

Services: We aid in your treatment by faxing and verbally arranging: prescriptions with pharmacies, laboratory tests, radiological services, specialist consultations and surgical procedures with various organizations and they are supplied with your personal health and billing information. The minimum information necessary is given.

Family Communications: Providers, using their best judgment, may disclose to a family member, other relative, personal friend, or any other person that you identify, health information relevant to involvement in your care or payment related to your care.

Coroners, Medical Examiner and Funeral Directors and Organ Procurement Organizations: We may disclose health information to coroners, medical examiners, funeral directors and/or organ procurement organizations consistent with applicable law to carry out their duties.

Food and Drug Administration: We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or 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.

Law Enforcement, Military Affairs, National Security, Intelligence, Department of State, Presidential Protective Service, Court or Administrative Tribunal Orders, Subpoenas, Discovery Requests or Other Lawful Processes. We may disclose health information to the above listed agencies as required by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be necessary (a) for the institution to provide you with the healthcare; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution and/or its personnel.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. The oversight activities include audits, investigations, inspections, and licensure. These activities

are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Disaster: We may provide your personal information regarding our location, general condition, or death to public or private disaster relief agencies.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney; provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or public.



ILIULIUK FAMILY & HEALTH
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Iliuliuk Family & Health Services, Inc.

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.

INTRODUCTION

At Iliuliuk Family & Health Services, Inc., (IFHS) we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective September 1, 2003, and applies to all protected health information as defined by federal regulation.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit IFHS, a record of your visit is made. Typically, this record contains your symptoms, examinations, test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care, to include but not limited to, other physicians, hospitals, and pharmacists.
- Legal documentation describing the care you received.
- Means by which you or a third party payor can verify that services billed were actually provided.
- A tool in education of health professionals.
- A source of information for public health officials charged with improving the health of this state and nation, as required by law.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your medical record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including a right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and be provided with a copy of your health record as provided in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.

- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Receive confidential communications ass protected health information.
- Revoke your authorization to use or disclose health information except to the extent of disclosures made prior to the date of your revocation of your authorization.

OUR RESPONSIBILITIES

Subject to limitations outlined by law, IFHS is required to:

- Maintain the privacy of our health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

IFHS reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our office. The first page of the Notice will contain the effective date and the dates of revision. Revised copies will be available on request.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact IFHS' Privacy Officer: Eric Hoover, Director of Finance & Administration at (907)581-1202.

If you believe your privacy rights have been violated, you can file a complaint with IFHS' Privacy Officer, or with the Office of Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights. The address for the OCR is listed below:

Office of Civil Rights
US Department of Health & Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

We will use your health information for treatment.

EXAMPLE#1

Information obtained by a nurse, physician, or other member of your healthcare team will be reordered in your health record and used to determine the course of treatment that should work best for you. Your provided will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. Your provided will then know how you are responding to treatment and confirm diagnoses. We may provide your medical provider or subsequent healthcare provider with copied of various reports that should assist him or her in treating you.

We will use your information for payment.

EXAMPLE #2

We May use and disclose your health information so that the treatment and services you received from IFHS may be billed to a third party payor, such as: your insurance company, Medicaid, Medicare, the Department of Veterans Affairs, A/PIA, Worker's Compensation carriers, your fishing vessels, and/or your legal guardian if you are under 18 years of age. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, supplies, and medications used.

We will use your health information for regular health operations.

EXAMPLE #3

We may use and disclose your health information to operate our office and to make sure that our patients receive quality care. Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes 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 healthcare and services we provide.

OTHER USES AND DISCLOSURES

Business associates: There are some services provided in our organization through contacts with business associates. EXAMPLES: Medical record storage companies, transcription services collection agencies, insurance companies, and billing services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do, and bill you or your third party payor for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.