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NOTICE OF PRIVACY PRACTICE

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. KEEP THIS FOR YOUR FUTURE REFERENCE.

OUR RESPONSIBILITIES UNDER HIPAA

In the course of providing health care we generate, collect and share health-related information pertaining to our patients. Traditionally that information was kept confidential by ethical traditions and a patchwork of regulations that vary by state. Effective April 14, 2003, we have certain responsibilities regarding that information due to congressional enactment of **HIPAA, the Health Insurance Portability and Accountability Act**. Most state regulations, which afford you greater privileges or additional rights than those prescribed by HIPAA, still remain in effect. (See the last page).

HIPAA regulations set uniform national standards for anyone receiving, handling and safeguarding a person's individually identifiable health information regardless of when it was created or received. Under HIPAA, all information in your physical and psychiatric medical records along with associated billing or payments plus other related demographic data, which can be traced back to you as an individual, is considered **PHI, Protected Health Information**.

Just as we need to inform you of the benefits and risks of a medical procedure and get your written consent for treatment, HIPAA requires us to provide you with a written **Notice of Privacy Practices**, hereby referred to as **NOTICE** and then ask for your written acknowledgement of your receiving the NOTICE before we can use or disclose your PHI in the course of treating you (except in cases of a medical emergency).

This NOTICE must explain to you, how we use and disclose medical information about you, and inform you of your rights to access and control that information.

On the following pages, this NOTICE explains our current policies effective on the date shown above. We are bound to the provisions of this NOTICE until they are revised and republished. We will always display the most current NOTICE in the patient areas of our business and have available current paper copies. It will also be included on all public web sites that we may maintain. We reserve the right to revise these policies at any time, as the law requires or permits and the right to apply those changes to any PHI gathered prior to the policy changes.

HIPAA gives you specific rights of control and access to your PHI. Our responsibilities include assigning a *privacy administrator* to assist you with your rights under HIPAA. At any time, you may contact the administrator to request access to your medical records, give written instructions about your PHI, obtain the current version of this NOTICE, file a complaint or ask questions about privacy issues that you may have. Contact information is on the last page.

PROTECTED HEALTH INFORMATION USES AND DISCLOSURES

We routinely use and disclose your PHI for Treatment, Payment, and Health Care Operations

The following are examples of types of uses and disclosures of your PHI that might occur. Some are more likely to happen than others are, some may never happen. These examples are neither exhaustive nor an indication of what we intend to do. They are simply examples of the types of uses and disclosures that could be made by our medical practice without your permission as allowed by HIPAA.

Treatment:

We routinely need to disclose your PHI to people inside and outside of our business to provide, coordinate and manage your health care services.

Your physician might require the assistance of another physician or specialist. In such a case, the entire PHI gathered by your personal physician might be of assistance to the specialist enabling them "to put together the pieces of the puzzle" to arrive at your diagnosis.

Service providers such as medical laboratories or x-ray facilities need to be provided your PHI for both diagnostic purposes and billing. Service providers, who perform confirmatory laboratory studies, or specialize in x-ray examinations, need to know the

presumptive medical diagnosis of what they are attempting to confirm or eliminate. In such a case we might need to disclose the nature of your problem, how long it existed, what the contributing factors are, etc. to get meaningful results.

We might also need to disclose your PHI to a hospital, or surgical center that provides care to you in their facility. For example, the facility would need to know if you have drug allergies, require a special diet, if you have dentures or wear contact lenses. They will also need your insurance or payment information to obtain authorizations and process your admission.

Prescription medications or other supplies often require us to disclose your PHI. For example, when we telephone a prescription to your pharmacy, we are disclosing some of your PHI. You may need crutches or a wheelchair after surgery for which a durable medical equipment supplier will need PHI information to provide their services.

Payment:

Your PHI is routinely used, only to the extent necessary, to obtain payment for health care services we are providing you. For example, we may contact your insurance company to make a determination of your eligibility for medical services in our business and determine the amount of your co-payment and deductible.

Health plan payers often require supporting PHI be provided to them to determine coverage, medical necessity, and whether they will approve and pay for a service. For example, if you had a fractured leg, we may need to disclose your PHI to your health insurance plan to obtain approvals for a MRI, hospital admission and a surgical procedure. Your PHI may also be disclosed in connection with collecting or reporting a balance due on your account.

Health Care Operations:

We must often use or disclose, as needed, your PHI in order to conduct certain administrative and oversight functions with regard to your health care.

We may need to disclose information to doctors, nurses, technicians, medical students and other staff for purposes of quality improvement activities, employee reviews, training, licensing, or other business activities. For example, we may ask you to sign your name on a sign-in sheet at our registration desk, and then call you by name in the waiting room when your doctor is ready to see you.

We often need to share your PHI with third party "business associates" who perform administrative activities like accountants, lawyers and others who assist with billing and transcription. Efforts are made to ensure that the privacy of your PHI is maintained in such circumstances.

Communication and Education:

We need to use or to disclose some of your PHI in order to contact you by telephone, fax and regular or electronic mail to remind you of your appointments or to respond to your questions. Similarly, to improve the awareness and knowledge of our patient's we sometimes may use your PHI to provide you with educational material or send you newsletters regarding health information, our services, health-related products (for example, vitamins, drugs, diabetic shoes) and new or alternative treatments that may be of interest to you.

Individuals Involved in Your Health Care:

Unless you object, or as stipulated by law, we may release (as it relates to their involvement or responsibility in your care) your PHI to the following: family member relative, close friend, someone else you choose, or someone who helps pay for your care. This includes advising them of your location or general condition.

Even if you object, we may still disclose your PHI, if we determine, in our professional judgment that it is in your best interest, especially in cases of emergency. We also may release PHI to an entity (for example, Red Cross) in circumstances of disaster relief so that your family can be notified of your location and condition.

Research; Death; Organ Donation:

We may use or disclose your PHI to limited circumstances for research purposes. When necessary, we must disclose PHI to a coroner, medical examiner, funeral director or to an organ procurement organization for them to carry out their duties.

Workers' Compensation:

Should you become injured at work, we may disclose PHI about you for Workers' Compensation or similar programs providing benefits for work-related injuries or illness.

Oversight of Health and Public Policy:

We disclose PHI to federal, state, and local health and government agencies that oversee activities authorized by law. These include audits, investigations, inspections, licensure and determination of your eligibility for services. These activities may be necessary for the government to monitor the health care system, public programs, its contractors and entities subject to civil

rights laws. For example, we must disclose PHI to the U.S. Department of Health and Human Services for purposes of determining whether we are in compliance with federal privacy laws.

Monitoring Public Health Risk and Safety:

As required by law, we may disclose your PHI to public health authorities, the Food and Drug Administration, (FDA), or entities that receive information for the purposes of (1) tracking important public health events like births, birth defects, and certain diseases; (2) preventing or controlling disease, injury or disability; (3) notifying people who may be at risk for spreading or contracting a disease or condition; (4) reporting and responding to (an) adverse event (such as medication or dietary supplements reactions), (b) product defects or product recalls to enable repairs or replacements and to; (5) conduct post product release observations.

Military and Veterans:

If you are a member of the Armed Forces, we may release PHI to your military command authorities. Likewise, we would do the same for foreign military authority. For the purposes of determining eligibility, entitlement or benefits as a veteran, we may need to disclose selected PHI to the Department of Veteran Affairs.

Reporting Abuse, Neglect and Domestic Violence:

As health care providers, the law mandates us to report all cases of actual or suspected victimization or violence. Examples include child abuse, domestic violence, elder abuse or neglect, or certain types of wounds or injuries. We may also disclose PHI when it is necessary to prevent a serious threat to the health and safety to you or others. In all cases, these disclosures will be made consistent with requirements of applicable federal, state and local laws.

Legal Process and Proceedings:

If you are involved in a lawsuit or other public civil or criminal proceeding, we may disclose your PHI in response to a court order, summons, warrant, administrative order, grand jury subpoena, discovery request or other lawful process to the extent requested.

Law Enforcement and Criminal Activity:

We may disclose limited PHI to a law enforcement official concerning a suspect, fugitive, material witness, and crime victim or missing person, or to protect against fraud and other illegal activities. We may also do so, when necessary, to assist law enforcement officials to capture an individual, who has admitted to participation in crime or who has escaped from lawful custody. We may disclose PHI to law enforcement officials or correctional institutions, which are responsible for their care.

Security Activities:

It may be necessary to release pertinent PHI upon request of federal, state and local officials for purposes of security, clearances, national security intelligence, and counter-intelligence, protection services for the President and other public officials, and other activities as authorized by law.

Disclosures and Uses of PHI with Your Written Permission:

We will not use or disclose your Phi for any purpose not previously referenced in this notice without first obtaining your written authorization.

When we need your permission, you may grant it by signing an authorization form. You may later revoke it in writing; except to the extent and action, use of disclosure was already performed as a result of your prior authorization. We have appropriate forms available for these uses.

YOUR RIGHTS AS OUR PATIENT

Access to Your Health Information:

You have the right to inspect and obtain copies of your PHI that may be used to make decisions related to our care of you, generally within 30 days, unless state laws differ. Under Federal laws this does not include psychotherapy notes or information about your PHI compiled for litigation.

As part of your access right, you have the right to authorize and later revoke in writing the use or disclosure of your Phi to anyone for any purpose with limited exceptions. See the above section entitled, *Uses and Disclosures of PHI with Your Permission*.

To gain access to your PHI, which we use to make decisions about your care, you must make a written request, directed to the PHI Privacy Administrator, whose address is provided on the last page. For your convenience we have forms available for

these purposes. We will prepare a summarization of your PHI, per request, for a fee. If you request copies, we will charge you duplication costs (see last page) and postage for mailing as allowed under the law.

We may deny your request to access and disclose in certain very limited circumstances: such as, when disclosure would reasonably endanger you or another person or you are in the middle of a medical research study. If you are denied access, you may request that the denial reviewed.

Confidential Communication:

You have the right to request that we communicate with you about your PHI by reasonable alternative means or to a reasonable alternative location (except in emergencies). We will accommodate your request to the PHI Privacy Administrator as long as it provides reasonable alternative means of contact and continues to permit us to bill and collect payment from you. We have forms available for this purpose.

Restriction Request:

You have the right to request a restriction or limitation on your PHI that we use or disclose for your treatment, obtaining payment or conducting health care operations. You also have the right to request a limit on the information we disclose about your health to someone who is involved in your care or the payment of your care, such as a friend or family member. For example, you could ask that we not disclose information about a surgery that you had. Your request must be made in writing and 1) state what information is to be limited, 2) to whom the restrictions applies and 3) if the restrictions apply to use, disclosure or both.

We are not required to agree to these additional restrictions, but if we do, we will comply with your request except in cases of emergency. Any agreement we may make to your request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Right to Request Amendment to Your PHI:

If you believe that we have incorrect or incomplete PHI about you, you may ask that we amend your PHI. We have special forms available for this purpose. Your request must be submitted in writing to our PHI Privacy Administrator and provide a reason why the information should be amended. Should you fail to do so, your request may be denied. If we believe that the PHI is already accurate and complete, we will deny your request. We will likely deny requests for amendment to any PHI, which was not created by us (unless you provide reasonable evidence that the person or entity that created the information is no longer available to make the amendment). We cannot grant requests to amend PHI, which is not kept by the practice or which is not part of the PHI, that you are permitted to inspect,

If your request for the amendment to PHI is denied, we will provide you our written explanation. If you wish, you have the right to respond with a Statement of Disagreement, on a form that we will provide. It will be appended to the PHI, that you wanted amended, along with any rebuttal that we choose to send to you. They will be disclosed together on all future disclosures.

If we accept your request to amend the PHI, we will make reasonable efforts to inform those that you named on your request. At your instruction, we will reasonably send the amendment to others that received the information. The amended PHI will be included on all future disclosures if you instruct us to do so.

Accounting of Disclosures:

You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, health care operations and certain other activities after April 14, 2003, or a date six years before the date of request, whichever is later. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your PHI, a description of the PHI we disclosed, the reason for the disclosure, and certain other information. The first list in a 12-month period is free and for responding to each additional request we may charge you a reasonable, cost-based fee. Contact our PHI Privacy Administrator for a full schedule of charges.

For more information, policy clarification or if you have complaints such as you believe that your privacy rights may have been violated, you should contact the PHI Privacy Administrator indicated below. You also have the right to submit a written complaint at our business location or with the Secretary of the Department of Health and Human Service (DHHS). You will not be penalized for filing a complaint. . All communication regarding our privacy practices should be directed to:

**PHI Privacy Administrator
Chinook Medical Supply, LLC
1200 Airport Heights Dr. St 278. Anchorage, Alaska 99508
Phone 907-268-0680 - Fax 907-929-4267**

ADDITIONAL OR SUPERCEDING RIGHTS FOR:

This last page, the *State Preemption Page* of the *Notice of Privacy Practices* is reserved for the inclusion of the **required** disclosure of the State specific rules and regulations that preempt or survive Federal HIPAA regulations for the same or overlapping subjects.

Each State's laws and regulations are unique. Many of the *situations* that need to be addressed in the *Notice* overlap among the states. However, what each state has to say on the same topic can vary widely. To get a flavor of these subjects, the following are samples of topics covered on various *State Preemption Pages* of this *Notice*.

- *Access & Denial of Access to Your Medical Records*
- *Amendments to Your Medical Records*
- *Authorization to Release Your Medical Records*
- *Charges for Copies of Your Medical Records*
- *Communicable Diseases, HIV/AIDS Status, Test Results or Diagnosis*
- *Doctor-Patient Privilege*
- *Disclosure Pursuant to Legal Process and Proceedings*
- *Informed Consent for Release of PHI*
- *Medical Records That Are Illegible or Not In English*
- *Parent's Rights of Access to a Child's Medical Record*
- *Re-Disclosure of Your Medical Records*
- *Rights to Enter a Statement into Your Medical Record*
- *Subpoenas for Medical Records*
- *Termination or Temporary Cessation of Practice*
- *Use and Disclosure of Your PHI Information*