

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE READ AND REVIEW IT CAREFULLY

CRNA respects your privacy and understands that the security of your protected health information (“PHI”) is extremely important. PHI refers to records of the care and services you receive at CRNA or other healthcare facilities, and may include information regarding your symptoms, test results, diagnosis, treatment, billing and payments, all of which is necessary for CRNA to provide you with quality health care. CRNA will not disclose your information to others unless you authorize us to do so, or unless we are required or authorized by law to do so without your permission.

This Notice of Privacy Practices will tell you about: (1) the way that we may use and disclose PHI about you; (2) your privacy rights; (3) special rules for certain patients receiving drug or alcohol abuse treatment services; and (4) CRNA’s responsibilities in using and disclosing your PHI.

The rules described in this Notice apply to any CRNA staff or individuals authorized to access, handle, or enter information into your health record.

CRNA’s Responsibilities

CRNA is required by law to:

- Keep your PHI confidential;
- Provide you with this Notice of our legal duties and privacy practices with respect to PHI;
- Notify you of your specific rights as to health information which is subject to 42 C.F.R. Part 2 regarding substance use disorder patient records;
- Follow the terms of this Notice; and
- Notify affected individuals following a breach of unsecured PHI.

We have the right to change our privacy practices regarding the PHI we create or maintain for you, and we will update this Notice to reflect changes as they are made. You may obtain the most recent copy of this Notice by calling or by visiting our clinic or the CRNA website.

How CRNA May Use & Disclose Your PHI

Treatment: CRNA uses your PHI for treatment purposes to help healthcare staff decide on your appropriate care. CRNA may also provide PHI to other healthcare entities or individuals providing you with healthcare services. For example, a healthcare provider at CRNA might ask if you have high blood pressure. This information lets the healthcare provider avoid giving you medicine that could make your blood pressure worse. CRNA shares this information with nurses, pharmacists, and other health care providers so that they also can avoid doing things that might make your blood pressure worse.

Payment: CRNA uses your PHI to obtain payment for healthcare services provided to you. CRNA sends bills to Medicaid, other government programs, and private insurance. For example, insurance companies often need information about services you received in order to decide if the visit is covered by insurance. In addition, if someone else is responsible for your healthcare costs, we may disclose information to that person regarding the services provided to you when we seek payment.

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

Appointment Reminders: CRNA uses your PHI for the purpose of to contact you to remind you of appointments at CRNA. The PHI used will be limited to what is necessary for the reminder.

Interpreters: To provide you with proper care and services, CRNA may use the services of an interpreter. This may require use or disclosure of your PHI to the interpreter or others facilitating the provision of interpreter services.

Other Treatments and/or Health Products: CRNA may use and disclose your PHI to identify and provide information to you about treatment options or alternatives, or health-related products or services that may be of interest to you based on your particular needs or conditions.

Research: Under certain circumstances, CRNA may use and disclose your PHI for research purposes, but only with your prior consent, or if the research has been reviewed and approved in accordance with applicable laws, and the researcher has taken the required steps to protect your PHI. In limited cases, your PHI might be used or disclosed for pre-research purposes; for example, a researcher might review your PHI for the limited purpose of determining whether CRNA has enough patients to conduct a diabetes research study.

Funeral Directors/Coroners/State Medical Examiner:

CRNA may disclose your PHI to funeral directors, coroners, and the state medical examiner, consistent with applicable law, to allow them to carry out their duties.

Public Health Risks: CRNA may disclose your PHI for public health activities including the following:

- Preventing or controlling disease, injury, or disability;
- Reporting the outbreak of contagious disease;
- 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;
- Reporting of births and deaths;
- Reporting of suspected abuse or neglect of children, elders, and dependent adults;
- Reporting negative reactions or problems with medications or health products; or
- Notifying people of product recalls related to their health care.

Workers' Compensation Laws: CRNA will disclose your 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, CRNA may disclose your PHI to the Department of Corrections for the purposes of ensuring your health and protecting the health and safety of others.

Law Enforcement: CRNA may release your PHI to the police or other law enforcement official for certain purposes, such as to report injuries caused by gun or knives, when suspected that criminal conduct has occurred on CRNA premises, to locate you when you are the suspect of a crime, or to avert a serious and imminent threat to health or safety.

Tissue Donation, Organ Procurement, and Transplant: CRNA 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: CRNA will disclose PHI to a health oversight agency when required by law, for oversight activities including audits, investigations, and medical licenses.

Disaster Relief Purposes: CRNA 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, CRNA may release PHI about you as required by military command authorities.

Court Orders, Lawsuits, and Disputes: CRNA may disclose your PHI in response to a court or administrative order, subpoena, 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: CRNA may release your PHI to federal officials conducting intelligence or counterintelligence activities, investigating national security concerns or carrying out other national security activities, as authorized by law.

Business Associate Agreements: CRNA may use and disclose your PHI to business associates, which are individuals and organizations assisting CRNA with health care operations. For example, CRNA may disclose information to an organization contracted to evaluate the quality of CRNA's health care services. Each of CRNA's business associates agree in writing to protect the confidentiality of PHI.

Other Uses and Disclosures: CRNA may also disclose PHI as required or authorized by applicable laws for any reason not specifically listed here.

Notification of Family and Others: Unless you notify CRNA of any objection, CRNA may release your PHI to a friend or family member who is involved in your health care, or payment for your health care. If a friend or family member is present with you while you are receiving services, CRNA staff may reasonably assume that disclosure of your PHI to that individual is acceptable to you, to the extent of the services you are then receiving. If you would like to restrict the information provided to family or friends, please notify CRNA of this preference.

***If you want a friend or family member to be able to access information 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 with CRNA, otherwise CRNA may deny that individual any access to your PHI, including appointment dates or times.**

Multi-Facility Electronic Health Information Systems: In addition to our own electronic health information system, we use an integrated multi-facility electronic health information system that permits providers involved in your care at other Alaska tribal health care facilities to access PHI accumulated about you at our facilities.

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. For example, uses and disclosures made for the purpose of marketing or the sale of PHI require your authorization. You have the right to revoke an authorization for use or disclosure at any time, except to the extent that CRNA has already relied on your authorization in using or disclosing PHI, or to the extent use or disclosure is required by law, such as where the law prohibits revocation.

Special Rules for Substance Use Disorder Patient Records (42 C.F.R. Part 2)

If you receive substance use disorder (including, but not limited to, alcohol or substance abuse) treatment services at CRNA, or CRNA receives records regarding such substance use disorder treatment services you receive at another facility, records of those services may be protected by the 42 C.F.R. Part 2 ("Part 2") regulations governing the confidentiality of substance use disorder patient records, in addition to being protected by HIPAA. These regulations provide additional privacy safeguards of your treatment records. CRNA will determine whether Part 2 applies to your records based on the particular circumstances.

If some of your records are protected by Part 2, CRNA must obtain your written consent before disclosing any of those records, including before releasing information for payment purposes, although CRNA may condition treatment on receiving your consent for payment purposes. In general, CRNA may not disclose your covered records to persons outside of CRNA without your prior authorization. However, Part 2 permits CRNA to release covered records without your authorization in certain circumstances, including:

- Pursuant to an agreement between CRNA and a Qualified Service Organization providing certain health care operational services to CRNA;
- For research, audit, or evaluation purposes;

- To report a crime against CRNA personnel or on CRNA property;
- To medical personnel in a medical emergency;
- To report suspected child abuse or neglect to appropriate authorities; or
- Pursuant to a valid court order.

Your Individual Rights Regarding Your PHI

The health care and billing records we create and store belong to CRNA. The PHI contained in those records, however, generally belongs to you. You have specific individual rights as to the uses and disclosures of your PHI, described below:

Notice: You have the right to receive a copy of this Notice of Privacy Practices.

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

Right to Request Restrictions on Use: You have the right to ask CRNA to limit certain uses and disclosures. To request any limitation, you must submit your request to CRNA in writing. CRNA is not required or permitted to grant all such requests, but will honor all such requests where required or reasonably practicable, and shall inform you of CRNA's decision regarding your request.

Right to Request Confidential Communications: You may request that CRNA communicate with or contact you by a particular means (mail, e-mail, fax, etc.), and CRNA will honor all such requests where required or reasonably practicable. These requests must be made in writing.

Right to Inspect and Receive Copies: You may request to see and/or receive a copy of your PHI. If your PHI is in electronic format, you may request that CRNA also provide you with copies in electronic format. CRNA may ask you to pay a reasonable, cost-based fee for copying or postage.

Right to Request Amendment of Your Record: You have the right request amendment of your PHI, which must be submitted to CRNA in writing. If we agree to grant your request, we will add an amendment to your record. CRNA may deny your request in certain circumstances, and will inform you in writing if it does so. If denied, you may submit a written statement of your disagreement with CRNA's decision, explaining the need for amendment, which CRNA will include as part of your record. The right to request amendment of your record does not include the right to have your records destroyed. CRNA will not destroy records.

Revoke or Cancel Prior Authorizations: If you previously authorized CRNA 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 for the reasons covered by your written authorization. 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 or workers' compensation coverage, applicable law may prohibit you from revoking authorization.

Right to Know About Disclosures: You have the right to request a list (an "accounting") of certain disclosures of your PHI made by CRNA to its business associates, for a period of six (6) years following disclosures of hardcopy PHI, and for a period of three (3) years following disclosures of electronic PHI. This list will not include disclosures to third-party payers. You may request an accounting at any time, but CRNA is only required by law to provide one accounting without charge during any 12-month period. There are certain exceptions to the type of information that CRNA is required to disclose in an accounting and these exceptions vary depending upon whether CRNA uses an electronic health record for your health information. In general, an accounting will not include disclosures made subject to your right of access, incident to a permissible use or disclosure, to individuals involved in your care, for national security purposes, to correctional institutions or in certain cases to law enforcement, or if an organization such as a health care oversight agency has requested a temporary suspension to the right of accounting.

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

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 psychotherapy notes regarding your care, any information prepared for a legal proceeding, or any information that might have other legal restrictions against disclosure. If CRNA refuses to give you access to certain information, you may request that CRNA provide you with information on your appeal rights, if any.

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

If you have questions, want more information, want to report a problem, or file a written complaint because you believe your privacy rights have been violated, you may contact:

CRNA Privacy Officer
Copper River Native Association
P.O. Box H
Copper Center, AK 99573
[907-822-5241]

For general PHI, you can also file a complaint with the U.S. Secretary of the Department of Health and Human Services, Office of Civil Rights, online at hhs.gov/hipaa or at:

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

Violation of the protections established by 42 C.F.R. Part 2 for substance use disorder patient records is a crime. You may file a complaint regarding a violation with the U.S. Attorney's Office in Anchorage, reachable by mail at 222 West 7th Ave., Room 253 #9, Anchorage, AK 99513, or by phone at (907) 271-5071.

CRNA will not, and is prohibited from, retaliating or discriminating against you due to reports you've made to the federal government regarding your privacy rights.

Effective Date: _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

CRNA’s Notice of Privacy Practices provides information about how we may use and disclose your Protected Health Information. You have the right to review the Notice and ask CRNA any questions 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 CRNA staff.

By signing this form, you acknowledge that you have received CRNA’s Notice of Privacy Practices, and have had sufficient opportunity to review its contents and ask any questions of CRNA.

Printed Name of Patient

Printed Name of Authorized Representative

Signature of Patient or Authorized Representative

Date

FOR CRNA’S USE ONLY

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date: _____ Name/Title: _____

Signature: _____

Reason: _____

