

Norton Sound Health Corporation

NOTICE OF PRIVACY PRACTICES

information includes your symptoms, test results, diagnosis, treatment, health information from other health care providers, and payment information related to those services. We will not disclose your information to others unless you authorize 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 that we may use and disclose health information about you; (2) your rights; (3) special health information.

[How NSHC May Use & Disclose Your Health Information](#)

The following is an explanation and example of some of the ways your health information

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- x [NSHC Directory](#) If you are staying in the hospital and/or clinics, information may be provided to people who ask you by name. We may use and disclose the following information in the hospital directory:
 - Your name,
 - Location,
 - General condition, and
 - Religion (only to clergy).

You have the right to object to this use or disclosure of your information.
If you object, we will not use or disclose it.

If you want a family member or friend to be able to access information about you or assist in arranging your health care, scheduling or checking on appointment times, please make sure that an authorization is in place for that person to access your records. This will be required for

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that will be stored in your health record. Please note that we may add our own statement disagreeing with your proposed charges to your record. All statements regarding changes in your health record would be included with any release of your records. To request an amendment to your health record, you must submit your request in writing on our designated form to our Privacy Officer.

Revoke or Cancel Prior Authorization If you provided us authorization to use or disclose your health information, you may revoke your authorization in writing at any time. Once you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission. If the authorization was obtained as a condition of obtaining insurance coverage, your insurer provides the insurer with the right to contest a claim under the policy or the policy itself.

Right to Know About Disclosures You have the right to request a copy of the list of certain disclosures made of your health information outside of treatment, payment and operations. This list will not include disclosures to third party payers. You may request an accounting of your health information only required by law to provide one accounting without charge during any 12 month period. We will notify you of the cost involved if you request this information more than once in a 12 month period. In some cases, we may be delayed in providing you a list of certain disclosures if required by law to not disclose. The list of disclosures will go back prior to the date requested for a period of six years for paper records and for electronic health records to six years prior or the date the electronic health record came into existence, whichever is later. To request an accounting, you must submit your request in writing on our designated form to our Privacy Officer.

WHO WILL FOLLOW THIS NOTICE?

- { Any individuals authorized by NSHC to enter information into your health record;
- { All NSHC departments and programs;
- { Any member of a volunteer group we allow to help you while you are receiving services at NSHC;
- { All individuals who are considered members of NSHC's workforce.

We are required by law to:

- { Keep your protected health information private;
- { Provide notice of our legal duties and privacy practices with respect to protected health information;
- { Notify affected individuals following a breach of unsecured protected health information;
- { Give you this Notice of Privacy Practices; and
- { Follow the terms of the Notice of Privacy Practices currently in effect.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling or visiting any of our programs and asking for it or by visiting our website:

<http://www.nortonsoundhealth.org>

To Ask for Help, Express a Concern, or File a Complaint

If you have questions, want more information, or want to report a problem about the handling of your health information, you may contact the NSHC Patient Hotline at:

1-855-541-4193

or

www.nortonsoundhealth.ethicspoint.com

If you believe your privacy rights were violated, you may file a written complaint to:

Norton Sound Health Corporation
c/o Privacy Officer
P.O. Box 966
Nome, AK 99762

You may also file a complaint with the U.S. Secretary of Health and Human Services, Office for Civil Rights, if you have information about filing a complaint.