JOINT NOTICE OF PRIVACY PRACTICES

PURPOSE: 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.

Effective Date of Notice – 02/04/2019

SUMMARY OF NOTICE
This is a summary of the Joint Notice of Privacy Practices (Notice) for Bristol Bay Area Health Corporation (BBAHC) and its medical staff and workforce:
Bristol Bay Area Health Corporation respects your privacy and understands that personal health information is very sensitive. We make a record of your care and services that you receive at the hospital and clinics. This information is needed to give you quality healthcare and to comply with the law. We will not disclose your information to others unless you tell us to do so or unless the law allows or requires us to. This privacy notice will tell you about the way we may use and give out medical information about you; your medical privacy rights; and the responsibilities of the staff in using and disclosing your medical information.

BBAHC has more restrictive policies, as required by federal and state laws, related to the disclosure of the following protected health information:
1. Drug and Alcohol Treatment Information
2. Care of a minor for: 1. Family planning, 2. pregnancy, 3. sexually transmitted diseases, and 4. alcoholism or drug abuse.

Use and Disclosures. We generally use and disclose your health information:
1. For treatment, payment, and health care operations;
2. Following special rules for mental health and substance abuse treatment records;
3. Through a facility directory, to friends and family involved in your care, or for notification;
4. To remind you of appointments, or to give you information about treatment alternatives or health-related benefits and services or for fundraising;
5. As permitted or required by law;
6. For certain activities, such as: public health; reporting of abuse, neglect, or domestic violence; health oversight; lawsuits and disputes; law enforcement activities; coroner, medical examiner, or funeral director purposes; organ donation; avoidance of a serious threat to health or safety; workers’ compensation; and national security; or

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1. With your authorization.

Your Rights. As limited by law, you generally have the right to:
1. Inspect and copy your records;
2. Ask to amend incomplete or inaccurate information in your records;
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3. Receive an accounting of certain disclosures of your health information;
4. Ask for additional privacy protections (although we do not have to agree);
5. Ask for alternative confidential communications;
6. Receive a paper copy of this Notice; and
7. File a complaint without penalty.

Our Duties. We must maintain the privacy of your health information, give you a copy of and follow this notice. We may change this Notice.

WHO WILL FOLLOW THIS NOTICE
This Joint Notice of Privacy Practices describes the privacy practices of BBAHC including:

1. Kanakanak Hospital;
2. BBAHC Village Clinics and Village-based services;
3. All medical staff members while providing services at or through BBAHC;
4. Students/trainees at BBAHC;
5. Jake's Place
6. Alcohol and Drug Abuse Program;
7. Fetal Alcohol Syndrome/Fetal Alcohol Effects Diagnostic and Treatment Interagency Team while providing services at or through BBAHC;
8. Bristol Bay Counseling Center;
9. Our House;
10. Volunteers at BBAHC; and
11. All BBAHC employees (including employed physicians), community health aides, nurses, caregivers, other workforce members and contracted and temporary duty staff.

This Notice covers only the health information collected, created, and maintained by or at BBAHC. "We," "us," and "our" in this Notice refer to the parties listed above. This Notice does not cover the care that you may receive from independent providers outside BBAHC.

QUESTIONS
If you have any questions, please call the Privacy Officer at (907) 842-5201.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION
Each time you visit us, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, information from other providers, and billing and payment information. We need this record to provide you with quality care and to comply with certain legal requirements. We understand that your health information is personal, and we are committed to protecting health information about you. For many of the situations described below, we will use, disclose, or receive the minimum amount of health care information necessary to accomplish the intended purpose.
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The following categories describe different ways we use and disclose health information and give some examples of the way we use and disclose health information. Not every use or disclosure in a category will be listed. But, the ways we are permitted to use and disclose information will fall within one of the categories.

**Uses and Disclosures of Your Health Information for Treatment, Payment and Healthcare**

**Treatment:** We may use health information about you to give you care or other services. We may disclose health information about you to doctors, nurses, health aides, technicians, medical students, or other workforce members who are involved in taking care of you at or through BBAHC. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to tell the dietician about your diabetes so appropriate meals can be arranged. To assist with your care outside BBAHC, we may disclose your health information to outside providers. For example, if you are referred for care to other hospitals, then your information is shared with practitioners at those facilities.

**Payment:** We may use and disclose your health information to bill and collect payment from you, your insurance Joint Notice of Privacy Practices company, or a third party payor for the services you received. For example, we may need to give information about your surgery to the Indian Health Service or another health plan so your health plan will pay us or reimburse you for the treatment. We may tell your health plan about treatment you are going to receive so your plan can decide if it will cover the treatment. We also may share your information with other providers who are involved in your care for their payment purposes. For example, we may provide your insurance information to an ambulance company that brought you to us.

**Health Care Operations:** We may use and disclose health information about you for our operations. These uses and disclosures are needed to run our facilities and allow our patients to receive quality care. For example, members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results then will be used to continually improve the quality of care for all patients that we serve. We may disclose information to doctors, nurses, health aides, technicians, medical students, and other health care professionals for educational purposes. We may disclose your health information to other health care providers or to health plans for their own health care operations under certain situations.

**Appointment Reminders; Treatment Alternatives; Health-Related Benefits and Services:** We may use and disclose health information to remind you that you have an appointment with us, to tell you about or recommend alternative treatment therapies, providers, or settings of care, and to tell you about health-related products, benefits, or services related to your treatment or management or coordination of your care that may be of interest to you. We may send you
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newsletters about general health matters, our services, health fairs, wellness programs, and similar events.

Uses and Disclosures That We May Make Unless You Object:

Directory: Unless you object, we may include certain limited information about you in the BBAHC outpatient schedule/directory. This information may include your name, location in a facility, your general condition (fair, stable, etc.) If you are an inpatient, then you must Opt-In to be listed in the directory which would include the following information: Name, Room, Age, and current community. By Opting into the directory family, friends, and clergy may visit or call you by contacting the Inpatient unit or operator. If you Opt-Out will need to contact family, friends or clergy directly and provide them your contact information. You also may elect to Opt-In to the directory at anytime. If you wish to restrict some of the directory disclosures, please notify your inpatient nurse, your outpatient staff intake nurse, or your health aide. If you are not Opted-In to our directory, then we will not tell callers or visitors that you are a patient, and we will have to return letters and deliveries addressed to you at BBAHC.

Individuals Involved in Your Care or Notification: Unless you object, we may disclose some of your health information to a family member, relative, close friend, or any other person you identify who is involved in your care or in payment for your care or who you would like to be notified. Except in certain limited situations, such as an emergency or if you not are able to communicate, we will ask you or determine if you object. We may disclose health information that is needed for that person's involvement in your care or payment related to your care to find and tell those close to you of your location or condition. If you are not present or if you are unable to agree or object to a disclosure, we, in our professional judgment, may disclose health information in your best interests to the extent that the information is relevant to the person's involvement in your care. We may use professional judgment and experience when allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information on your behalf.

In the Event of a Disaster: We may disclose health information about you to an entity assisting in a disaster relief effort to coordinate care and so that your family can be notified about your condition and location.

Fundraising: We may use certain information about you to raise money for BBAHC and its operations. This may include telling you about projects funded by BBAHC 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 BBAHC or to a business associate so that it may contact you about raising money for BBAHC. Fundraising material will tell you how you may opt-out of receiving future fundraising materials. If we receive your request to opt-out, then we will make reasonable efforts so you will not be sent future fundraising materials.
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Uses and Disclosures We Make Without Your Authorization:

**As Required by Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**Secretary of the Department of Health and Human Services.** We may disclose health information about you to the Secretary of the Department of Health and Human Services ("HHS") to investigate or determine whether we comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Business Associates:** We may disclose health information to our business associates, with whom we contract to perform services on our behalf. For example, if a provider dictates a report on your care, we will use a transcription company with which we have a contract to type the report.

**Public Health Activities:** We may disclose your health information for public health activities. These activities generally include disclosures to: a public health authority authorized by law to collect information to prevent or control disease, injury, or disability, such as reporting disease, injury, and vital events (births, deaths, etc.), including mandated registries, or for public health surveillance, investigations, and interventions; a public health authority or other agency authorized by law to receive reports of actual or suspected child abuse or neglect; a person responsible for federal Food and Drug Administration ("FDA") activities for purposes related to the quality, safety, or effectiveness of FDA-regulated products or activities; a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, as authorized by law; or to employers as necessary to comply with federal or state laws governing monitoring of workplace injuries.

**Immunization Information:** We may disclose vaccination and immunization information pertaining to specific school age children to the schools to ensure continuum of care with childhood immunizations.

**Victims of Abuse, Neglect, or Domestic Violence:** We may disclose health information about an individual we reasonably believe to be the victim of abuse, neglect, or domestic violence to a government authority authorized by law to receive such reports. We may make such disclosure if:

1. required by law;
2. you agree to the disclosure.; or
3. we believe the disclosure is necessary to prevent harm to you or other potential victims.

**Health Oversight:** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.
Lawsuits and Disputes: We may disclose health information about you in response to a court or administrative order.

Law Enforcement Activities: We may release health information if asked to do so by a law enforcement official: as required by laws that require reporting of certain types of wounds; in response to court orders, warrants, summons, grand jury subpoenas, certain administrative requests, or similar processes; to identify or locate a suspect, fugitive, material witness, or missing person (but we will give only limited information); about the victim of a crime in certain circumstances; about a death we suspect may be the result of criminal conduct; about criminal conduct on our premises; and in emergencies, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors: We may release health information to a medical examiner or coroner as necessary, or required, to identify a deceased person or determine the cause of death. We also may release health information about individuals to funeral directors, so they can perform their duties.

Organ and Tissue Donations: We may release health information to organizations that handle organ procurement or organ, eye, or tissue transplants or to an organ donation bank, as required and needed for organ, eye, or tissue donation and transplants.

Research: Under certain circumstances, we may use and disclose health information about you for research purposes. For example, we may use or disclose your health information to prepare for a research project. Most of the time, we will ask for your authorization before using or disclosing your information for research. The information, however, will not contain information that can identify you in any way.

Limited Data Sets: We may disclose limited health 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 contract with the recipient to limit the recipient's use and disclosure of this information.

To Avert a Serious Threat to Health or Safety: 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 be only to someone who is likely to help prevent the threat.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs.
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National Security, Intelligence Activities, and Protective Services: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, special investigations, and other national security activities authorized by law and so they may protect the President or other authorized persons.

Military Personnel: If you are a member of the armed forces or foreign military, then we may release health information about you as considered necessary by your military command authorities.

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

Organized Health Care Arrangement: BBAHC and members of its medical staff participate in an arrangement called an "organized health care arrangement" solely to comply with federal privacy regulations and have agreed to follow Joint Notice of Privacy Practices this Notice for services given to you by or at BBAHC. These providers may share health information with each other as needed for treatment, payment, or the health care operations of the organized health care arrangement and as described in this Notice. But, BBAHC is not responsible for actions solely by independent providers or facilities.

Incidental Disclosures: Certain incidental disclosures of your 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.

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.

Personal Representatives: Certain minors and incapacitated adults may have "personal representatives." These personal representatives may be able to act on the person's behalf in making decisions about the person's health care and may exercise the person's privacy rights. We may disclose health information to your personal representative.

Uses and Disclosure of Mental Health and Substance Abuse Information:

Mental Health Information: Information about your mental health is confidential. We will not use or disclose your mental health information unless we obtain an authorization from you to do so, except:

1. As required by a court order;
2. To a designated hospital where a patient is involuntarily committed;
3. To direct service personnel in an emergency;
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4. To mental health professionals designated to conduct program or on-site reviews;
5. For research purposes if the anonymity of the patient is preserved;
6. To insurance, medical assistance, or other programs for payment;
7. As required by law, which includes suspected child/vulnerable adult/elder abuse, threats of harm to self of others, and for certain infections diseases; and
8. To the Division of Mental Health and Developmental Disabilities.

Substance Abuse Information: If you become a patient receiving our alcohol and drug abuse treatment services, we may give you a notice describing additional privacy practices. Generally, information about alcohol and drug abuse treatment, diagnosis, and prognosis is confidential. We do not disclose this information without your authorization, except:
1. For alcohol and drug treatment;
2. As required by a court order;
3. To medical personnel in a medical emergency;
4. To qualified personnel for audit or program evaluation;
5. For certain limited research purposes;
6. About a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime; or
7. As required by state law, which includes suspected child/vulnerable adult/elder abuse, threats of harm to self or others, and for certain infections diseases.

Uses and Disclosures with Authorization:
We need your written permission or authorization for:
1. Most uses and disclosures of psychotherapy notes;
2. Most uses and disclosures for marketing; and
3. The sale of health information.

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 permission or authorization. Generally, if you give us an authorization to use and disclose your health information, then you may revoke your authorization, in writing, at any time. If you revoke your authorization, then we will no longer use or disclose your health information for the reasons covered by your written authorization, except to the extent that we already have relied on your authorization. We cannot take back any disclosures we already have made with your authorization. We must retain our records of the care we provided to you.

YOUR HEALTH INFORMATION RIGHTS
Although your health record is our property, you have the rights described below with respect to your health information:
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Right to Inspect and Copy: You have the right to inspect and obtain in a timely manner copies of health information that may be used to make decisions about your care. To inspect or obtain a copy of your health information, you must submit your request in writing on our designated form to the Health Information Management Services (HIMS) Department or the Privacy Officer. BBAHC may charge you a reasonable fee for the costs of copying, mailing, or other supplies related to your request. We may deny your request to inspect and copy your records in certain limited circumstances.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, then you have the right to request a reasonable amendment for as long as we keep this information. To request an amendment, you need to submit your request in writing on our form to the Privacy Officer. We may deny your request in certain situations. If this occurs, we will tell you the reason for the denial. If you disagree with our denial, then you may submit a statement of disagreement or ask that your request become part of your record. In response, we may prepare a rebuttal statement. These will be made a part of your record.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your health information made by us. This accounting will not include disclosures:
  1. For treatment, payment, or health care operations;
  2. To you under your right of access to your records;
  3. That you authorized;
  4. Through a facility directory, to persons involved in your care, or for notification;
  5. Incidental to an otherwise permitted use or disclosure;
  6. As part of a limited data set;
  7. For national security or intelligence purposes;
  8. To correctional institutions or other custodial law enforcement officials; or

To request this list or accounting, you need to submit your request in writing on a designated form to the Health Information Management Services (HIMS) Department. Your request must state a time period for the accounting, which may not be longer than six years. The first list you request within a 12-month period will be free. We may charge you a reasonable fee for the cost of providing subsequent lists. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before you are charged.

Right to Request Restrictions: You have the right to request a limitation on the health information we use about you for treatment, payment, or health care operations. You also have the right to request a limitation on the health information we disclose about you to someone who is involved in your care or the payment of your care. To request a restriction, you must make your request in writing on our designated form to the Privacy Officer. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both,
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and to whom you want the limits to apply. We are not required to agree to your request, other
than that we must agree to a request to restrict disclosures to a health plan for payment or health
care operations when the health care services are fully paid "out of pocket" and the disclosure is
not required by law. In this case or if we otherwise agree to a request, we will comply with your
request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that we
communicate with you about health matters in a certain way or at a certain location. To request
confidential communications regarding billing, please notify the Business Office Manager in
writing using our designated form. To request confidential communications regarding your
health information, please contact the Privacy Officer in writing using our designated form. We
will agree to the request if it is reasonable for us to do so. Agreements for confidential
communications are conditioned upon obtaining information about how payment, if any, will be
handled. We may end our agreement to your request if payment arrangements are not honored.

Right to a Copy of this Notice: You have the right to receive a written copy of this Notice. This
applies even if you agreed to receive this Notice electronically. Copies of the notice are available
from the Registration Staff, Clinic Staff, Emergency Room Staff, Dental Staff, Optometry Staff,
Community Health Aide Staff, Jake's Place Staff, Bristol Bay Counseling Center Staff, or the
Privacy Officer.

OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

We are required by law to:

1. Maintain the privacy of your health information;
2. Give you this Notice of our legal duties and privacy practices with respect to the
   information we collect and maintain about you;
3. Follow the terms of the Notice that is currently in effect; and
4. Notify you of breaches of unsecured health information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. The revised Notice will be effective for information
we already have about you as well as any information we receive in the future: Unless required
by law, the revised notice will be effective on the new effective date of the Notice. The current
Notice will be available from the Registration Staff, Clinic Staff, Emergency Room Staff, Dental
Staff, Optometry Staff, Community Health Aide Staff, Jake's Place Staff, Bristol
Bay Counseling Center Staff, or the Privacy Officer.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the
Privacy Officer by calling (907) 842-5201, or by emailing to privacyofficer@bbahc.org. In
addition, you may file a complaint with the Secretary of the Department of Health and Human
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Services by calling (877)-696-6775 or the Office for Civil Rights by calling (800)-368-1019. You will not be penalized for filing a complaint.