



# South Peninsula Hospital

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## **NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003; Revised 02/12/2008**

**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 of Privacy Practices is provided to you as a requirement to the Health Insurance Portability and Accountability Act (HIPAA). It describes how South Peninsula Hospital (SPH) may use or disclose your Protected Health Information (PHI), with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

### **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE**

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your PHI for treatment, payment, and health care operations when necessary.

### **OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

“Protected health information” is individually identifiable health information. This information includes demographics (for example: age, address, email address) and relates to your past, present, or further physical or mental health or condition and related health care services. SPH is required by law to do the following:

- Make sure that your PHI is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your PHI.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.
- Accommodate reasonable requests you may have to communicate health information outside the usual places and methods.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by accessing our website or calling the SPH Privacy Officer and requesting a copy be mailed to you, or asking for a copy at your next appointment.

### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

Following are examples of permitted uses and disclosures of your PHI:

#### **Required Uses and Disclosures**

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

## **Treatment**

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We may disclose your PHI from time to time to another physician or health care provider (for example: a specialist, pharmacist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. We may use and disclose health information about you (for example, by calling or sending a letter to you) to deliver test results or remind you of an appointment with us for treatment or that it's time for you to schedule a regular checkup with us.

In emergencies, we will use and disclose your PHI to provide the treatment you require.

## **Payment**

Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that SPH might undertake before it acquired or approved the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay might require that your relevant PHI be disclosed to obtain approval for the hospital admission.

## **Health Care Operations**

We may use or disclose, as needed, your PHI to support the daily activities related to health care. These activities include, but are not limited to: quality-assessment activities, investigations, oversight or staff performance reviews, training of clinical and administrative personnel, licensing, communications about a product or service, and conducting or arranging for other health care-related activities.

For example, we may disclose your PHI to medical school students seeing patients at SPH. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We will share your PHI with third-party "business associates" who perform various activities (for example: billing or coding services) for SPH. The business associates will also be required to protect your health information.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about the services SPH offers.

## **Fundraising**

We may contact you as part of a fundraising effort. It is the policy of SPH and the SPH Foundation to ensure that all fundraising activities and initiatives which use or disclose PHI are conducted pursuant to State and Federal law.

## **Required by Law**

We may use or disclose your PHI if federal or Alaska state law or regulation requires the use or disclosure. Such disclosures may include:

- Trauma registry
- Cancer registry
- Gun shot wounds

## **Public Health**

We may disclose your PHI to a public health authority that is permitted by law to collect or receive the information. This disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability.
- Report births and deaths.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

## **Communicable Diseases**

We may disclose your PHI, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

### **Health Oversight**

We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

### **Food and Drug Administration**

We may disclose your PHI to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Enable product recalls.
- Make repairs or replacements.
- Conduct post-marketing surveillance as required.

### **Legal Proceedings**

We may disclose PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

### **Law Enforcement**

We may disclose PHI for law enforcement purposes, including the following:

- Responses to legal proceedings.
- Information requests for identification and location.
- Circumstances pertaining to victims of a crime.
- Deaths suspected from criminal conduct.

### **Coroners, Funeral Directors, and Organ Donations**

We may disclose PHI to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose PHI to funeral directors as authorized by law. PHI may be used and disclosed for organ, eye, or tissue donations.

### **Research**

We may disclose your PHI to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

### **Criminal Activity**

Under applicable federal and state laws, we may disclose your PHI if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

### **Military Activity and National Security**

When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty; (2) for determination by the Department of Veterans Affairs (VA) of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.

### **Workers' Compensation**

We may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

### **Inmates**

We may use or disclose your PHI if you are an inmate of a correctional facility and SPH created or received your PHI while providing care to you. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

### **Parental Access**

Alaska laws concerning minors permit, require, or in some cases prohibit disclosure of PHI to parents, guardians and persons acting in a similar legal status. We will act consistently with Alaska and federal law and will make disclosures following such laws.

## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. Following are examples in which your agreement or objection is required.

### **SPH Directories**

Unless you object, we will use and disclose in our SPH inpatient directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people who ask for you by name. Only members of the clergy will be told your religious affiliation.

### **Individuals Involved in Your Health Care**

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

## PATIENT RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request or electronic message to the SPH Privacy Officer. The SPH Privacy Officer can guide you in pursuing these options. Please be aware that SPH might deny your request; however, you may seek a review of the denial.

### **Right to Inspect and Copy (45 CFR 164.524)**

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. SPH will charge a reasonable fee to offset the costs of photocopying medical records. SPH policy HW-079, Copy Charges.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable application of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI.

### **Right to Request Restrictions (45 CFR 164.522)**

You may ask us not to use or disclose any part of your PHI for treatment, payment or health care operations. Your request must be made in writing to the SPH Privacy Officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply (for example: disclosures to your spouse); and (4) an expiration date.

If SPH believes that the restriction is not in the best interest of either party, or if SPH cannot reasonably accommodate the request, SPH is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed-upon restriction, at any time, in writing.

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

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

### **Right to Request Amendment (45 CFR 164.528)**

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your PHI as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

### **Right to an Accounting of Disclosures (45 CFR 164.528)**

You may request that we provide you with an accounting of the disclosures we have made of your PHI. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, for a SPH directory, to family members or friends involved in your

care, or for notification. The right to receive this information is subject to additional exceptions, restrictions and limitations as described earlier in this notice.

### **Right to Obtain a Copy of this Notice**

You may obtain a paper copy of this notice from SPH or view it electronically at our website, [www.sphosp.com](http://www.sphosp.com)

## **FEDERAL PRIVACY LAWS**

This SPH Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your PHI.

## **COMPLAINTS**

If you believe these privacy rights have been violated, you may file a written complaint with the SPH Privacy Officer or the Department of Health and Human Services (see address below). No retaliation will occur against you for filing a complaint.

## **CONTACT INFORMATION**

You may contact the SPH Privacy Officer for further information about the complaint process, or for further explanation of this document.

The SPH Privacy Officer may be contacted at:

SPH Privacy Officer  
South Peninsula Hospital  
4300 Bartlett Street  
Homer, Alaska 99603  
(907) 235-8101.

The Department of Health and Human Services may be contacted at:

Office for Civil Rights  
U.S. Department 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

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