

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED OR DISCLOSED BY THE JUNEAU FAMILY BIRTH CENTER
Effective Date: October 1, 2003***

UNDERSTANDING YOUR HEALTH RECORD

Each time you visit a healthcare provider a record of your visit is made. This information is often referred to as your health or medical record, and serves as a basis for planning your care and communication among health professionals. Typically this record contains information such as basic demographics, care plan, and payment details. Understanding what is in your record and how this information is used will help you ensure its accuracy and make informed decisions when authorizing disclosure to others.

OUR RESPONSIBILITY

We are required by law to:

- Maintain the privacy of protected health information,
 - Give you this notice of our legal duties and privacy practices regarding health information about you.
 - Follow the terms of our notice that is currently in effect.
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HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time.

For Treatment. We may use and disclose Health Information to provide, coordinate, or manage your health care and any related services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, who are involved in your medical care and need the information to provide you with medical care.

For Payment. Your Health Information will be used and disclosed, as needed, to obtain payment for your health care services provided by us. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information in order to support the business activities of our clinic. These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage our clinic.

SPECIAL SITUATIONS

There are special circumstances for which we are permitted or required to use or disclose confidential information without your written authorization.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control contagious disease; report births and deaths; report child

abuse or neglect; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight. We may disclose Health Information to a health oversight agency for activities authorized by law. For example, these oversight activities include quality assurance activities, medical board review and licensure.

Legal Proceedings. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information 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 or to obtain an order protecting the information requested.

YOUR RIGHTS

Unless otherwise required by law, all uses and disclosures of protected health information by JFBC will be made only with your written authorization. You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy your protected Health Information. If your protected Health Information is maintained in an electronic format (such as an electronic medical record), you will have access to your Health Information through the client portal. If you request a paper copy of your medical record, it must be done so in writing.

Right to Amend. If you feel the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we maintain this information.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations as described in this notice.

Right to Request Restrictions. You have the right to request a restriction on your Health Information. You also have the right to

request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request known to your care provider. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may obtain a copy of this notice on our web site, juneaubirthcenter.org, or by request.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice and to make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice in the client portal and copies will be made available upon request.

TO REPORT A PROBLEM

If you believe that your privacy rights have been violated, you have the right to file a complaint with the Juneau Family Birth Center or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our executive director. You will not be penalized for filing a complaint.