



KODIAK AREA NATIVE ASSOCIATION

# HEALTH SERVICES

## Notice of Privacy Practices

Please, take a moment to review this carefully. This notice describes how your health information may be used and disclosed, and how you access it.

The Kodiak Area Native Association (KANA) respects your privacy and understands that your personal health information is a private and sensitive matter.

We make a record of the care and services you receive at KANA, called “protected health information” (PHI). This information is needed to give you 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 may use and disclose health care information about you in several circumstances:

**1. TREATMENT:**

We may use your protected health information for treatment purposes. Information obtained by our health care staff will be recorded in your health record and used 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 providers to avoid treatment that could otherwise cause a negative reaction.

**2. PAYMENT:**

We may use your protected health information for payment purposes. Such “payment” may include KANA’s efforts 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 KANA 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.

**3. HEALTH CARE 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 ensure that KANA programs and patients receive the highest quality care. For example, we may use health information about you to evaluate the performance of our staff, or to evaluate the services provided at KANA.

**4. ELECTRONIC HEALTH INFORMATION SYSTEMS:**

We use an integrated, multi-facility electronic health information system which includes a patient service communications network which permits providers involved in your care at other tribal health care facilities and the Indian Health Services to access health information accumulated about you at our facilities. Once information is entered into these electronic systems, it cannot be removed. Once users are authorized access to your information, the user will continue to have such access until determined otherwise. We may make your protected health information available electronically through our electronic health information exchange for 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 the other user’s information about you for KANA’s healthcare operations, treatment and payment purposes.

## **5. PERSONS INVOLVED IN YOUR CARE:**

We may disclose medical information about you to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to a person involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request. *Example:* A patient's spouse may be invited into an exam room and the provider may discuss medication or treatment with the patient and their spouse.

## **6. REQUIRED BY LAW:**

We will use and disclose medical information about you whenever we are required by law to do so. Many state and federal laws require use to use and disclose medical information. Example: State law requires use to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services.

## **7. NATIONAL PRIORITY USES AND DISCLOSURES:**

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." We will only disclose medical information about you in the following circumstances when we are required to do so by law. Examples: Threats to health or safety; Public health activities/risks; Abuse, neglect or domestic violence; health oversight activities; Court proceedings; Law enforcement; Coroners, Medical Examiners, or Funeral Directors; Workers' Compensation; Certain government agencies, such as correctional institutions; military branches; tissue donation/organ procurement and transplant; national security and intelligence activities.

## **8. RESEARCH:**

Under certain circumstances, we may use and disclose health care information about you for research purposes, but only if the research has been reviewed and approved by an Institutional Review Board (IRB). We may also share information with researchers preparing to conduct a research project. We will almost always ask for your specific permission if the researcher will have access to any information that reveals who you are. In some cases, your health information might be used or disclosed for research without your consent. Example: A researcher might review your health record to determine if we have enough patients to conduct diabetes research study. In these cases, the IRB ensures using your information without consent is justified and steps are taken to limit the use of your information.

## **9. PUBLIC HEALTH RISKS:**

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

- Prevention or control of disease, injury or disability;
- Reports of birth 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 of contracting or spreading a disease or condition;
- Notifying a government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

## 10. OTHER USES AND DISCLOSURES:

We may also use and disclose your information to enhance health care services, to protect patient safety, to safeguard public health, to ensure that our facilities and practitioners comply with government and accreditation standards and when otherwise allowed by law. For Example:

- We provide information regarding U.S. Food and Drug Administration (FDA) regulated drugs and devices to the FDA.
- We provide government oversight agencies with data for health oversight activities such as auditing or licensure.
- 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.
- We disclose information when otherwise required by law, such as 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 health information.

## 11. HEALTH INFORMATION EXCHANGES

We use electronic health information systems, including a health information exchange that combines information from other participating providers. This allows providers and health plans involved in your care to access health information submitted by other providers and facilities for legitimate purposes, including treatment, payment, and operations. Once information is entered into many of 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 also may “opt out” of including some or all of your health information in the exchange. If you opt out, then your information will only be available to providers who use the Alaska Tribal Health System’s shared electronic health record. To learn more about how to opt out, call 907-486-9870.

## AUTHORIZATIONS

Other than the uses and disclosures previously described (1-10), we will not use or disclose medical information about you without the “authorization” – or signed permission of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. You may later cancel your authorization to release information in writing (except in very limited circumstances related to obtaining insurance coverage). If you wish to revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

## You have rights with respect to medical information about you.

### 1. RIGHT TO A COPY OF THIS NOTICE

You have a right to have a paper copy of our Notice of Privacy Practices at any time.

### 2. RIGHT OF ACCESS TO INSPECT AND COPY

You have a right to inspect and receive a copy of medical information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. Records release forms are available upon request. A fee may be associated with this request. We may deny your request in certain instances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

### 3. RIGHT TO HAVE MEDICAL INFORMATION AMENDED

You have the right to have us amend (correct or supplement) medical information about you that we maintain in certain groups of records. If you believe our information is either inaccurate or incomplete, upon written request from you with an explanation why you want it changed, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information.

### 4. RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE

You have the right to receive an accounting (which means detailed listing) of disclosures that we have made for the previous six (6) years. The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that we include disclosures for treatment, payment or health care operations. The accounting will also not include disclosures made prior to April 13, 2003. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

### 5. RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES

You have the right to ask us to place restrictions on the way we use or disclose your medical information for treatment, payment, or healthcare operations. We are not required to agree to restriction, but if we agree to restriction, we will not use or disclose your medical information in violation of that restriction, unless it is needed for an emergency. To make such request, please do so in writing to the privacy officer listed on the back of this notice.

### 6. RIGHT TO REQUEST AN ALTERNATIVE METHOD OF CONTACT

You have the right to request to be contacted at a different location or by a different method. For Example: you may prefer to have all written information mailed to your work address rather than your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

We are required by law to protect the privacy of medical information and provide notice of our legal duties and privacy practices.

#### **You may choose to file a complaint about your privacy practices.**

If you believe your privacy rights have been violated, you may file a written complaint either with us or the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. To file a written complaint with us, please forward your complaint directly to the following address:

Kodiak Area Native Association  
Attn: Privacy Officer  
3449 East Rezanof Drive  
Kodiak, AK 99615

To file a written complaint with the Federal Government, please use the following contact information:

Centralized Case Management Operations: U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
Email: [OCRComplaints@hhs.gov](mailto:OCRComplaints@hhs.gov)

To file a complaint online, visit: [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html)  
Toll Free Phone: (800) 368-1019 / TDD Toll Free: (800) 537-7697

*Effective Date: April 14, 2013 / Revised: May 12, 2021*