



Your Information. Your Rights. Our Responsibilities.

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.





Table of Contents

| | |
|--------------------------|----|
| Your Rights | 4 |
| Your Choices | 6 |
| Our Uses and Disclosures | 7 |
| Our Responsibilities | 10 |



Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of your responsibilities to help you.

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Ask us to correct your medical record.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Request confidential communications.

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Ask us to limit what we use or share.

- You do not have to sign a one-time consent allowing your substance abuse treatment (“SUD”) records to be shared for future disclosures for treatment, payment and operations. You may also sign a more limited consent to allow release for a specific purpose and may revoke either consent at any time. Not signing or signing a consent to release substance abuse treatment records will not affect your access to SUD treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information.

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your 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.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.



Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

In case of fundraising:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy
- We may contact you for fundraising efforts, but you can tell us not to contact you again.



Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treatment

- We can use your health information and share it with other professionals who are treating you.

Example: *A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: *We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: *We give information about you to your health insurance plan so it will pay for your services.*

Substance Abuse Treatment (SUD) Information

- With your one-time written consent, we may disclose information pertaining to SUD services for all current and future uses related to treatment, billing, and healthcare operations.
- After a disclosure is made, the recipient of the information is permitted to redisclose records as permitted by HIPAA.
- If you sign a consent for a limited purpose, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

Example: *Your primary care provider will be able to speak to your substance abuse counselor to coordinate care.*

Example: *We can bill third-party insurance for SUD services, and the insurance company may share it with their contracted billing companies as allowed by law.*

Example: *You sign a one-time consent to allow your primary care doctor to verbally confirm status in SUD treatment.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues:

- We can share health information about you for certain situations such as:
 - » Preventing disease
 - » Helping with product recalls
 - » Reporting adverse reactions to medications
 - » Reporting suspected abuse, neglect, or domestic violence
 - » Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.



Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - » For workers' compensation claims
 - » For law enforcement purposes or with a law enforcement official
 - » With health oversight agencies for activities authorized by law
 - » For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Quality Management will also do periodic observations by staff members, interns, or evaluators. The consent for the observation is voluntary and the consumer may refuse observation at any time. Observation will not impact the level of care that is being received. The consent for observation will remain valid unless the signing party withdraws consent or the consumer is discharged from services. Observations may be done in the room with the provider present, via tele-health services or recorded.

If you receive alcohol or substance abuse services, the records that identify you as receiving those services are protected by HIPAA, 42 U.S.C. § 290ee-3 and the 42 CFR Part 2 confidentiality regulations. The Part 2 law and regulations provide additional safeguards to protect the privacy of alcohol or substance-use treatment records. Violation of these laws and regulations by TCC is subject to civil and criminal enforcement and suspected violations may be reported both to the U.S. Department of Health and Human Services Office for Civil Rights and to the U.S. Attorney for the District of Alaska, Michael Heyman, 222 West 7th Avenue, Room 253, #9, Anchorage, AK 99513, (907) 271-5071, <https://www.justice.gov/usao-ak>. TCC generally must obtain your written consent before disclosing Part 2 records in accordance with its Privacy Practices, including before releasing information for payment purposes. Additionally, Federal law does permit TCC to release these records without your consent in the following circumstances: pursuant to a court order, to report suspected child abuse or neglect, to medical personnel to the extent necessary in a medical emergency, and to report a crime against TCC personnel or on TCC property.



Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations:

Tanana Chiefs Conference Health Services

1717 West Cowles Street Fairbanks, AK 99701

Local number: (907) 451-6682

Toll-free in AK: 1-800-478-6682

Toll-free out of AK: 1-800-770-8251

https://www.tananachiefs.org

Questions or Concerns:

Compliance Program attn: Privacy Officer

Tanana Chiefs Conference

200 1st Avenue

Fairbanks, AK 99701

(907) 452-8251 Ext. 3183

patientprivacy@tananachiefs.org





Tanana
Chiefs
Conference

Compliance Division

200 1st Avenue
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