

SEAVIEW COMMUNITY SERVICES

NOTICE OF PRIVACY PRACTICES

OUR PLEDGE

SeaView is required by law to maintain the privacy of your Protected Health Information. "Protected Health Information" (PHI) is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health condition and related healthcare services. We understand that your PHI information is personal. We are committed to protecting your PHI and to sharing minimum necessary information required to accomplish the purpose. We create a record of the care and services you receive through SeaView. This notice applies to all of the PHI compiled about you during your care with our agency.

This Notice of Privacy Practices describes how we use and disclose your PHI to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

We are required to provide you with this Notice of Privacy Practices and to abide by its terms. We may change the terms of our notice at any time. Whenever there is a material change to the uses and disclosures of PHI, we will promptly revise and distribute our Notice as described below.

I. Uses & Disclosures of PHI

When you come into our agency there are many forms that you will need to complete and data that you will be asked to provide. We are required to compile much of this information by entities which pay in whole or in part for your care, including insurance carriers and government agencies. Your PHI may be used and disclosed by our agency, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing services to you.

Your PHI may also be used and disclosed to pay your healthcare bills which are necessary to run the agency.

Following are examples of the types of uses and disclosures of your PHI that we will make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment

We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare. We will also share information that you provide with supervisors or our internal team members so that they can assist in determining the best course of care and services for you.

Payment

Your PHI will be used, as needed, to obtain payment for the services that we provide. This may include disclosing information to your health insurance carrier, healthcare plan, or a government agency which pays in whole or in part for your care to obtain approval or payment for the healthcare 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, obtaining approval for a hospital stay may require that your PHI be disclosed to the insurance carrier, health plan or government entity to obtain approval for the hospital admission. We may also disclose your information to another provider involved in your case as part of ensuring your eligibility for services.

Healthcare Operations

We may use or disclose, as needed, your PHI for our own healthcare operations in order to provide quality care to our patients, to assess staff training needs or to ensure the efficiency of program operations. Healthcare operations include such activities as:

- quality assessment and improvement activities;
- employee review activities;
- training programs including those in which students, trainees or practitioners in healthcare learn under supervision;
- accreditation, certification, licensing or credentialing activities;
- review and auditing, including compliance reviews, record reviews, legal services and maintaining compliance programs; or
- business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their healthcare operations.

Other Uses & Disclosures

As part of treatment, payment and healthcare operations, we may also use or disclose your PHI for the following purposes:

- to remind you of an appointment;
- to inform you of potential treatment alternatives or options; or
- to inform you of health-related benefits or services that may be of interest to you.

II. Other Permitted Uses & Disclosures

Others involved in your healthcare: We may use or disclose PHI to your guardian or personal representative or any other person that is directly responsible for your care. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Communication barriers: We may use and disclose your PHI if we attempt to obtain an authorization from you but are unable to do so due to substantial communication barriers that we cannot overcome and we determine, using professional judgment, that you intend to provide authorization to share information.

III. Other Required Uses & Disclosures

We may use or disclose your PHI in the following situations without your authorization. These situations include:

To a Business Association: We may contract with individuals or entities known as Business Associates to perform various functions on the agency's behalf. To provide these services, Business Associations may receive, create, maintain or use your PHI. Business Associates must agree in writing with us to implement appropriate safeguards.

In connection with judicial and administrative proceedings: We may disclose your PHI in the course of any judicial or administrative proceedings in response to an order of a court or magistrate as expressly authorized by such order or in response to a signed authorization.

To a designated hospital to which a client is involuntarily committed: We may disclose PHI to assure continuity of care.

To report abuse, neglect or domestic violence: We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

Health oversight activities: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits: civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of healthcare of public benefits.

In a medical or psychological emergency: We may disclose PHI to direct medical service or mental health personnel if a medical or psychological emergency arises.

For research purposes: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

When legally required: We will disclose your PHI when we are required to do so by any Federal, State or local law.

Imminent threat to health or safety: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

To Division of Mental Health and Developmental Disabilities in accordance with 7 ACC 71.400 - 7 ACC 71.449: We will disclose PHI to DMHDD for health oversight activities specifically identified in Alaska law.

For all other disclosures of your PHI not described in this Notice, we must obtain a written authorization for release of information from you. For example, written authorization will be required for: uses and disclosures of your psychotherapy notes; uses and disclosures of your PHI for marketing purposes, including subsidized treatment communications; or for the sale of your PHI. If SeaView intends to send fundraising communications to you, you have the right to opt out of receiving such communications each time we send a solicitation to you. Your written authorization This authorization must include:

- specific person(s) to whom the information is being released;
- purpose of the release;
- date of the release—time frame;
- specific information or documents that are being released; and
- opportunity to revoke consent.

IV. Your Rights Regarding Protected Health Information (PHI)

You have the following rights with respect to your PHI:

Right to inspect and copy: You have the right to inspect and receive a copy of your PHI upon making a written request to the Privacy Officer. We may have to charge you for copying, mailing or other supplies necessary to comply with your request. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set. A “designated record set” contains PHI and billing records and any other records that we use for making decisions about you. If the information you request is maintained electronically, you may request an electronic copy in a form and format you desire. If the information cannot be readily produced in that form and format, we will work with you to come to an agreement about the form and format. If we cannot agree,

then you will receive a paper copy. If we perceive that providing you access to your records constitutes a danger to you or a danger to others, we can use our professional judgment regarding access.

Right to request restrictions: You have the right to request a restriction of your PHI by making a written request to the Privacy Officer. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your case record not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We must comply with your restriction request if you paid for the health care service out-of-pocket, in full, and you request that we not disclose PHI related to those services to a health plan. Otherwise, we are not required to agree to a restriction that you may request. If we 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.

Right to request confidential communications: You have the right to request confidential communications from us by alternative means or at an alternative location. You must make this request in writing using the Request To Restrict Manner And Method Of Confidential Communication form. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. We are not required to honor your request, but if we do not do so, we will explain in writing.

Right to amend: You have the right to amend your case record. This means you may request an amendment of the information in your record for as long as we maintain this information. This request must be in writing and provide a reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, we will do so in writing. 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. Both your statement of disagreement and our rebuttal, if any, will be included in future disclosures of the disputed information. Please contact the Privacy Officer in writing to request an amendment.

Right to accounting of disclosures: You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. By law it excludes disclosures we may have made to you, to family members or friends involved in your care, to others pursuant to your authorization, or for national security purposes. Your request for an accounting must be in writing to the Privacy Officer and must state the time period you want the accounting to cover, which may not be longer than six years. Your request should indicate in what format you want the list (for example, paper or electronic). The first list you request within a 12 month period will be provided free of charge. Additional lists will be charged

based on the cost of creating the list, copying, mailing, or other costs associated with fulfilling your request.

Right to be notified of a breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

Right to a paper copy of this notice: You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

V. Questions & Complaints

You may complain to us or to the Office for Civil Rights of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint, in writing, with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint with the Office of Civil Rights or with us.

You may contact our Privacy Officer by calling (907) 422-1002 or by writing to Privacy Officer, SeaView Community Services, Post Office Box 1045, Seward, AK 99664 for further information about the complaint process.

VI. Changes to this Notice

SeaView Community Services reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI information we already have about you as well as any information we receive in the future. We will post a copy of the updated notice in our office and on our website. You will be offered a copy of the current notice when you visit our offices for services, or annually via mail to your address on record.

VII. Effective Date

This notice of Privacy Practices is effective September 23, 2013.