

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

***Please read and review it carefully.***

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SVT Health & Wellness (SVTHW) respects your privacy and understands that your personal health information (PHI) is very sensitive. We make a record of the care and services you receive at SVTHW. This information is needed to give you quality health care and comply with the law. For example, this information includes your symptoms, test results, diagnosis, treatment, health information from other medical providers, and billing and payment information related to those services. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. This privacy notice will tell you about: (1) the way we may use and give out medical information about you; (2) your medical privacy rights, and (3) the responsibilities of SVTHW in using and disclosing your medical information.

### **How We May Use And Disclose Your Medical Information.**

The list below describes different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and give an example.

**For Treatment:** Information obtained by a nurse practitioner, physician assistant, doctor, dentist, or other worker of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing your care. This will help them stay informed about your care so they may be able to help you if needed. For example, a provider may ask if you have high blood pressure to avoid giving you a medication that may make this condition worse. This information could be shared with nurses, pharmacists, dieticians, dentists, or physical therapists so they know of the problem and avoid items that might make it worse.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at SVTHW may be billed to and payment may be collected from the government, insurance company, third party or other responsible person. Also, information about you may be shared with a collection agency in order to collect monies due on your account should you show non-willingness to pay or do not adhere to payment agreements. For example, insurance companies may need information about your diagnosis in order to pay us for laboratory studies and care.

**For Health Care Operations:** We may use and disclose medical information about you for clinic operations that are necessary to run SVTHW and make sure all of our patients receive quality care. For example, we may use medical information about you to evaluate the performance of our staff in caring for you. We may also combine medical information about many SVTHW patients to decide what additional services the clinic should offer, or what services are not needed, and provide required data reports to our funding sources.

### **Your Medical Privacy Rights**

The health and billing records we make and store belong to SVTHW. The protected health information (PHI) in it; however, generally belongs to you. You have a right to:

- Read and ask questions about this notice.

- Receive a copy of this notice to take with you.
- Ask us to limit certain uses and/or disclosures. In order to limit us, you must give us a written request. We are not required to grant the request; however, if the request is granted, we will comply with the request.
- Ask to see and receive a copy of your PHI. The request must be in writing and we have a form available for this type of request. Requests for PHI will be responded to within the 30 days required by law for compliance.
- Request that we review our decision should you be denied access to your PHI, except in certain circumstances.
- Submit a written request to amend your health information on record. You may write a statement of disagreement if your request is denied. It will be stored in your medical records, and be included with any release of your records.
- Request a copy of your PHI, as well as a list of disclosures of our health information. This list will not include disclosures to third party payers. You may receive this information once every 12 months without charges or fees. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing.
- Cancel prior authorizations to use or disclose your health information by giving us a written request to end the authorization. This request does not affect information that has already been released or affect any action taken before we received it.

### **Responsibilities of SVTHW**

We are required to: (1) Keep your PHI private, (2) give you this notice, and (3) follow the terms of this notice. We have the right to change our practices regarding the PHI we maintain. If we make changes, we will update this notice. You may receive the most recent copy of this notice by calling and asking for it, or by visiting our office to pick one up.

### **For Assistance or to Report a Problem**

If you have questions, want more information, or want to report a problem about the handling of your health information, you may contact: HIPAA Privacy Officer, SVT Health & Wellness, 880 East End Road, Homer, AK 99603; call (907)435-3217; e-mail: [privacy@svt.org](mailto:privacy@svt.org). If you believe your privacy rights have been violated, you can make a written complaint to the HIPAA Privacy Officer at our office. You may also file a complaint with the US Secretary of Health & Human Services. If you file a complaint, we will not retaliate against you.

### **Who Will Follow This Notice**

This notice describes our clinic practices and those of any health care professional authorized to enter information into your clinic chart, including all departments and programs of the clinic, volunteers, employees, staff and other clinic personnel.

### **Other Disclosures and Uses of Health Information**

**Notification of family and others** – Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give your information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

*We may use and disclose your protected health information without your authorization as follows:*

**Statewide Health Information Exchange** – We participate in *healtheConnect Alaska* (<https://www.healthconnectak.org/index.php>) and make a summary of your health information available to other participating health organizations to coordinate care with other providers. You can opt out of this service by accessing an opt-out form at: [https://www.healthconnectak.org/images/Documents/Patient\\_Opt-Out\\_v4.pdf](https://www.healthconnectak.org/images/Documents/Patient_Opt-Out_v4.pdf). You may request assistance in completing and submitting this form from a Patient Services Representative at SVT Health & Wellness.

**Appointment Reminder** – We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the clinic.

**Other treatments and/or health products** – We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or about health-related products or services that may be of interest to you.

**Medical research** – Under certain circumstances, we may use and disclose medical information about you for research purposes, but only if the research has been approved and has policies to protect the privacy of your health information.

**Funeral Directors/Coroners** – Consistent with state and federal law to allow them to carry out their duties.

**Public health risks** – We may disclose medical information about you for public health activities that can include the following: prevention or control of disease, injury or disability; reports of births and deaths; reports of abuse or neglect of children, elders and dependent adults; and reports of reactions or problems with medications or health products. This also includes: notifying people of product recalls related to their health care; notifying a person that they may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notifying a government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Workers' compensation laws** – When required by state law, and when you have made a workers compensation claim or other similar program that provides benefits for work-related injuries or illness.

**Correctional institutions** – If you are in jail or prison, as necessary for your health and the health and safety of others.

**Law enforcements** – When legally required such as when we receive a subpoena, court order or other legal process, or you are the victim of a crime.

**Tissue donation and transplant** – We may release medical information to organizations that handle organ procurement or tissue transplantation or to an organ donation bank, as necessary to help with organ or tissue donation and transplant.

**Health and safety oversight** – We may share information with a health oversight agency when required by law. These oversight activities include audits, investigations, and medical licenses.

**Disaster relief purposes** – We may share health information with disaster relief agencies to assist in notification of your condition to family or others.

**Military and veterans** – If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Lawsuits and disputes** – If you are involved in a lawsuit or a dispute, we may disclose medical information about you in a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**National security and intelligence activities** – We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Other uses** – Uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorizations.

## Notice of Privacy Practices



SVT Health & Wellness Locations:

**Homer:** 880 East End Road, (907)226-2228

**Anchor Point:** 72351 Milo Fritz Ave., (907)226-2238

**Seldovia:** 206 Main Street, (907)435-3262

[privacy@svt.org](mailto:privacy@svt.org)

Privacy Officer Phone: (907)435-3217

Main Line Phone: (907)226-2228

Medical Records Fax: (907)435-3223

Medical Dept. Fax: (907) 226-2230

Online at [svthw.org](http://svthw.org)

