
NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003; Updated February 24, 2021

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 SPH has 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, SPH 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:

- Maintain the privacy and security of your protected health information.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Communicate any changes in the notice to you. We will do so by posting the revised notice to SPH’s web site and in our facilities. If SPH has a direct treatment relationship with you, we will also make a copy of the revised notice available to you upon request.
- Accommodate reasonable requests you may have to communicate health information outside the usual places and methods.
- Support interoperability between electronic health information systems to maximize patient access and avoid information blocking, as required within the 21st Century Cures Act.

SPH reserves 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. SPH reserves the right to make the revised or changed notice effective for health information SPH already has about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by accessing our website, 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, SPH must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. SPH must also disclose health information about you when required to do so by federal, state or local law. For example, reports of suspected abuse, neglect or domestic violence and responses to investigations.

Treatment

SPH 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. SPH 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. SPH 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, SPH will use and disclose your PHI to provide the treatment you require.

Health Information Exchange: Our goal is for you to receive the best care possible. As permitted by law, your health information may be shared with this exchange to provide faster access, better coordination of care, improved accuracy and availability of your medical records assisting providers and public health officials in making more informed decisions about your care. To learn more about health information exchanges, please see our SPH website at <https://www.sphosp.org/for-patients/medical-records/> or inquire at time of registration. Public health reporting and Controlled Dangerous Substances information, as part of the Alaska Prescription Drug Monitoring Program (PDMP), will still be available to providers. This free service is offered so your health information can be quickly and securely available to your providers. Participation is not a condition to receiving care. However, if you opt out, it may affect the information available to your care team when receiving care.

Individuals Involved in Your Health Care

Unless you object, SPH 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. SPH may also give information to someone who helps pay for your care. Additionally, SPH 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, SPH 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.

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

SPH 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, SPH 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. SPH may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

SPH 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.

SPH 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.

Marketing Materials

SPH may use your health information to communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your written authorization. However, SPH will obtain your written authorization before using your health information to send you any other marketing materials.

Fundraising

SPH may contact you as part of a fundraising effort. It is the policy of SPH and the SPH Foundation to ensure all fundraising activities and initiatives which use or disclose PHI are conducted pursuant to State and Federal law. You have the right to opt out of receiving fundraising materials, and your decision will have no effect on your treatment or payment for services at SPH. If you wish to opt out, please notify our Marketing office in writing that you do not want fundraising materials sent to you.

Required by Law

SPH 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
- Gunshot wounds
- Reports of suspected abuse, neglect or domestic violence and responses to investigations
- Reports about a breach involving unauthorized disclosures which are made to the Alaska Attorney General's Office under the Alaska Personal Information Protection Act

Public Health

SPH 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 it is believed a patient has been the victim of abuse, neglect or domestic violence.

Communicable Diseases

SPH 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

SPH 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

SPH 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

SPH 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

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

- Responses to orders, subpoenas, search warrants, investigative demands in criminal, civil, and administrative proceedings.
- Information requests for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- Circumstances pertaining to victims of a crime.
- Deaths suspected from criminal conduct.
- Reports of suspected child or adult abuse, neglect or domestic violence, and other exceptions applicable under

law.

Coroners, Funeral Directors, and Organ Donations

SPH 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

SPH 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, SPH 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. SPH 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, SPH 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. SPH may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.

Workers' Compensation

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

Patients in Custody

SPH may use or disclose your PHI if you are an inmate of a correctional facility or otherwise in the custody of law enforcement. 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. SPH will act consistently with Alaska and federal law and will make disclosures following such laws.

Decedents

SPH is permitted but not required to disclose protected health information about a decedent to a family member, or other person who was involved in the individual's health care or payment for care prior to the individual's death unless doing so is inconsistent with any prior expressed preference of the deceased individual that is known to the covered entity. This may include, depending on the circumstances, disclosures to spouses, parents, children, domestic partners, other relatives, or friends of the decedent, provided the information disclosed is limited to that which is relevant to the person's involvement in the decedent's care or payment for care. For example, a covered health care provider could describe the circumstances that led to an individual's death with the decedent's sister who is asking about her sibling's death.

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, SPH 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.

Sale of Health Information

SPH must have your authorization for any use or disclosure of your information that is a sale of your health information. The authorization will state that this use or disclosure will result in compensation or other remuneration to SPH.

Psychotherapy Notes

SPH must have your authorization for any use or disclosure of psychotherapy notes, except: for use by the originator of the psychotherapy notes for treatment or health oversight activities; for use or disclosure by SPH for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; for use or disclosure by SPH to defend itself in a legal action or other proceeding brought by you or your representative; to the extent that such use or disclosure is required by law, including investigation of SPH's compliance with law, and the use or disclosure complies with and is limited to the relevant requirements of such law; for health oversight activities with respect to the oversight of the originator of the psychotherapy notes for disclosure to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

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 SPH maintains 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 SPH 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 SPH's 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, SPH will not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment or use or disclosure is required by law. You may revoke a previously agreed-upon restriction, at any time, in writing.

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.

Right to Request Confidential Communications

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

Right to Request Amendment (45 CFR 164.528)

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

Right to an Accounting of Disclosures (45 CFR 164.528)

You may request that SPH provide you with an accounting of the disclosures SPH has 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 and not subject to another exception. 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 or as provided by law.

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.org or by submitting a written request to SPH's Privacy Officer.

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 as well as the health Information Technology for Economic and Clinical Health Act (HITECH), also known as the Omnibus Rule, and the 21st Century Cures Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how SPH 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.

APPLICATION OF THIS NOTICE

This Notice of Privacy Practices applies to South Peninsula Hospital, Inc, which includes:

- South Peninsula Hospital
- South Peninsula Hospital's Long Term and Extended Care Facility and Home Health
- South Peninsula Hospital's primary care and specialty care clinics

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 Office for Civil Rights / 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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