

Notice of Privacy Practices

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

Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, and future health care related services. This Notice of Privacy Practices describes how Ravenscrest Medical may disclose your protected health information for treatment, payment, and healthcare operations. These purposes may be permitted or required by law. Additionally, this notice describes your rights of access and control of your protected health information. We are committed to safeguarding your protected information and following all laws about its use, and we are required to abide by terms of this notice.

Your Rights

Get an electronic or paper copy of your medical record:

There may be legal reasons or safety concerns that may limit the amount of information that you see, but in most cases, you can ask to see or get an electronic or paper copy of your medical record, and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record:

You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days. We may ask that corrected information be sent to others who have received your protected information from us.

Request confidential communications:

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share:

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information:

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. If there are important changes to this

notice, you will get a new one within 60 days if you are enrolled in a health plan, such as Medicaid. An electronic version of this notice will be available at our website, www.ravencrestmedical.com

Choose someone to act for you:

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by visiting us 35670 Kenai Spur Hwy Ste 102 Soldotna, AK 99669, or calling (907) 921-2221.
- You may contact Department of Privacy Official by calling, 907-465-2150, or by writing to State of Alaska, DHSS Privacy official, PO Box 110650, Juneau, AK 99811 or by emailing privacyofficial@alaska.gov.
- Or, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation. Include your information in a hospital directory. Contact you for fundraising efforts. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
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In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

Who Sees and Shares My Protected Information?

Your health caregivers, such as nurses, medical assistants, doctors, advanced practice providers, therapists, and social workers may see, use, and share your protected information to determine your plan of care. This use may cover health care services you had before now or may have later. In regard to billing, we review your protected health information and bills (claims) to make sure that you get quality care and that all laws about providing and paying for your health care are being followed. We may use your information to remind you about appointments, or to tell you about treatment alternatives.

How is Payment Made?

We may share your protected health information with health plans, insurance companies, tribal or government programs to help you get your benefits and so that we can be paid or pay for your health care services.

How else can we share your information?

We can share health information about you for certain situations without your consent such as:

Help with Public Health and Safety Issues:

- Contagious disease, birth defects, and cancer;
- Firearm injuries and other trauma events;
- Reactions to medications or defective medical equipment;
- To the law enforcement when required by law;
- In the cases of Abuse, Neglect, and Domestic Violence if related to child or vulnerable adult.
- Birth, Death, and Immunization information.

To Do Research:

We can use or share your information for health research.

When court orders us to:

This can include subpoenas, court order, administrative order, or other lawful requests.

When Work Comp or other government request is involved:

We will disclose protected health information as it pertains to Worker's Compensation for work-related injuries. This includes worker's compensation claims, health oversight agencies for activities authorized by law, and special government functions such as military, national security, and presidential protective services. For law enforcement purposes or with a law enforcement official.

Compliance with the law:

To the Department of Health and Human Services or other regulatory bodies for the purposes of compliance or if non-compliance is suspected.

Respond to organ and tissue donation requests:

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director:

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Ravencrest medical does not manage or maintain a hospital directory, nor do we create or maintain psychotherapy notes.

Our Responsibility

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of

your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. This notice will be available to you upon request at our office and available electronically on our website, www.ravencrestmedical.com.

Effective Date of this notice: December 19, 2023

Today's Date: ____/____/____

Patient Signature: _____

Parent or Guardian Signature: _____