or administrative order. If information is being requested in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, it may be disclosed only if efforts have clearly been made to tell you about the request (which may include written notice to you) and an opportunity to authorize or deny the request has been provided to you.

**National Security and Intelligence Activities** – Authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law may receive information about you upon request.

**Workers' Compensation Laws** – When required by federal or state law and you have made a claim to workers' compensation or another similar program that provides benefits for work-related injuries or illness.

**Other Uses** – Uses and disclosures not described in this Notice will be made only as allowed or required by law or with your written authorization.

## YOUR HEALTH INFORMATION RIGHTS

Although the health and billing records belong to YKHC, the information in it generally belongs to you. You have a right to request:

- A copy of the NoPP and have an opportunity to read and ask questions about this Notice;
- By written documentation, that the following actions be taken:
  - ◆ Limits be placed on the use and disclosure of your information;
  - ◆ Be allowed to view and/or receive a copy of your information;
  - ◆ A restriction be placed on the use or disclosure of your information
  - ◆ Amendments be made to your information;
  - ◆ For an Accounting of Disclosure (who received your information):
    - Hard copy records can be requested up to six years prior or date of implementation
    - Electronic records can be requested up to three years prior or date of implementation (if available);

These requests are offered as a right to you, however, if it is decided that your request can not be granted, you will be notified of the reason and provided an opportunity to appeal the decision, if allowed.

- When requesting copies of your medical record, a reasonable cost-based fee may be charged to you or the requestor to cover the costs of copying.
- When requesting an Accounting of Disclosure, you may receive the information without charge once every 12 months. If additional requests are made, you will be notified of any related costs prior to additional copies being made. That way you can decide whether or not you wish to have another copy provided. An Accounting of Disclosure does not include the use or disclosure of information for treatment, payment, operational uses, or for any other authorized use or disclosure not required to be documented;

- You may cancel any of the above requests by completing a revocation form. However, the revocation does not affect information that has already been released or had any action taken before the revocation was received.
- If your PHI is disclosed in a manner that violates a federal or state law or regulation and poses a significant risk to you, YKHC or its Business Associate will attempt to notify you of the breach without unreasonable delay but within 60 days of discovery. Notification may be:
  - ◆ In writing and sent to your most current address by first class mail; or
  - ◆ By email if arrangements are made and agreed upon before the breach;
  - ◆ Any other appropriate means of communication authorized; or
  - ◆ A media source servicing your area of last known residence;
  - ◆ On the YKHC website.

Details of the breach shall include the following information:

- A brief description of what happened;
- A description of the types of information that were involved in the breach;
- The steps you should take to protect yourself from potential harm resulting from the breach;
- A brief description of what is being done to investigate the breach, to mitigate losses, and to protect against any further breaches;
- Contact procedures for you to ask questions or learn additional information, which shall include a toll-free number, an email address, website, or postal address.

For help with these rights during normal business hours, please contact Medical Records ROI staff or the YKHC Privacy Officer.

## WHO IS REQUIRED TO FOLLOW THIS NOTICE

This Notice describes the practices of our hospital, clinics and other facilities and shall be complied with by:

- Any health care professional authorized to enter information into your medical record
- All departments and units of YKHC
- Any member of a volunteer group allowed to help you while at our facilities
- All employees, staff and other hospital personnel.

## OUR RESPONSIBILITIES

*YKHC is required to:*

- Make efforts to ensure the privacy and protection of your information; and
- Provide you with a copy of this Notice upon request; and
- Follow the terms as described within this Notice; and
- Provide citation to the laws that YKHC references for compliance:
  - ♦ See, 42 U.S.C. §290dd-3 and 42 U.S.C. §290ee and the regulations at 42 CFR Part 2 for Confidentiality of Alcohol and Substance Abuse Patient Records; and
  - ♦ See, 42 U.S.C. §1171-1179, Health Insurance Portability and Accountability Act of 1996 and the regulations at 45 CFR Part 160 and 164; and
  - ♦ See, 5 U.S.C. §552a, Privacy Act of 1974 and regulations at 45 CFR Part 5b.

YKHC has the right to change our practices regarding the information maintained at our facilities. If changes are made to this Notice, not to include changes for grammatical reasons, a revised version of this Notice shall be provided to you upon your first visit after the revision date. You may request a copy of this Notice at any time at any of our community-based clinics, the YK Delta Regional Hospital, or any of our other YKHC facilities.

## How To Request Assistance or Report a Concern

If you have questions, want more information, wish to make a report about the handling of your information, or make a written complaint because your privacy rights have been violated, you may contact:

YKHC Privacy Officer  
PO Box 528  
829 Chief Eddie Hoffman Hwy  
Bethel, AK 99559  
1-800-478-6995, ext. 6995  
907-543-6995

Office for Civil Rights  
U.S. Dept. of Health & Human Services  
2201 Sixth Avenue, Mail Stop RX-11  
Seattle, WA 98121  
206-615-2290; 206-615-2296 (TDD)  
206-615-2297 Fax

***If you file a complaint, no one is permitted to retaliate against you.***

If you feel an employee is retaliating against you, contact the Privacy Officer immediately.

Or call the Office for Civil Rights voice hotline at:  
**1-800-368-1019 1-800-537-7697 (TDD)**

## YKHC WEBSITE

For your benefit, this Notice is also available on the web at [www.ykhc.org](http://www.ykhc.org).

Effective date: April 14, 2003  
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YKHC administers a comprehensive health care delivery system for 50 rural communities in southwest Alaska.

The system includes community clinics, subregional clinics, a regional hospital, dental services, behavioral health services including substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

Yukon-Kuskokwim Health Corporation  
P.O. Box 528 • Bethel, Alaska 99559 • 907-543-6000

