



## Notice of Privacy Practices

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

1. **Purpose:** Cross Road Health Ministries, Inc. (CRHM) and its professional staff, employees, and volunteers follow the privacy practices described in this Notice. CRHM and its clinics create, collect and retain your personal health information in electronic and paper records that will be maintained in a confidential manner, as required by law. This health information may include photographs obtained by authorized personnel for treatment purposes. Cross Road Health Ministries, Inc. (CRHM) must use and disclose your health information to the extent necessary to provide you with quality health care. To do this, CRHM must share your health information as necessary for treatment, payment and health care operations.
2. **What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your medical provider may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. CRHM may use your health information as required by your insurer or HMO to obtain payment for your treatment and clinic stay. We also may use and disclose your health information to improve the quality of care, e.g., for review of complaints, and staff training purposes.
3. **How Will Cross Road Health Ministries, Inc. Use My Health Information?** Your health information may be used for the purposes listed below, unless you ask for restrictions on a specific use or disclosure:
  - Religious affiliation to a chaplain or member of the clergy.
  - Family members or close friends involved in your care or payment for your treatment.
  - Disaster relief agency if you are involved in a disaster relief effort.
  - Appointment reminders.
  - To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
  - As required by law.
  - Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medication or product problems; notifications of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence ( if you agree or as required by law).
  - Health oversight activities, e.g., audits, inspections, investigations, and licensure.
  - Information for lawsuits and disputes we are required to provide by law.
  - Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on CRHM administrative or clinic premises; and in emergency circumstances relating to reporting information about a crime, or other event reportable by law.)
  - Coroners, medical examiners, and funeral directors.

- Organ and tissue donation.
  - Certain research projects.
  - To prevent a serious threat to health or safety.
  - To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
  - National security and intelligence activities.
  - Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
  - Inmates. (Medical information about inmates of correctional institutions may be released to the Institution.)
  - Workers' Compensation. (Your health information regarding benefits for work related illnesses may be released as appropriate.)
  - To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
4. **Your Authorization is Required for Other Disclosures.** Except as described above, we will not use or disclose your protected health information unless you authorize (permit) Cross Road Health Ministries, Inc. in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

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.

5. **You Have Rights Regarding Your Medical Information.** You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided by Cross Road Health Ministries, Inc.:

**Right to request restriction.** You may request limitations on your health information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.

**Right to inspect and copy.** You have the right to inspect and request an electronic or paper copy your health information; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing and/or supplies, and you can expect your copy within about 30 days. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed healthcare professional chosen by CRHM. CRHM will comply with the outcome of the review.

**Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by CRHM, which requires certain specific information. CRHM is not required to accept the amendment, but we will respond to your request within 60 days.



**Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities other than for health care treatment, payment or operations in the past six (6) years. 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). After the first request, there may be a charge.

**Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site at [www.crossroadmc.org](http://www.crossroadmc.org).

6. **Requirements Regarding This Notice.** Cross Road Health Ministries, Inc. is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. CRHM may change this Notice and these changes will be effective for health information we have about you as well as any information we receive in the future. Each time you register at a CRHM clinic for health care services, you may receive a copy of the Notice in effect at the time.
7. **We will Notify You Promptly.** CRHM will let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
8. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Cross Road Health Ministries HIPAA Privacy Officer, the Secretary of the United States Department of Health and Human Services or the Office for Civil Rights. *You will not be penalized or retaliated against in any way for making a complaint.*

**You may call CRHM's Privacy Officer or designee at (907) 822-5686 if**

- you have a complaint;
- you have any questions about this Notice;
- you wish to request a form to change your restrictions on uses and disclosures for health care treatment, payment, or operations; or
- you wish to obtain a form to exercise your individual rights described in section 5.

**You may also contact CRHM's Privacy Officer** or designee in writing at PO Box 5 Glennallen, Alaska 99588 or you may drop off your complaint form at any CRHM clinic.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of This Notice**

CRHM may change the terms of this notice, and the changes will apply to all information we have about you. The notice will be available upon request, in our clinics and on our website.

**This notice is effective April 14, 2003; revised April 7, 2017.**