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## **Notice of Privacy Practices**

Effective: January 1, 2015

*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.***

### ***PURPOSE OF THIS NOTICE***

Alaska Digestive and Liver Disease, LLC (“ADLD”) is committed to preserving the privacy and confidentiality of your health information. ADLD is required by law to provide this Notice of Privacy Practice to you. ADLD is further required by state and federal laws to implement policies and procedures that will safeguard your protected health information created and or maintained by our facility. This included information about you that we have received from other healthcare providers or facilities. ADLD will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. “ADLD,” “we” and “us” will refer to all services, service areas, and workers of ADLD. “Your health information” refers to any information that you have given us about you and your health, as well as information that we have received during services rendered, including information obtained from entities outside of ADLD.

ADLD is required to abide by this Notice and any future changes to the Notice that we are required or authorized by law to make at all ADLD locations.

### ***This Notice applies to the practice of:***

- All ADLD employees, volunteers, students, service providers, including clinicians, who have access to health information
- Any healthcare professional authorized to enter the information into your ADLD health record.
- Any non-ADLD clinician who might otherwise have access to your information created or kept by ADLD. (For example, clinicians accessing information during their call coverage for ADLD clinicians)

### ***YOUR RIGHTS AND OUR RESPONSIBILITIES***

When it comes to your health information, although your health record is the physical property of ADLD, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### ***You have the right to:***

- A. Get a copy of your electronic medical record
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

- We will provide a copy of a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- B. Ask us to correct your medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- C. Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone only) or to send mail to a different address.
  - We will say “yes” to all reasonable requests.
- D. Ask us to limit what we use or share
- You can ask us NOT to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - 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 use to share that information.
- E. Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable cost-based fee if you ask for another within 12 months.
- F. Get a copy of this privacy notice
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- G. Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- H. File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting us using the information on the front of this document.
  - You can file a complaint with the U.S Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. S.W., Washington, D.C. 20201, calling 1(800) 696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.

### ***USES AND DISCLOSURES OF HEALTH INFORMATION***

The following section describes different ways that we use and disclose health information for treatment, payment and health care operations. For each of those categories, we explain what we mean and give you one example. Not every use or disclosure will be noted and there may be incidental disclosures that are a byproduct of the listed uses and disclosures. The way we use and disclose health information will fall within the following categories:

- A. For treatment, we can use your health information and share it with other professionals who are treating you. For example, a physician treating you for an injury asks another doctor about your overall health condition.
- B. For payment, we can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.
- C. For health care operations, we can use and share your health information to run our practice, improve your care, and/or contact you when necessary. For example, we use health information about you to manage your treatment and services.

### ***USE AND DISCLOSURES YOU CAN LIMIT***

For certain health information, you can tell us your choice about what we share. If you have a preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

- A. Your health information is used for treatment, payment, and health care operations.
- B. You have both the right and the choice in the way that we use and share information as we:
  - Share information with your family, friends, or others involved in your health care about your condition
  - Share information in a disaster relief situation
  - Include you in a hospital directory

***If you are not able to tell us your preference (for example, if you are unconscious), we 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 and imminent threat to your health or safety.***

***In the following cases we never share your information unless you give us written permission***

- Share your mental health information
- Market our service
- Sell your information
- Fundraising efforts

### ***OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION***

We are allowed or required to share your information in other ways – usually in ways that contribute to the public, such as public health and research. We have to meet many legal requirements before we can share your information for these purposes. For more information see: [www.hs.gov/ocr/privacy/hipaa/understaing/consumers/index.html](http://www.hs.gov/ocr/privacy/hipaa/understaing/consumers/index.html).

- A. Help with public health and safety issues
  - a. We may share your health information in situations such as:
    - i. Preventing disease
    - ii. Helping with product recalls

- iii. Reporting adverse reactions to medications
  - iv. Reporting suspected abuse, neglect, or domestic violence
  - v. Preventing or reducing a serious threat to anyone's health or safety
- B. Do research
  - a. We can use or share your information for health research
- C. Comply with the law
  - a. We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law
- D. Respond to organ and tissue donation requests
  - a. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- E. Address worker's compensation, law enforcement, and other government requests
  - a. We can use or share health information about you:
    - i. For worker's compensation
    - ii. For law enforcement purposes or with a law enforcement official
    - iii. With health oversight agencies for activities authorized by law
    - iv. For special government functions such as military, national security, and presidential protective services.
    - v. In response to a court or administrative order, or in response to a subpoena