

# ALASKA SINUS CENTER

2401 EAST 42<sup>nd</sup> AVENUE, SUITE 206  
ANCHORAGE, AK 99508  
(907) 562-1860 • FAX (907) 562-1865

Otolaryngology  
Head and Neck Surgery

Facial Plastic and  
Reconstructive Surgery

## **Notice of Privacy Practices for Protected Health Information (PHI)**

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

This Notice of Privacy Practices describes the practices of Alaska Sinus Center for safeguarding individually identifiable personal health information. The terms of this Notice apply to patients and dependents for medical treatment.

We are required by law to maintain the privacy of our patients' personal health information and to provide the notice of our legal duties and privacy practices with respect to personal health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all personal health information maintained. Copies of the revised Notices will be mailed to patients. You have the right to request a paper copy of the Notice.

### **Uses and Disclosures of Your Personal Health Information**

**Authorization.** Except as explained below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: Alaska Sinus Center, 2401 E 42<sup>nd</sup> Avenue, Suite 206, Anchorage, AK 99508.

**Disclosures for Treatment.** We may disclose your personal health information as necessary for your treatment. For instance, a doctor or healthcare facility involved in your care from a referral may need your personal health information in our possession to assist in your care.

**Uses and Disclosures for Payment.** We will use and disclose your personal health information as necessary for payment purposes. For instance, we may use your personal health information to process insurance claims.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your personal health information as necessary for health care operations. For instance, we may use or disclose your personal health information to health care facilities or for diagnostic testing such as radiology or laboratory tests.

**Other Health-Related Uses and Disclosures.** We may contact you to provide reminders for appointments; information about treatment alternatives; or other health-related programs, products or services that may be available to you.

**Business Associate.** Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your personal health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your personal health information.

**Family, Friends and Personal Representatives.** With your approval we may disclose to family members, close personal friends, or other persons you identify, your personal health information relevant to their involvement with your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interest, we may disclose your personal health information without your approval.

**Other Uses and Disclosures.** We are permitted or required by law to use or disclose your personal health information, without your authorization, in the following circumstances:

- For any purpose required by law.
- For public health activities (i.e. injury, birth, death, or suspicion of child abuse or neglect);
- To a governmental authority if we believe and individual is a victim of abuse, neglect, or domestic violence; For health oversight activities (i.e. audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (i.e. pursuant to a court order, subpoena or discovery request);

- For law enforcement purposes (i.e. reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody;
- For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We will only use or disclose AIDS/HIV-related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by state and federal law or regulation.

**Your Rights**

**Restrictions on Use and Disclosure of Your Personal Health Information.** You have the right to request restrictions on how we use or disclose your personal health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, send a written request to: Alaska Sinus Center. A form to request a restriction can be obtained from our office. We are not required to agree to your request for a restriction however, if your request is granted, you will receive written acknowledgement. (attachment A)

**Receiving Confidential Communications of Your Personal Health Information.** You have the right to request communications regarding your personal health information by alternative means (i.e. by FAX) or at alternative locations. We will accommodate reasonable requests. To request a confidential communication, send a written request to: Alaska Sinus Center. A form to request a confidential communication can be obtained from our office. (attachment B)

**Access to your Personal Health Information.** You have the right to inspect and/or obtain a copy of your personal health information we maintain in your designated record set, with a couple of exceptions. To request access to your information, you must send a written request to: Alaska Sinus Center. A form to request access to your personal health information can be obtained from our office. A fee will be charged for copying and postage. (attachment C)

**Amendment of Your Personal Health Information.** You have the right to request an amendment to your personal health information to correct inaccuracies. To request an amendment, you must send a written request to: Alaska Sinus Center. We are not required to grant the request in certain circumstances. (attachment D)

**Accounting of Disclosures of your Personal Health Information.** You have the right to receive an accounting of certain disclosures made by us after May 1, 2019, of your personal health information. To request an accounting, you must send a written request to Alaska Sinus Center.

**Complaints.** If you believe your privacy rights have been violated, you can send a written complaint to Alaska Sinus Center at 2401 E. 42<sup>nd</sup> Avenue, Suite 206, Anchorage, AK 99508.

If you have any questions or need assistance regarding this Notice or your privacy rights, contact the office of Alaska Sinus Center at 562-1860.

Send all form requests to **Alaska Sinus Center, 2401 E. 42<sup>nd</sup> Avenue, Suite 206, Anchorage, AK 99508.**

I acknowledge that I have received a copy of Alaska Sinus Center's Privacy Practices with **effective date May 1, 2019.**

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Signature of Patient/Patient Representative

Date

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Relationship to Patient