



Supportive Housing Division

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2016

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 describes our agency's practices and will be followed by the following:

- All employees and staff.
- All interns and students.
- All regional offices.
- Any member of a volunteer group associated with Supportive Housing Division.

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or agency operations purposes described in this notice. "We," "us," and "our" in this notice refers to the parties listed above. This notice does not cover the care you may receive from independent providers or actions by any health plan.

Our Responsibilities

We are required by law to maintain the privacy of your health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We are required to follow the practices described in this notice and to give you a copy of this document. We will not use or share your information other than as described here unless we received a written authorization from you. You can change your mind at any time. Please let us know in writing if you have changed your mind.

For more information see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for the individual identifiable health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain the effective date on the first page.

If you have any questions about this notice or would like a copy of this notice, please contact the Privacy Officer by phone at (907)279-7535 and asking for the Privacy Officer. You may also stop by the Privacy Officer's office at 120 North Hoyt Street - Anchorage, Alaska 99508.

Our Uses and Disclosures

The following categories describe different ways that we use and disclose protected health information. We will explain the different categories of uses or disclosures and give some examples. Not every use or

disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Services (treatment): We may use health information about you to provide you with services. We may disclose health information about you to other agency personnel who are members of your support team and are involved in providing services to you. For example, a Case Manager is working with you at your job site and you begin to feel ill and can no longer continue to work. The Case Manager would immediately assess the situation and if it were not an emergency, would assist you in returning home. The Case Manager would then share information about your health status and symptoms with the Operation Technician so that they could continue to monitor and assist you as needed. In addition to your primary care providers, your current health status may be discussed with your primary physician for further treatment recommendations.

We may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you. We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you through flyers, newsletters, etc. (such as a flyer informing you about a workshop on autism which could be sent to the family of an individual who experiences autism). We may disclose information to a business associate and may allow our business associate to create, receive, maintain, or transmit protected health information on our behalf. We require that our business associates implement appropriate safeguards to protect your health information.

Run our organization (operations): We may use and disclose health information about you for agency operations. These uses and disclosures are necessary to run our organization and make sure that all of our service recipients receive quality care. For example, we may use protected health information to review our services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many service recipients to decide what additional services the agency should offer, what services are not needed, and whether certain new services are effective. We may also combine protected health information we have with protected health information from other agencies involved in your care to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific recipients are.

Bill for services (payment): We may use and disclose health information about you so that the services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, if you are residing in a Supportive Housing Division residential facility and receiving case management services funded through Medicaid then, a case manager will provide Medicaid and Xerox with any required documentation that substantiates your eligibility and your medical need for the services that are outlined in your Treatment Plan. Likewise, information will be shared with Medicaid if your health status changes significantly or if you are hospitalized while receiving services from Supportive Housing Division programs.

Comply with the law: We will disclose health information about you when required to do so by federal, state or local law.

Help with public health and safety issues: We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report reactions to medications or problems with products;

- to notify people of recalls of products they may be using
- 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;
- to notify the appropriate government authority if we believe who chooses our services 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);

We may use and disclose your health information when we reasonably believe it is necessary to prevent a serious threat to the health and safety of you, the public or another person. The disclosure would only be to someone who is likely to help prevent the threat.

Health oversight activities: We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights by laws.

Address judicial and administrative requests: We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if the requesting party states that it has made efforts to tell you about the request or to obtain an order protecting the information requested.

Address law enforcement requests: We may disclose your health information if asked to do so by a law enforcement official:

- as required by law;
- to identify or locate a suspect, fugitive, material witness, or missing person (but we will give out only limited information);
- about the victim of a crime in certain limited circumstances;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the agency; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

Work with a medical examiner or funeral director: We may release health 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 also release health information about services recipients to funeral directors as necessary to carry out their duties prior to and in reasonable anticipation of death or other duties as authorized by law.

Respond to organ and tissue donation requests: We may disclose health information or organizations that handle organ procurement or organ, eye or tissue transplants to an organ donation bank, as required and needed for organ or tissue donation and transplants.

Do research: Under certain circumstances we may use and disclose health information about you for research purposes. We may use or disclose your health information to prepare for a research project. Your authorization will be obtained before disclosing your information for research.

Address workers' compensation: We may disclose health information about you for workers' compensation or similar programs, as permitted by law.

Address other government requests:

- *Military Personnel* – If you are a member of the armed forces, we may release health information about you as required by your military command authorities.
- *National Security and Intelligence Activities* – We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- *Protective Services for the President and Others* – We may disclose health information about you to authorized federal officials so they may protect the President, other authorized persons, or foreign heads of state or may conduct special investigations.
- *Correctional institutions and other law enforcement custodial situations* – If you are an inmate of a correctional institution or a under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

De-identified Information: We may use and disclose health information that reasonably has been “de-identified” by removing certain identifiers (such as name and address) making it unlikely that you could be identified.

Limited Data Sets: We may disclose limited information, contained in a “limited data set,” to certain third parties for research, public health, and health care operations. Before disclosing limited data sets, we will enter into an agreement with the recipient that limits the recipient’s use and discloser of this information and prohibits the recipients from attempting to re-identify the data or from contacting you.

Incidental Disclosures: Certain incidental disclosures of health information may occur as a by-product of permitted uses and disclosures. For example, a roommate may inadvertently overhear a discussion about your care if you share a room.

Minimum Necessary: We will limit the discloser of protected health information to that which is reasonably necessary to accomplish the purpose for which discloser is sought.

Your Rights

You have the following rights regarding health information we maintain about you. You have the right to:

Request to inspect and receive a copy of your paper or electronic record: You have the right to review and request an electronic or paper copy of most of the health information about you that we maintain. Usually, this includes medical and billing records. To review and/or receive an electronic or paper copy of your health information we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information you will receive a written denial. You may request that the denial be reviewed. Another licensed health care professional chosen by the agency will review your request. We will comply with the outcome of the review. In certain limited situations, we will have to deny you access but will not give you a review.

Request to amend your paper or electronic record: If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request as amendment for as long as the information is kept by or for the agency. Your request must be made in

writing and submitted to the Privacy Officer. 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, we may deny your request, at our discretion, 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 the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Request confidential communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

You must submit your request for confidential communication in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Your request must specify how or where you wish to be contacted. The agreement for confidential communication may be conditioned upon obtaining information about how payment, if any, will be handled. We may terminate our agreement to your request if payment arrangements are not honored.

Request us to limit the information we share: You have the right to request a restriction or limitation on the health 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 health 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. We are not required to agree to your request unless the disclosure is to a health plan for purposes of carrying out payment or health care operations (not treatment purposes) and the information pertains solely to an item or service paid for fully out of pocket. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. 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.

Request a list of those with whom we've shared your information: You have the right to request an accounting of disclosures of permanent health information. This "accounting" is a list of the disclosures we have made of your health information. This list does not include information disclosed for treatment, payment and operations. We are not required to give you an accounting of information we have shared with our business associates or for which you have given us a written authorization. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be more than six years prior to the date on which the accounting is requested. 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, we may charge you for the costs of providing the list. We 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.

Request a copy of this privacy notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice contact the Privacy Officer.

Choose someone to act for you: Certain minors and incapacitated adults may have "personal representatives." These personal representatives may be able to act on the person's behalf, access the

person's health information, and exercise the person's privacy rights. We will verify that the person has this authority and can act for you before we take any actions.

Your Choices

In these cases, you have both the right and choice to authorize disclosure of your information:

Tell family and friends about your condition: We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends health information needed for that person's involvement in your care or payment for your care or about your location or condition. Except in limited circumstances, such as an emergency, we will ask you for authorization prior to disclosure.

Provide disaster relief: We may disclose identifiable health 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. Except in limited circumstances, such as an emergency, we will ask you or determine if you object.

Include you in our directory: Unless you object, we may include certain limited information about you in the agency directory while you are a service recipient or employee of the agency. This information may include your name and network in the agency. Directory information may be given to people who ask for you by name.

If you are not able to tell us your preferences in these cases, for example if you are unconscious, you 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 imminent threat to health or safety.

In the case of fundraising:

Fundraising: We may use certain information about you to raise money for the agency and its operations. This may include telling you about projects funded by the agency and sending you fundraising materials. We may disclose limited contact information, such as your name, address, phone number, and dates of service to a foundation related to the agency or to a business associate so that they may contact you in raising money for the agency. Fundraising material will contain clear and conspicuous information about how you may opt-out of receiving future fundraising materials. If we receive your request to not receive any further fundraising communications, we will make reasonable efforts so you will not be sent future fundraising materials. Treatment and payments will not be impacted with the respect to your decision about receipt of fundraising communications. Any fundraising usage not specifically described in this section will require your written authorization.

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

Specially Protected Health Information: Unless otherwise required or permitted under law, we may need to obtain your specific authorization for disclosure of the following health information:

- Positive AIDS/HIV test information
- Mental health and mental illness records
- Drug addiction, alcoholism, and other substance abuse treatment records.

Marketing purposes: Unless otherwise required or permitted under law, we will obtain your specific authorization prior to any disclosure of health information about you for marketing except if the communication is a face-to-face communication or if you receive a promotional gift of nominal value.

Unless otherwise required or permitted under law, we will obtain your specific authorization for prior to any disclosure of health information about you which will result in remuneration to the covered entity.

Sale of your information: Unless otherwise required or permitted under law, we will obtain your specific your specific authorization for prior to any disclosure of health information about you which will result in remuneration to the covered entity.

Other uses and disclosures of your health information may not be covered by this notice: Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written authorization.

Revoke Authorization

You may revoke your authorization to use and disclose your health information in writing at any time (unless you are told otherwise at the time you sign the authorization). If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization, except to the extent that we have already taken action that relied on your authorization. You understand that we are required to retain our records of the care that we provided to you.

Questions/Exercising Rights

If you have any questions about this notice, would like a copy of this notice or would like to exercise any of your rights, please contact the Privacy Officer by (907)279-2511 and asking for the Privacy Officer. You may also stop by the Privacy Officer's office at 731 E 8th Avenue – Anchorage, Alaska 99501.

File a complaint

If you believe your privacy rights have been violated, you may file a complaint with the agency and with the Office of Civil Rights. You will not be retaliated against or penalized for filing a complaint.

You may file a complaint with the agency. To file a complaint with the agency, contact the Privacy Officer at (907)279-2511. All complaints must be submitted in writing. The written complaint can be submitted in person or by mail to the Privacy Officer at 731 E 8th Avenue – Anchorage, Alaska 99501 or by sending an e-mail to privacyofficer@ruralcap.com.

You may also file a complaint with the Secretary of the Department of Health and Human Services. You can use the OCR Complaint Portal or the OCR Health Information Privacy Complaint Form Package. If you need help filing a complaint or have a question about the complaint or consent forms, please e-mail OCR at OCRComplaint@hhs.gov. The Secretary of DHHS can also be reached at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Document tracking:

Date	Name	Title	Action
05.15.2015	Pam Wicks	Prog Compliance Coord	Draft
09.09.2015	Pam Wicks	Prog Compliance Coord	Put form in standard format
09.10.2015	Corrine O'Neill	SHD Division Director	Reviewed document
10.05.2015	SHD Leadership	Manager/Supervisor	Reviewed document
02.15.2016	Pam Wicks	Prog Compliance Coord	Change contact for Privacy Officer