

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Gastineau Human Services Corp. dba Mount Juneau Counseling & Recovery (GHS) is committed to protecting your privacy and understands that your protected health information (PHI) is important. We are also legally required to maintain the privacy of your protected health information under the Health Insurance Portability and Accountability Act (HIPAA) and other laws.

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices. This notice will tell you about 1) your privacy rights, 2) the way that we may use and disclose medical information about you, and 3) our responsibilities and practices using and disclosing your medical information.

Your Rights

When it comes to your health information, you have certain rights. The health and billing records we make and store belong to GHS. The protected health information in those records, however, generally belongs to you. You have a right to:

- **Get a copy of your protected health information.** You may ask to see an electronic or paper copy of the protected health information that we maintain. We may charge a reasonable fee for copying, mailing, or other associated expenses. We may deny your request in certain limited circumstances.
- **Ask to correct protected health information.** You may ask to correct or amend protected health information that we maintain about you that you think is incorrect or incomplete. You must submit requests in writing, specify the inaccurate or incorrect protected health information, and provide a reason that supports your request. We may deny your request if you ask us to correct or amend protected health information that is not part of our record, that we did not create, that is not part of a designated record set, or that is accurate and complete. If your request is denied, you may write a statement of disagreement, which will be stored in your medical records and included with any release of your record.
- **Ask to limit what we use or share.** You may ask us to limit what we use or share about your protected health information. You must submit requests in writing. We are not required to agree, and we may deny your request if it would affect your care. However, we may not deny a written request to restrict disclosures of specific health information to a health plan where you have paid the full amount of the bill out of pocket.
- **Get a list of those with whom we have shared your protected health information.** You may request an accounting of certain protected health information disclosures that we have made. You may receive one accounting per year at no charge, but we may charge a reasonable fee if you request an accounting more frequently.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information.

- **Request confidential information.** You may request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate all reasonable requests.
- **Make a complaint.** You may file a complaint if you feel that we have violated your rights. We will not retaliate against you for filing a complaint. You can file a complaint directly to us by contacting the GHS Privacy Officer in writing (contact information below). You can also file a complaint with the Office for Civil Rights at the United States Department of Health and Human Services online at www.hhs.gov/hipaa/filing-a-complaint/, by e-mail at OCRComplaint@hhs.gov, by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or by phone at 1-877-696-6775.
- **Opt out of fundraising.** We may contact you about fundraising efforts, but you can tell us not to contact you about fundraising again.

Use and Disclosure of Your Protected Health Information

The law permits or requires us to use or disclose your protected health information for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing protected health information or requesting your protected health information from another source, we will make reasonable efforts to limit our use, disclosure, or request about your protected health information to the minimum we need to accomplish our intended purpose.

We may use or disclose your protected health information in the following routine ways:

- **Treatment.** We may use or disclose your protected health information and share it with other professionals who are treating you, including doctors, nurses, technicians, medical students, or hospital personnel involved in your care. For example, we might disclose information about your overall health condition to physicians who are treating you for a specific injury or condition.
- **Billing and payment.** We may use and disclose your protected health information to bill and get payment from health plans or others. For example, we might share your protected health information with your health insurance plan so it will pay for the services you receive.
- **Running our organization.** We may use and disclose your protected health information to run our practice, improve your care, and contact you when necessary. For example, we might use your protected health information to manage the services and treatment you receive or to monitor the quality of our health care services.

We may share your protected health information in other ways, such as for public health or research purposes or to contribute to the public good, including the following:

- **Our business associates.** We may share your protected health information to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription. The law requires our business associates and their subcontractors to protect your protected health information in the same way we do. We also contractually require these parties to use and disclose your protected health information only as permitted and to appropriately safeguard your protected health information.

- **Health information exchanges.** We may make your protected health information available through an electronic health information exchange to other health care providers and health plans. An electronic health information exchange may also let us see information other providers and plans maintain about you. Individuals may opt out of health information exchanges. We will use reasonable efforts to limit the sharing of protected health information in these electronic sharing activities for individuals who have opted out. If you would like to opt out, please contact the GHS Privacy Officer in writing.
- **Complying with the law.** For example, we may share your protected health information if the Department of Health and Human Services requires it when investigating our compliance with privacy laws.
- **Helping with public health and safety issues.** For example, we may share your protected health information to report injuries, births, and deaths; prevent disease; report adverse reactions to medications or medical devices; report suspected child neglect or abuse or domestic violence; or avert a serious threat to public health or safety.
- **Responding to legal actions.** For example, we may share your protected health information to respond to a court or administrative order or subpoena, discovery request, or other lawful process.
- **Research.** For example, we may share your protected health information for some types of health research that do not require your authorization.
- **Working with medical examiners or funeral directors.** For example, we may share protected health information with coroners, medical examiners, or funeral directors when an individual dies.
- **Responding to organ and tissue donation requests.** For example, we may share your protected health information to arrange an authorized organ or tissue donation from you or a transplant for you.
- **Addressing workers' compensation, law enforcement, or other government requests.** For example, we may share your protected health information for workers' compensation claims; health oversight activities by government agencies; law enforcement official to use for law enforcement purposes; or specialized government functions, military, national security, and intelligence.

Our Responsibilities and Practices

We make a record of the care and services you receive at our facilities in order to provide your care and to comply with the law. These records may include information such as your symptoms, test results, diagnosis, treatment, health information from other medical providers, and billing and payment information related to those services.

Disclosure. We will not disclose your protected health information to others unless you tell us to do so, or unless the law allows or requires us to do so.

Data Breach Notification. We will promptly notify you if a data breach that may have compromised the privacy or security of your protected health information occurs.

Change to this Notice. We may change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website: www.mountjuneau.org.

Privacy Officer. If you have questions or want more information you may contact the Behavioral Health Director or the Organizational Development Director if the Behavioral Health Director is unavailable at 5597 Aisek St, Juneau, AK 99801; 907-780-3044.

Effective Date: 6/1/2024

Revision History: No revisions to date.