

- Business Associate – There may be contractors who provide services to SEARHC as part of its operations. We may disclose your information to these contractors for them to provide the services. SEARHC requires these contractors to protect and safeguard your information.
- Other Uses – Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Your written Authorization is required for most uses or disclosures of psychotherapy notes; for most marketing purposes; or if we seek to sell your information. You may revoke your Authorization by submitting a written notice to the Compliance/Privacy Officer identified below. The revocation will not be effective to the extent we have already taken action.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we make and store belong to SEARHC. The protected health information in it, however, generally belongs to you. You have a right to:

- Read and ask questions about this Notice;
- Receive a copy of this Notice;
- Ask us to limit certain uses and disclosures. To limit us you must give us a written request. We are not required to approve the request, but we will comply with any request approved;
- Ask that you be allowed to see and get a copy of your protected health information. You may request your information in electronic format. This request must be made in writing (we have a form available). You may be charged for copying expenses. We may deny your request to review or receive a copy of your information;
- Have us review a denial of access to your health information—except in certain circumstances;
- Give us a written request to change your health information. If your request is denied, you may write a statement of disagreement. This statement will be stored in your medical records, and included with any release of your records;
- Receive a list of reportable disclosures of your health information if you give us a written request. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months;
- Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing;
- Cancel prior authorizations to use or disclose your health information by giving us a written request to end the authorization. This request does not affect information that has already been released or affect any action taken before we have it.

- Be notified in the unlikely event of a breach of your unsecured health information.
- Restrict disclosures of specific health information to a health plan where you have paid the full amount of the bill out of pocket and submitted such a request to us. We cannot deny this type of request.

OUR RESPONSIBILITIES

We are required to:

- Protect and safeguard your health information;
- Give you this Notice;
- Follow the terms of this Notice; and
- Notify you if your health information is breached.

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 the SEARHC Compliance/Privacy Officer, by visiting any SEARHC facility, or going to our website www.searhc.org.

To Ask for Help or Report a Problem

If you have questions, want more information, or would like to complain about the handling of your health information, you may contact: SEARHC Compliance/Privacy Officer, SEARHC Executive Offices, 3100 Channel Drive, Suite 300, Juneau, AK 99801 (907) 364-4466, or 1-866-891-8800.

Also, you can file a complaint with the Office for Civil Rights of the Department of Health and Human Services. The Compliance/Privacy Officer can provide you with the address. If you complain, we will not retaliate against you.

WHO WILL FOLLOW THIS NOTICE

This notice describes SEARHC Hospital and Clinic practices and that of:

- All SEARHC workforce members (including contract employees);
- All SEARHC departments;
- All SEARHC volunteers.

WEBSITE

We have a website that provides information about the SEARHC hospitals and clinics. For your benefit, the Notice is on the website at this address: www.searhc.org.

EFFECTIVE DATE: April 14, 2003; Revised: July 14, 2006; September 13, 2013; May 23, 2016; February 27, 2017; December 1, 2023; March 29, 2025

SEARHC Privacy Officer | 3100 Channel Drive, Suite 300 | Juneau, AK 99801 | (907) 364-4466



Notice of Privacy Practices

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

The SouthEast Alaska Regional Health Consortium (SEARHC) respects your privacy and understands that your personal health information is very sensitive. We make a record of the care and services you receive at the hospital and clinics. This information is needed to give you quality health care and comply with the law. For example, this information includes your symptoms, test results, diagnosis, treatment, health information from other medical providers, and billing and payment information related to those services. We will not disclose your information to others unless you tell us to do so, or unless the law allows or requires us to do so.

SEARHC has more restrictive policies, as required by federal and state laws, related to the disclosure of the following protected health information:

- Drug and Alcohol Treatment Information
- Care of a minor for: (1) family planning, (2) pregnancy, (3) sexually transmitted diseases, and (4) alcoholism or drug abuse

This privacy notice will tell you about: (1) the way that we may use and give out medical information about you; (2) your medical privacy rights and (3) the responsibilities of the hospital and clinics in using and disclosing your medical information.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The list below describes different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and try to give an example.

For Treatment

We may use or disclose your Protected Health Information (PHI) and share it with other health care professionals (both within and outside of the SEARHC healthcare system) who are treating you, including doctors, nurses, technicians, medical students, or hospital / clinic personnel involved in your care. For example, a doctor may ask if you have high blood pressure to avoid giving

you a medication that may make this condition worse. This information could be shared with other nurses, pharmacists, dietitians, or physical therapists so they know of the problem and avoid items that might make it worse.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive at the hospital or clinic may be billed to and payment may be collected from the government, insurance company, third party or other responsible person. For example, insurance companies may need information about surgery you had at the hospital in order to pay us for the surgery and care.

For Health Care Operations

We may use and disclose medical information about you for hospital or clinic operations that are necessary to run the hospital and clinic and make sure all of our patients receive quality care. For example, we may use medical information about you to evaluate the performance of our staff in caring for you.

OTHER DISCLOSURES AND USES OF HEALTH INFORMATION

Notification of Family and Others

- Unless you object, we may disclose health information about you to a friend or family member who is involved in your medical care or to someone who helps pay for your care.
- If you are not present or are unable to object, we may disclose limited information to someone to the extent of their involvement in your care or payment for care.
- We may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- We may disclose information about a deceased individual to a family member or other applicable person, who was involved in their care prior to death, the health information of the deceased that is relevant to their involvement.

Directory

If you are in a SEARHC facility, information may be provided to people who ask for you by name. We will ask if you want to be included in our facility directory and if you don't object, we may use and disclose the following information:

- Your name;
- Location;
- General condition;
- Religion (only to clergy)

Health Information Exchange

- We may make your protected health information available electronically through an electronic health information exchange (HIE) to other participating health care providers and health plans. Participation in an electronic HIE also lets us see their information about you for our treatment, payment, and healthcare operations. You may contact a Patient Access Representative for more information about the HIE or to opt-out of the HIE.

Shared Electronic Health Record

- If you were a SEARHC patient prior to March 29, 2025, your Protected Health Information was created, retained, accessed, used, and disclosed in an integrated multi facility shared electronic health record system (Cerner system). SEARHC no longer uses the Cerner system. However, other Alaska Tribal health care facilities that treat you still use the Cerner system as their electronic health record. This means that other Alaska Tribal health care facilities may have access to your health records in the Cerner system that were created by SEARHC prior to March 29, 2025. Your health records may only be used for lawfully permitted purposes by these facilities and only according to their Notice of Privacy Practices.

Disclosure Without Authorization

We may use and disclose your protected health information without your authorization as follows:

- Appointment Reminders – We may use information to contact you as a reminder that you have an appointment at the hospital or clinic.
- Other Treatments and/or Health Products –We may use information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or about health-related products or services that may be of interest to you.
- Required by Law – We will disclose information about you when required by federal, state, or local law, such as to report certain type of injuries (e.g. gunshot wounds).
- Public Health Risks – We may disclose medical information about you for public health activities that can include the following:
 - Prevention or control of disease, injury or disability;
 - Reports of births and deaths;
 - Reports of reactions or problems with medications or health products;
 - Notifying people of product recalls related to their health care;
 - Notifying a person that they may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Abuse, Neglect, or Domestic Violence – Notifying a government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- Health and Safety Oversight – We may share information with a health oversight agency required by law. These oversight activities include audits and investigations.
- Judicial and Administrative Proceedings – If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 (which may include written notice to you) or to obtain an order protecting the information requested.

- Law Enforcement –When legally required such as when we receive a subpoena, court order or other legal process; to identify or locate an individual; you are the victim of a crime; or reporting a crime on the premises.
- Decedents – We may disclose information to coroners, medical examiners, or funeral directors consistent with state and federal law.
- Organ, Eye, or Tissue Donation and Transplant –We may release medical information to organizations that handle organ procurement or tissue transplantation or to an organ donation bank, as necessary to help with organ or tissue donation and transplant.
- Research – Under certain circumstances, we may use and disclose health information about you for research purposes, but only if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project. When necessary, we will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.
- To Avert a Serious Threat to Health or Safety – We may disclose information about you to prevent a threat to yourself or to prevent a threat to the health and safety of the public or another person. The disclosure will be made to someone who can help prevent the threat.
- Specialized Government Functions – We may disclose your information to:
 - Military – If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
 - Correctional Institutions – If you are in jail or prison, as necessary for your health and the health and safety of others.
- Workers' Compensation –When required by state law, and you have made a workers' compensation claim or other similar program that provides benefits for work-related injuries or illness.
- Fundraising –We may release contact information for SEARHC-related fund-raising activities. Information is limited to contact information and dates of healthcare provided. You have the right to opt out of any fundraising communication. If you do not want SEARHC or the Healing Hand Foundation to contact you for fundraising activities, you must notify the Healing Hand Foundation at 3100 Channel Drive, Suite 300, Juneau, AK 99801 or by calling (907) 463-4000.