

CATHOLIC SOCIAL SERVICES

NOTICE OF PRIVACY PRACTICES

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

Uses and Disclosures: We use health information about you for service provision, to obtain payment for services, for administrative purposes, and to evaluate the quality of service that you receive. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

Your rights: In most cases, you have the right to look at or get a copy of the information we have about you. If you request copies, we will charge you only normal photocopy fees not to exceed five (5) cents per page. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

Our legal duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and send you a copy of the new notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

If you have any questions or complaints, please contact:
HR Director: Brigitte Guzy, Address: 3710 E. 20th Ave,
Anchorage, AK 99508 Phone: 907-222-7300

Further Details Regarding this Privacy Notice

1. Uses and Disclosures of Protected Health Information

Following are examples of the types of uses and disclosures of your protected health care information that the agency is permitted to make. These examples are not meant to be exhaustive but to describe the types of uses and disclosures.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your services. For example, your protected health information

may be provided to another coordinating agency to who you have been referred to ensure that the agency has the necessary information to provide service for you.

Payment: Your protected health information will be used, as needed, in activities related to obtaining payment for your services. For example, obtaining eligibility for state funded services or during a grant or contract audit.

Operations: We may use or disclose, as-needed, your protected information in order to support our business activities.

Business Associates: We will share your protected health information with third party 'business associates' that perform various activities (e.g., medical equipment).

Whenever an arrangement between us and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Marketing: We may use or disclose certain information in the course of providing you with information about service alternatives, health-related services, or fund-raising.

You may contact us to request that these materials not be sent to you.

Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing.

Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Service Provision: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected information that directly relates to that person's involvement in the services you receive through this agency.

Emergencies: In an emergency, Catholic Social Services shall try to provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of service.

Communication Barriers: We may use and disclose your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you would agree.

Without Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

Public Health: for public health purposes to a public health authority or to a person who is at risk of contracting or spreading disease.

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

Food and Drug Administration: as required by the Food and Drug Administration to track products.

Legal Proceedings: in the course of legal proceedings.

Law Enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Soldiers, Inmates, and National Security: to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing protected health information.

Workers' Compensation: to comply with workers' compensation laws.

Compliance: to the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

2. Your Rights

You have the right to:

inspect and copy your protected health information. However, we may refuse to provide access to certain information for a civil or criminal proceeding.

request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for service provision, payment or operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly.

request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request.

ask your provider to amend your protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

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

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Acknowledgement of receipt of Notice of Privacy Practices:

Please sign your name and print your name and date on this acknowledgement form.

Signature: _____

Printed name: _____ Date: _____