



KODIAK AREA NATIVE ASSOCIATION

HEALTH SERVICES

Notice of Privacy Practices

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

This notice applies to services that are provided by Kodiak Area Native Association and the related records.

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 your health care information in the following 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 utilize electronic health information systems, which includes a patient service communications network that 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, but can be amended. Once users are authorized access to your information, the user will continue to have such access until determined otherwise. Your protected health information is also available through our electronic health information exchange to other health care providers and health plans that request your information for their treatment, payment and healthcare operation 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. 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. To learn more about how to opt out, call 907-486-9870.
- 5. APPOINTMENT REMINDERS:** KANA may use and disclose health care information to contact you as a reminder that you have an appointment. KANA may use and disclose health care information during the reminder call, but the information disclosed will be kept to what is necessary to remind you of an appointment.
- 6. SMS/EMAIL PATIENT SATISFACTION LINKS:** You'll be receiving automated SMS text message and/or emails requesting feedback regarding your care at KANA. If you would rather opt-out, please notify us, and/or do so through the text/email by replying STOP.
- 7. 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.

- 8. 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 personal health information to the interpreter.
- 9. 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 us 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.
- 10. 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; and disaster relief organizations.
- 11. BUSINESS ASSOCIATE AGREEMENTS:** We may use your health care information and disclose it to individuals or organizations that assist KANA with treatment, health care operations or payment purposes or with complying with legal obligations. For example, KANA may disclose information to consultants or attorneys who assist us in our business activities. These business associates must agree to protect the confidentiality of the protect health information.
- 12. 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.

13. 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.

14. 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.

15. CONFIDENTIALITY OF ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT

RECORDS If you receive alcohol and/or drug treatment services, your medical records that identify you as receiving those services are protected not only by HIPAA, but also by the 42 CFR Part 2 confidentiality law. This law provides additional safeguards to protect the privacy of these records.

KANA must obtain your written consent before disclosing information identifying you as a patient of an alcohol and/or drug treatment program, including before releasing information for payment purposes. KANA may condition treatment on receiving your consent for payment purposes. Federal law does, however, permit KANA to release records identifying you as a patient of an alcohol and/or drug treatment program in certain circumstances without your written authorization. These are disclosures:

- Pursuant to an agreement with 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 medical emergency;
- To report suspected child abuse or neglect to appropriate authorities;
- Pursuant to a court order.

KANA, for example, may disclose your records identifying you as a patient receiving alcohol and/or drug prevention and treatment services without your consent if a judge issues a Court Order that requires KANA to provide the records for a court hearing or active lawsuit.

AUTHORIZATIONS

Other than the uses and disclosures previously described, information will be used or disclosed only as allowed or required by law, or with your written authorization. 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.

If you want a family member or friend to be able to access information about you or to 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.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR HEALTH INFORMATION

- 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. QUESTIONS:** You have the right to ask questions about any information contained in this notice.

- 3. RIGHT OF ACCESS TO INSPECT AND COPY:** You have a right to inspect and receive a copy of health information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of health 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. If your health record is in electronic format, you may request that your copy also be in electronic format.
- 4. RIGHT TO HAVE MEDICAL INFORMATION AMENDED:** You have the right to request an amendment to (correct or supplement) health 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; if your request is accepted. 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 to your record. All statements regarding changes to your health record would be included with any release of your records.
- 5. 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. This list will not include disclosures made to third party payers. 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.
- 6. 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.
- 7. RIGHTS TO REVOKE OR CANCEL PRIOR AUTHORIZATIONS:** If you provided us authorization to use or disclose your health information, you may revoke your

authorization in writing at any time. Once you revoke 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, and if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

- 8. 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.

WHO WILL FOLLOW THIS NOTICE

1. Any individual authorized by KANA to enter information into your health record.
2. All KANA department and programs that are considered a covered-entity under HIPAA.
3. Any member of a volunteer group we allow to help you while you are receiving services at KANA.

KANA'S RESPONSIBILITIES

We are required by law to protect the privacy of your protected health information; provide notice of our legal duties and privacy practices; notify affected individuals following a breach of unsecured protected health information; make this Notice of Privacy Practices available to you; and follow the terms of the Notice of Privacy Practices currently in effect.

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 any of our programs and asking for it or by visiting our website: www.kodiakhealthcare.org

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 health information, you may contact:

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

To file a complaint with the Federal Government regarding violations of HIPAA:

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

Toll Free Phone: (800) 368-1019 / TDD Toll Free: (800) 537-7697

To file a complaint online, visit: www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

To file a complaint regarding violations of 42 C.F.R. Part 2:

U.S. Attorney's Office 222 W 7th Ave #9

Anchorage, AK 99513

907-271-5071

We will not take any action against you or change our treatment of you in any way if you file a complaint.

Effective Date: April 14, 2013 / Revised: March 3, 2023