



*Our Mission:  
We provide  
quality health  
care with  
competence,  
compassion,  
and sensitivity*

DIVISION: <b>HIMS</b>	GUIDELINE TITLE: <b>Joint Notice of Privacy Practices</b>	
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<input type="checkbox"/> REVIEWED <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> RETIRED	ATTACHMENTS: <b>A: Acknowledgement of Receipt of Joint Notice of Privacy Practices</b>	

**Effective Date of Notice: 10/26/2023**

**This notice describes how health information may be used and disclosed and how you can get access to this information. Please review it carefully.**

This notice applies to medical records of the Bristol Bay Area Health Corporation (BBAHC). BBAHC respects your privacy and understands that your personal health information is a private and sensitive matter. The privacy practices described in this notice apply to all BBAHC locations, services, and programs and must be followed by all BBAHC employees, medical staff, trainees, students, volunteers, and all other members of the workforce.

**BBAHC is required by law to:**

- Maintain the privacy of your protected health information.
- Provide you with notice of its legal duties and privacy practices regarding health information.
- Notify you if you are affected after a breach of unsecured protected health information.
- Follow the practices in this notice, while in effect, and provide you with notice of any revisions to this notice. If a significant change is made to this notice, then the new notice will be posted clearly and prominently in all of our locations, will be posted on our website, [www.bbahc.org](http://www.bbahc.org) and paper copies will be available upon request from Health Information Management, the Privacy Officer, or registration staff at any time.

**We use and disclose your health information for different purposes, including treatment, payment, and health care operations.** We do not need authorization for these uses or disclosures, unless the records are subject to special confidentiality protections that require authorization or other conditions for use or disclosure.

- **Treatment:** We can use your health information to provide you with care. We may also provide information to others providing your care. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **Payment:** We can use and share your health information to bill and get payment from health plans or other entities. We can share your insurance information with an ambulance company that brought you to us. *Example: We give information about you to your health insurance plan so it will pay for your services.*
- **Operations:** We can use your health information for health care operations, which are the administrative, financial, legal, and quality improvement activities necessary to run our programs and make sure all patients receive quality care. *Example: We may use health information about you to evaluate the performance of our staff.*



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**Health information may be shared electronically:**

- **Electronic Health Record:** To promote quality and efficiency of care, we use an electronic health record. This electronic health record is used by many providers who cooperate with each other as part of the Alaska Tribal Health System organized health care arrangement but who may be separate, unaffiliated entities, including some non-tribal entities. This electronic health record lets us and other providers share information about you, your health, the care you receive, and other important facts. It is possible that not all your information is kept on the shared electronic health record. Not every provider who treats you looks at the shared health record.
- **Electronic Health Information Systems:** 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 health care 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 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. Your provider will have information on how to make this request, or you may find the information on our website.

**Other ways we may use and share your health information without written authorization:**

- **As required by law:** We may use or disclose your health information when required or permitted by law. If this happens, we comply with the law and only disclose the information necessary.
- **Personal representatives:** If you have given someone *medical* power of attorney or have a court appointed legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **Public health:** We may disclose your health information for public health activities, such as: (1) prevention or control of disease, injury, or disability; (2) reports of births and deaths; (3) reports of abuse or neglect of children, elders, and dependent adults; (4) reports of reactions or problems with medications or health products; (5) notifying people of product recalls related to their health care; (6) 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; (7) notifying a government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health oversight:** We may disclose your health information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and credentialing.
- **Business associates:** We may share your health information with third parties who perform services for us. In those cases, we have written agreements with the third parties that they will not use or disclose your health information except if permitted by law.



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- **Judicial and administrative proceedings:** We may use or disclose your health information in response to a court or administrative order in an administrative or judicial proceeding, or in response to a subpoena signed by a judge, discovery request, or other legal process.
- **Law enforcement:** We may use or disclose your health information for certain law enforcement purposes. Examples include: (1) responding to legal processes; (2) providing limited information to identify or locate a suspect; (3) providing information about crime victims; (4) reporting suspicion that death has occurred because of criminal conduct; (5) reporting a crime which occurred on our premises; and (6) for medical emergencies, reporting where it appears likely a crime occurred.
- **Preventing a serious threat:** We may use or disclose your health information if we believe in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or of the public. Disclosure may only be made to a person reasonably able to prevent or lessen the threat.
- **Coroners, medical examiners, and funeral directors:** We may disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or other legally required duties. We may disclose your health information to a funeral director to allow the director's duties to be carried out.
- **Organ Donation:** We may disclose your health information to facilitate organ, eye, or tissue donation.
- **Research:** We may disclose your health information to researchers, provided that the research has been approved by an Institutional Review Board and/or a Privacy Board, and the research protocols have been approved to ensure your privacy. We may disclose health care information about you to people preparing to conduct a research project.
- **Military activity and national security:** We may disclose the health information of Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs 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 health information to authorized federal officials to conduct national security and intelligence activities, including the provision of protective services to the President or others legally authorized to receive information.
- **Inmates/arrestees:** We may use or disclose your health information to a correctional institution or law enforcement official if you are an inmate or are in custody and the information is necessary to treat you or protect the health and safety of you, other inmates, employees at the correctional facility, or others.
- **Workers' compensation:** We may use or disclose your health information as necessary to comply with workers' compensation laws and other similar legally established programs.
- **Immunization Information:** We may disclose vaccination and immunization information pertaining to specific school age children to the schools to ensure continuum of care with childhood immunizations.
- **Limited Data Sets:** We may disclose limited health information, contained in a "limited data set," to certain third parties for research, public health, and health care operations. Before disclosing limited data sets, we will contract with the recipient to limit the recipient's use and disclosure of this information.



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- We **never** market or sell protected health information.

**For certain health information, you can tell us your choices about what we share.** Tell us how you want your information shared in these situations, we will follow your instructions:

- **Hospital directory:** Unless you object, we may include certain limited information about you in the BBAHC directory. This information may include your name, location in a facility, and your general condition (fair, stable, etc.) If you are an inpatient, then you must Opt-In to be listed in the directory which would include the following information: Name, Room, Age, and current community. By Opting-In to the directory family, friends, and clergy may visit or call you by contacting the Inpatient unit or operator. If you chose not to Opt-In, you will need to contact family, friends, or clergy directly and provide them your contact information. You also may elect to Opt-In to the directory at any time. If you wish to restrict some of the directory disclosures, please notify your inpatient nurse or your outpatient staff intake nurse. If you are not Opted-In to our directory, then we will not tell callers or visitors that you are a patient, and we will have to return letters and deliveries addressed to you at BBAHC.
- **Incidental Disclosures:** Certain incidental disclosures of your health information may occur as a by-product of permitted uses and disclosures. For example, a roommate may inadvertently overhear a discussion about your care if you share a room.
- **De-identified Information:** We may use and disclose health information that reasonably has been "de-identified" by removing certain "identifiers" (such as name and address) making it unlikely that you could be identified.
- **Individuals involved in care or payment for care:** Unless you object, we may disclose some of your health information to a family member, relative, close friend, or any other person you identify who is involved in your care or in payment for your care or who you would like to be notified. Except in certain limited situations, such as an emergency or if you are not able to communicate, we will ask you or determine if you object. We may disclose health information that is needed for that person's involvement in your care or payment related to your care to find and tell those close to you of your location or condition. If you are not present or if you are unable to agree or object to a disclosure, we, in our professional judgment, may disclose health information in your best interests to the extent that the information is relevant to the person's involvement in your care.
- **Disaster relief situation:** We may disclose health care information about you to an entity assisting in a disaster relief effort so that your family and friends can be notified about your condition, status, and location. If possible, we will ask you for permission first.

#### **Uses and Disclosure of Mental Health and Substance Abuse Information:**

**Mental Health Information:** We will not use or disclose your mental health information unless we obtain an authorization from you to do so, except:

1. As required by a court order;
2. To a designated hospital where a patient is involuntarily committed;
3. To direct service personnel in an emergency;
4. To mental health professionals designated to conduct program or on-site reviews;
5. For research purposes if the anonymity of the patient is preserved;
6. To insurance, medical assistance, or other programs for payment;



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7. As required by law, which includes suspected child/vulnerable adult/elder abuse, threats of harm to self of others, and for certain infectious diseases; and
8. To the Division of Mental Health and Developmental Disabilities.

**Substance Abuse Information:** If you become a patient receiving our alcohol and substance abuse treatment services, we may give you a notice describing additional privacy practices. Generally, information about alcohol and substance abuse treatment, diagnosis, and prognosis is confidential. We do not disclose this information without your authorization, except:

1. For alcohol and drug treatment;
2. As required by a court order;
3. To medical personnel in a medical emergency;
4. To qualified personnel for audit or program evaluation;
5. For certain limited research purposes;
6. About a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime; or
7. As required by state or Federal law, which includes suspected child/vulnerable adult/elder abuse, threats of harm to self or others, and for certain infectious diseases;

Violation of the Federal law is a crime and may be reported to appropriate authorities. See 42 U.S.C. 290dd-2 and 42 U.S.C. 290ee-3 for Federal laws and CFR 42 part 2 for Federal regulations.

**Other than the uses and disclosures described in this notice, information will be used or disclosed only with your authorization.** If you provide us with written or verbal authorization, you have the right to revoke that authorization at any time, except to the extent that we have already taken action in reliance on the authorization. Verbal authorization may be accepted in certain circumstances and only with the approval of the Director of Health Information Management or designee.

#### **Uses and Disclosures with Authorization:**

We need your written permission or authorization for:

1. Most uses and disclosures of psychotherapy notes;
2. Most uses and disclosures for marketing; and
3. The sale of health information.

**What are your rights when it comes to health information?** Here is an explanation of your rights and some of our responsibilities to help you. To exercise any of these rights or if you need to share your health information with someone for purposes other than those listed here, contact Health Information Management.

- **Get a copy of this privacy notice:** Upon request, we will provide you a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **Access to your health information:** You have the right to receive a copy of your health information that we maintain, with some limited exceptions, in any format of your choosing. Access to some of your health information may also be provided through the patient portal. We reserve the right to charge a reasonable fee for the cost of producing and providing paper



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copies your health information. You have the right to request that your health information be sent to any person or entity, such as another doctor, caregiver, or online personal health record.

- **Right to request restrictions:** You have the right to ask us to place restrictions on the way we use or disclose your health information for treatment, payment, or health care operations. We will consider your request but are not required to agree to the restriction (except for certain disclosures to health plans). If we agree to a restriction, we will not use or disclose your health information in violation of that restriction unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you.
- **Right to restrict disclosure to health plans:** You may request in writing, at the time of service, that we not disclose information to health plans where you have paid for items or services out of pocket in full. We must agree not to disclose this information to your health plan if certain conditions are met.
- **Confidential communications:** You can ask us to receive information by alternative means or at alternative locations, for example to send mail to a different address. We will say yes to all reasonable requests.
- **Breach notification:** You have the right to receive notification of breaches of your health information as required by law.
- **Amendment of your health information:** You have the right to ask us to correct any of your health information. You need to request this amendment in writing and submit it to Health Information Management. If we deny your request, we must tell you within 60 days why it was denied. You have the right to appeal our denial by filing a written statement of disagreement.
- **Accounting of certain disclosures:** You have a right to a listing of the disclosures we make of your health information, except for those disclosures made for treatment, payment, or health care operations, or those disclosures made based on your authorization. The type of disclosures typically contained in a listing would be those for mandatory public health purposes, law enforcement, legal proceedings, or other required reporting.

**File a complaint or ask a question:** There will be no retaliation for filing a complaint. You can complain if you feel that we have violated your privacy rights or ask questions about our privacy practices by contacting the **Privacy Officer at 1-800-478-5201** or using the **BBAHC Hotline (1-907-842-9424)**. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by email [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or via the [OCR Complaint Portal](#).