

A. PURPOSE OF THE NOTICE.

As your anesthesia healthcare providers we are required by law to maintain the privacy of Protected Health Information (PHI). This Notice will provide information about our privacy practices. Our office maintains copies of that part of the hospital or surgery center record pertaining only to your anesthesia service and the billing of the anesthesia service. You have certain rights, and our anesthesia providers and office support staff (we) have legal obligations to safeguard your PHI. This Notice describes the ways in which we may use or disclose your health information as well as your rights and our obligations.

What is Protected Health Information?

Protected Health Information, or PHI, is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

1. **Treatment, Payment and Health Care Operations.** The following section describes different ways that we may use and disclose your health information for purposes of treatment, payment, and health care operations.
 - a. **For Treatment.** We may use or disclose your PHI to give you medical treatment and services and to manage and/or coordinate your medical care. We may disclose your health information to other doctors, nurses, technicians, rehabilitation therapy specialists, or other personnel who are involved in your health care. *For example, we may need to refer you to another health care provider to receive certain services. We will share information with that health care provider in order to coordinate your care & services.*
 - b. **For Payment.** We may use or disclose your PHI so that we can bill and receive payment from you, an insurance company, or another third party for the health care services you receive from me. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. *For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for the treatment.*
 - c. **For Health Care Operations.** We may use or disclose your PHI in order to perform necessary administrative, educational, quality assurance and business functions. We may disclose PHI to physicians, nurses, medical technicians, medical students, and other authorized personnel for education and learning purposes. *For example, we may use your health information to evaluate the performance of my staff in caring for you.*
 - d. **For Appointment Reminders, Treatment Alternatives or Health Related Benefits and Services.** We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
 - e. **For Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
 - f. **For Data Breach Notification.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
 - g. **Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

C. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION.

There are certain instances in which I may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. **As Required By Law.** We will disclose your PHI when required to do so by international, federal, state, or local law.
2. **Public Health Risks.** We may disclose your PHI to public health authorities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
3. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
4. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend myself in the event of a lawsuit.
5. **Worker's Compensation.** We may disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
6. **Law Enforcement Official.** We may disclose your health information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
7. **Coroners, Medical Examiners, or Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.
8. **Organ Procurement Organizations or Tissue Banks.** If you are an organ or tissue donor, we may disclose your PHI to organizations that handle organ procurement or transplantation, such as to an organ donation bank.
9. **Research.** We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter in a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, (3) not identify the information or use it to contact any individual.
10. **Abuse, Neglect, or Domestic Violence.** We may use or disclose your PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
11. **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
12. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

D. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT.

1. **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we 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. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
2. **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
3. **Fundraising Activities.** We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to the Privacy Officer at the address at the end of this Notice.

E. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES.

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of PHI for marketing purposes; and
3. Disclosures that constitute the sale of your PHI.

F. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights, subject to certain limitations, regarding your PHI:

1. **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the cost of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
2. **Right to a Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
3. **Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or in a readable hard copy form. We may charge you a reasonable cost-based fee for the labor associated with transmitting the electronic record.
4. **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
5. **Right to Request Amendments.** If you feel that the PHI we have is incorrect, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us or for us. A request for an amendment must be made in writing to the Privacy Officer at the address provided at the end of this notice and it must tell the reason for the request. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
3. **Right to an Accounting of Disclosures.** You have the right to ask for an accounting of disclosures, which is a list of the disclosures we have made of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are and you may choose to withdraw or modify your request before the costs are incurred.

4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your PHI, you must submit a written request to the Privacy Officer at the address listed at the end of this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.
5. **Out-of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
6. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care in certain ways to preserve your privacy. For example, you can ask that we contact you by mail at a specific address or call you only at your work number. You must make the request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.
6. **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

G. HOW TO EXERCISE YOUR RIGHTS AND QUESTIONS OR COMPLAINTS.

To exercise your rights described in this Notice, send your written request to the Privacy Officer at the address listed below. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your PHI, you may also contact the physician directly. If you have any questions regarding this Notice or wish to receive additional information about the privacy practices detailed herein, please contact us at **(907)-258-2149**.

If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the United States Dept. of Health and Human Services (DHHS). To file a complaint with us, contact us at: Denali Anesthesia, P.C., ATTN: Privacy Officer, PO Box 140227, Anchorage, AK 99514. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. You will not be penalized for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Dept. of Health and Human Services, 200 Independence Ave S.W., Washington, D.C. 20201. Call (202) 619-0257 or toll free (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa.

H. CHANGES TO THIS NOTICE.

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in our office and will include the effective date.

I. OUR AFFILIATIONS.

Denali Anesthesia, P.C. provides exclusive anesthesia services at Alaska Regional Hospital. As their business associate, we are in an Organized Health Care Arrangement with them and we adhere to the privacy practices described in their Notice of Privacy Practices you will receive upon admission to the hospital. We also provide anesthesia services at Alaska Institute of Surgical and Medical Specialties (AISMS), Alaska Urological Institute (AUI), and Geneva Woods Surgery Center. Upon the admission process at these offices/centers, you will receive a copy of our Notice of Privacy Practices by their administrative staff. We will appropriately safeguard your private health information according to the guidelines described in this Notice. You will be asked to sign an Acknowledgement that you received our Notice of Privacy Practices and our Billing Agreement by the administrative staff at AISMA, AUI, and Geneva Woods Surgery Center.

Effective date of this notice: 4/14/03
 Updated version of this notice is 9/20/13.