

Capstone Family Medicine

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**

Understanding Your Health Information

We create a record of the care and/or services you receive at Capstone Family Medicine. We understand that health information about you and your treatment is personal. We are committed to protected health information about you.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

Your Health Information Rights

Although your health record is the property of Capstone Family Medicine, the information belongs to you. You have the right to:

- *Request communication of your health information by alternative means. We will accommodate your reasonable requests.
- *Request restriction on certain uses and disclosures of your information for treatment, payment, health care operations, and on disclosures permitted to persons, including family members, involved with your care or for notification. We, however, are not required by law to agree to a requested restriction.
- *Inspect and receive a copy of your health record as provided by law.
- *Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record.
- *Obtain an accounting of certain disclosures of your health information as provided by law.
- *Obtain a paper copy of this notice of privacy practices.

You may exercise your rights set forth in this notice by providing a written request to Darjon Gimm, 3223 E. Palmer Wasilla, Garrett Medical Building #2, Wasilla, Alaska 99654.

Our Responsibilities

In addition to the responsibilities set forth above, we also are required to:

- *Keep private health information that identifies you;
- *Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- *Abide by the terms of the notice that is currently in effect.

Uses and Disclosures of your Health Information

The following sections describe ways that we use and disclose health information. Not every use of disclosure in a category will be listed. However, all the ways we are permitted to use or disclose information should fall within one of the categories.

We will use and disclose your health information for treatment. For example: We may disclose medical information about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you at Capstone Family Medicine. We may share medical information about you to coordinate different treatments, such as prescriptions, lab work, and x-rays.

We will use and disclose your health information for payment. For example: A bill may be sent to you, an insurance company, or a third party payer. The information on or with the bill may identify you, as well as your diagnosis, procedures, and supplies used. Information may also be sent to your health plan about a treatment you are going to receive to obtain prior approval or determine if your plan will cover the treatment.

We will use and disclose your health information for regular health care operations. For example: We may use the information in your health record to assess the care and outcome 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 health care and services we provide.

We will use and disclose your health information as required or as otherwise allowed by law:

Business associates: There are some services provided to our organization through agreements with business associates. Examples include consultants. To protect your health information, however, we require business associates to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your general condition. We also may disclose information as part of a disaster relief.

Individuals involved in your care: We may disclose information to a family member, close friend, or other person you identify who is involved in your care or payment for your care.

Funeral directors, coroners, and medical examiners: We may disclose health information to funeral directors and medical examiners consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of organ or tissue donation and transplant.

Communications for treatment and health care operations: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Worker's Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse, neglect, or domestic violence: As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

Judicial, administrative, and law enforcement purposes: Consistent with applicable law, we may disclose health information about you for judicial, administrative, and law enforcement purposes.

Required or allowed by law: We will disclose medical information about you when required or allowed to do so by federal, state, or local laws.

Health oversight activities: We may disclose health information to oversight agencies for activities authorized by law, for example, audits, inspections, investigations, and licensure.

To avert a serious threat to health or safety: Disclosure of health information may be made to someone able to prevent a serious threat to the health and safety of you, another person, or the public.

National security, intelligence, and protective services: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, protective services, or other national security activities.

Military: If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities.

Inmates: If you are an inmate of a correctional institute or under the custody of a law enforcement officer, we may disclose your health information to the correctional institute or law enforcement official.

Research: Information about you may be used indirectly in different research and statistical studies or to prepare for research.

Incidental disclosures: Certain incidental disclosures of your medical information may occur as a by-product of permitted uses and disclosures.

Limited data sets: We may disclose limited health information, contained in a “limited data set” for research, public health, and health care operations, to certain third parties who have signed a contract.

De-identified information: We may use and disclose health information that reasonable 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 individual’s behalf and exercise the individual’s privacy rights.

Special rules: Special rules provide additional privacy protection to information relating to mental health and substance abuse treatment.

Your Authorization

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. If you authorize us to use and disclose your health information, then you may revoke your authorization, in writing, at any time (unless you are told otherwise at the time you sign the authorization). If you revoke your authorization, then we will no longer use or disclose your health information for the reasons covered by your authorization, except to the extent that we have already relied on your authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.

Right to Change this Notice

We reserve the right to change our practices and this notice and to make the new provisions effective as of the date of our revised notice for all protected health information we maintain, including information created or received before the change. Should our privacy practices change, we are not required to notify you directly, but we will have the revised notice available at your request at Capstone Family Medicine.

For More Information or to Report a Problem

If you have questions or if you believe your privacy rights have been violated, you can contact Darjon Gimm, Privacy Officer, at 907-357-9590 or at d.gimm@capstonefamilymedicine.com. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint or reporting a problem.

Effective Date: 12/3/2003