

# Bartlett Regional Hospital

3260 Hospital Drive • Juneau, Alaska 99801

*Effective Date: April 14, 2003*

## NOTICE OF PRIVACY PRACTICES

**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.**

### 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 certain 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 doctor's 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 new federal laws detailing exactly how medical information about you may be used and disclosed. Bartlett Regional Hospital is required by law to abide by the terms of this notice. If you have any questions about it, please contact the Bartlett Regional Hospital Compliance Officer at 796-8491. We will be happy to answer any of your questions or concerns.

### 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 John Wray, Compliance Officer at 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. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following.

For Treatment. BRH may use medical information about you 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. In that way, the physician will know how you are responding to treatment. We

will also provide your physician or a subsequent healthcare provider with copies of various reports that will assist in treating you once you're 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. This document will include information that identifies you, as well as your diagnosis, procedures, and supplies used.

For Health Care Operations. We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Marketing. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services at BRH that may be of interest to you.

Fundraising Activities. BRH or the BRH Foundation may contact you as part of a fund-raising effort. If you do not wish the hospital or Foundation to contact you for fundraising efforts, you must notify John Wray 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. BRH may also tell your family or representative your condition and that you are in the hospital. 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.

Research. We may disclose information to researchers when an institutional review board, that has reviewed the research proposal and established protocols to ensure the privacy of your health information, has approved their research. Alaska law places restrictions on the type of information that may be released in research related to substance abuse.

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. National security and intelligence activities, to provide protection to the President or foreign heads of state or conduct special investigations.

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

Photography, Videotaping and Audio Taping. To document patient care a number of visual or audio means, including photography, videotaping and digital imaging, may be used. A separate consent is required should BRH wish to photograph. Federal law also requires that BRH obtain an authorization from you for the release of this media for purposes beyond treatment, payment and healthcare operations.

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, as necessary to facilitate organ or tissue donation and transplantation.

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.

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 or condition. State of Alaska Law requires reporting of the birth defects registry, cancer registry, communicable diseases, firearm injuries and blood lead test results.

Finally, we may notify the appropriate 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 Activities. BRH may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

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. We may also disclose medical information about you in response to a 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. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may disclose health information to funeral directors consistent 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.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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. To do so, you must submit your request in writing to the BRH Health Information Management Department (Medical Records Department). If you request a copy of the information, 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, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for BRH;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

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 of disclosures, 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. Your request

should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, you may be charged for the cost of providing the list. BRH will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

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 use or 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.

Right to Request Confidential Communications and the Right to have Information Communicated to you by Alternative Means and / or Location. You have the right to request that BRH communicate with you about medical matters in a certain way. For example, you can ask that we only contact you at work or by mail. In addition, 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.hisea.org](http://www.hisea.org), or by contacting the BRH Health Information Management Dept. at 796-8415

### CHANGES TO THIS NOTICE

BRH reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for all medical information we have about you. Copies of the current notice will be available at the hospital. The effective date will be written on the first page of the notice. In addition, each time you register at or are admitted to the hospital for health care services, we will offer you a copy of the current notice.

### 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.