

HIPAA FORM

SITKA MEDICAL CENTER

Robert Hunter M.D., Donald R. Lehmann M.D., Graham Chelius M.D.,
Kimberley Merris M.D., Sharon Smotherman, PA

CONTRACT PROVIDERS

SITKA PHYSICAL THERAPY, CHARLES MORGAN PhD, CARY KELLER M.D.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction

At Sitka Medical Center (SMC), 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 March 31st, 2003 and applies to all protected health information as defined by federal regulation.

Uses and Disclosures

The following are examples of ways we use your health information.

1. We use your health information to document and plan treatment, progress, planning, etc.
2. We use your health information for payment. For instance, we need to send health information including procedures done and diagnoses to your insurance company.
3. We use your health information for regular health operations. For example, our compliance officer regularly chooses medical records for audits. This practice ensures that we are constantly working towards improved quality and effectiveness.
4. There are services provided in our organization through contacts with business associates. Examples include outside labs, x-ray, transcription services.
5. We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, your location, and general condition.

The following are examples of other purposes for which SMC is permitted or required to disclose confidential information without the individual's written authorization.

1. Uses and disclosures for public health activities;
2. Reporting victims of abuse, neglect, or domestic violence;
3. Disclosures for judicial and administrative proceedings;
4. Disclosures for law enforcement purposes;
5. Uses and disclosures for cadaveric organ, eye or tissue donation purposes;
6. Disclosures to avert a serious threat to health or safety; and
7. Uses and disclosures for specialized government functions.

Separate Statements for Certain Uses or Disclosures

SMC may contact patients with appointment reminders, requests for the patient to contact SMC for appointments, notices and letters concerning medical findings. SMC may also contact the patient about treatments alternatives or other health related benefits and services that may be of interest to the individual.

Individual Rights

Although your health record is the physical property of SMC, the information belongs to you. You have the right to:

1. The right to request restrictions on certain uses and disclosures of your information;
2. The right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.
3. The right to receive confidential communications;
4. The right to obtain a copy or inspect your health information;
5. The right to amend protected health information;
6. The right to receive an accounting of disclosures of protected health information.

Sitka Medical Center's Rights

1. SMC has 30 days with which to comply with a patient's request to review or copy their health information. SMC is allowed an additional 30 days if the record is off site. SMC may charge a fee for copying the health record.
2. The physicians have the right to review the record and remove any information that they deem to be harmful to either the patient or to another individual;
3. The patient will be supervised by Medical Center staff during any review of the record. Supervision is allowed and required to prevent the removal or altering of the medical record. SMC will charge staff time for this service.

Sitka Medical Center's Duties

1. SMC is required by law to maintain the privacy of confidential information and provide individuals with notice of its legal duties and privacy practices with respect to such information;
2. SMC is required to abide by the terms of this Notice; and
3. SMC reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all confidential information that it maintains. Revisions to this Notice will be posted in the patient waiting area.

Complaints

Individuals may complain to the Medical Center's Administrator in writing to address above. You may also contact the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave., S.W., Rm. 509F, HHH Building, Washington DC 20201.

Further Information

Please contact the SMC administrator at 747-5861 for further information.

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: _____ Date of Birth: _____

Signature: _____ Date: _____