

# Bartlett Regional Hospital

3260 Hospital Drive • Juneau, Alaska 99801

*Revision Date: July 15, 2013*

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, TO WHOM IT MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

OUR PLEDGE REGARDING MEDICAL INFORMATION We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Bartlett Regional Hospital. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by the hospital. Your personal doctor may have different policies regarding the use and disclosure of your medical information created in the doctor's office or clinic. Bartlett Regional Hospital is providing you this notice in order to explain the impacts of federal laws detailing exactly how your medical information may be used and disclosed. BRH is required by law to abide by the terms of this notice. If you have any questions, please contact the Bartlett Regional Hospital Compliance Officer at (907) 796-8491.

TO REPORT A PROBLEM Bartlett Regional Hospital is mandated by federal and State of Alaska law to maintain the privacy of your confidential information. It is a mandate that we at BRH take very seriously. If you believe your privacy rights have been violated, you can file a complaint with BRH, by contacting the Compliance Officer at (907) 796-8491 or with the Secretary of Health and Human Services. **You will not be penalized for filing a complaint.**

HOW BRH MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU The following describes different ways that we use and disclose medical information. For each use or disclosure we will explain what we mean and try to give some examples.

For Treatment BRH may use your medical information to provide you with medical treatment or services. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will record instructions for other members of your healthcare team, who in turn will then record their actions and their observations. We will also provide your physician or a subsequent healthcare provider with copies of various reports that will assist in treating you once you leave this hospital.

For Payment We will use your health information for payment. For example: A bill may be sent to you or a third-party payer.

For Health Care Operations We will use your health information for regular health operations. For example: the risk or quality improvement manager may use information in your health record to assess the care and outcomes in your case.

Fundraising Activities BRH or the BRH Foundation may contact you as part of a fundraising effort. You have the right to opt out of receiving fundraising communications. If you do not wish the hospital or Foundation to contact you for such efforts, you must notify the Compliance Officer in writing at BRH, 3260 Hospital Dr., Juneau, AK. 99801.

Hospital Directory Unless you notify us that you object, at the time of admission, we will use your name and location in the facility for directory purposes while you are a patient. The directory information may also be released to people who ask for you by name.

Individuals Involved in Your Care or Payment for Your Care BRH may release medical information about you to a family member or personal representative who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

As Required By Law BRH will disclose medical information about you when required to do so by federal, state or local law. For example: To the FDA, health information relative to adverse events with a medication.

To Avert a Serious Threat to Health or Safety BRH may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help prevent the threat.

Business Associates There are some services provided by BRH through contracts with other agencies. BRH may disclose your health information to these business associates so that they can perform services for BRH; for example, outside auditors or BRH retained attorneys. We require the business associates to appropriately safeguard your information.

## SPECIAL SITUATIONS

Research BRH may disclose information to researchers only after receiving a signed authorization from you. Alaska law places restrictions on the type of information that may be released in research related to substance abuse.

Photography, Videotaping and Audio Taping To document patient care, a number of visual or audio methods (photography, videotaping and digital imaging) may be used. A separate consent from you is required should BRH wish to photograph, record or tape.

Organ and Tissue Donation If you are an organ donor, BRH may release medical information to organizations that handle procurement or transplantation or to an organ donation bank.

Military and Veterans If you are a member of the armed forces, BRH may release medical information about you as required by military command authorities ( i.e., to the VA).

Workers' Compensation BRH may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks As required by federal and State of Alaska law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, to report births and deaths, to report child and elder abuse or neglect, to report reactions to medications or problems with products, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease. State of Alaska Law requires reporting of the birth defects registry, cancer registry, communicable diseases; firearm injuries and blood lead test results.

Health Oversight Activities BRH may disclose medical information to a health oversight agency for activities authorized by law.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, BRH may disclose medical information about you in response to a court order, subpoena or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or warrant.

Coroners, Medical Examiners and Funeral Directors BRH may release medical information to a coroner or medical examiner. We may disclose health information to funeral directors so to carry out their duties.

Inmates If you are an inmate of a correctional institution or under the custody of a law enforcement official, BRH may release medical information about you to the correctional institution or law enforcement official.

Sale of Your Information BRH is prohibited to sell your protected health information without an written authorization from you, as an example - for marketing processes.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

The Duty of BRH to Notify You of a Breach In the unlikely event of a breach of your medical information, BRH will notify you of the circumstances of the breach and the efforts taken by the hospital to correct the incident.

➤ Right to Inspect and Copy You have the right to inspect and copy medical information that may be used to make decisions about your care. You also have the right to receive your medical information in an electronic format. To do so, you must submit your request in writing to the BRH Health Information Management Department (Medical Records Department). We may charge a fee for our costs.

BRH may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by BRH will review your request and the denial. We will comply with the outcome of the review.

Right to Amend If you feel that medical information we have about you is incorrect or incomplete, you have the right to request an amendment. That right exists as long as the information is kept by BRH.

Your request for an amendment must be in writing and submitted to the BRH Health Information Management Department. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, BRH may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept by or for BRH; or
- Is accurate and complete, in the opinion of your physician.

Right to an Accounting of Disclosures An “Accounting of Disclosures” is a list of the disclosures BRH made of your medical information. To request this accounting, you must submit your request in writing to BRH Health Information Management Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free.

Right to Request Restrictions You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment for you. To request restrictions, you must make your request in writing to BRH Health Information Management Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Finally, you have the right to restrict disclosures of specific medical information to a health plan where you have paid the full amount of the bill out of pocket and submitted such a request in writing as stated above. Unlike the restriction request mentioned above, BRH cannot deny this specific type of request.

Right to Request Confidential Communications and the Right to have Information Communicated to you by Alternative Means and / or Location: You may request that confidential information about you be communicated by the means or location of your choice. As example, test results mailed vs. a phone call. To make such a request, you must submit, in writing to BRH Health Information Management Department. BRH will accommodate all reasonable requests. Your request must specify how and /or where you wish to be contacted.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask BRH to give you a copy at any time. You may obtain a copy of this notice at our website, [www.bartletthospital.org](http://www.bartletthospital.org) or by contacting the BRH Patient Access Services Dept. at (907) 796-8900.

CHANGES TO THIS NOTICE BRH reserves the right to change this notice. Copies of the current notice will be available at the hospital.

OTHER USES OF MEDICAL INFORMATION Other uses and disclosures of medical information not covered by this notice or the laws that apply to BRH will be made only with your written permission. If you provide BRH permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.