



Notice of Privacy Practices

Your privacy is respected.

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

This notice applies to services that are provided by Southcentral Foundation off of the Alaska Native Health Campus, and the related records.

For services provided at the Alaska Native Medical Center, the ANMC Notice of Privacy Practices applies.

Southcentral Foundation (SCF) respects your privacy and understands that your information is a private and sensitive matter. When we make a record of the care and services you receive at SCF, it is referred to as Protected Health Information (PHI). This information is needed to provide quality healthcare and to comply with the law. For example, this information includes your symptoms, test results, diagnosis, treatment, health information from other health care providers, and billing and payment information related to those services. We will not disclose your information to others unless you authorize us to do so, or unless the law authorizes or requires us to do so. We are not responsible for possible redisclosures made by person who otherwise validly receives your PHI from us.

THIS PRIVACY NOTICE WILL TELL YOU ABOUT: (1) HOW SCF MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU; (2) YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION; (3) SPECIAL RULES FOR CUSTOMER-OWNERS OF SCF'S ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT PROGRAMS; AND (4) HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR PROTECTED HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.

HOW SCF MAY USE AND DISCLOSE YOUR PHI

The following is an explanation and example of some of the ways your PHI may be used and disclosed:

Treatment: We may use and disclose your PHI for treatment purposes. PHI we obtain during your care, or which is disclosed to us from you or your other providers, will be recorded in your health record and used by our (staff) employees (providers, nurses, pharmacists, administrative assistants, etc.) to help us determine appropriate treatment options. In addition, we notify your health care providers regarding hospital admissions, discharges, and transfers through electronic notifications. We may also share PHI with others outside of SCF, as necessary. For example, we might share medication information with a specialist that we refer you to, in order to avoid treatment that might cause a negative reaction.

Payment: We may use your PHI for payment purposes. "Payment" includes the activities of SCF to obtain payment or be reimbursed for the services we provide to you. For example, insurance companies may need information about services you received at SCF in order to authorize payment. In addition, if someone else is responsible for your health care costs, we may disclose information to that person when we seek payment. These disclosures will be limited to the minimum necessary information.

Health Care Operations: We may use your PHI for health care operations. "Health care operations" are certain administrative, financial, legal, and quality improvement activities necessary to run SCF programs and make sure all customer-owners receive quality care. For example, we may use PHI about you to evaluate the performance of our employees, or to evaluate the services provided at SCF.

Electronic Health Information Systems: Your PHI will be available to providers who use the Alaska Tribal Health System's shared electronic health record.

Health Information Exchange: We participate in a health information exchange that combines information from other participating health care facilities. This allows providers and health plans involved in your care to access PHI



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submitted by other providers and facilities for legitimate purposes, including treatment, payment, and operations. Once information is entered into these systems, it can be amended, but it cannot be removed. You are permitted to request information about documentation regarding who has accessed your information through the electronic health information exchange. You may “opt out” of including your health information in the exchange. If you opt out, then your PHI will only be available to providers who use the Alaska Tribal Health System’s shared electronic health record. Your provider will have information on how to make this request, or you may find the information on our website.

Appointment Reminders: Our employees may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or health care at SCF. The PHI we use or disclose for this purpose will be limited to what is necessary to remind you of the appointment.

Interpreters: In order to provide you with proper care and services, we may use the services of an interpreter. This may require the use or disclosure of your PHI to the interpreter.

Other Treatments and/or Health Products: We may use and disclose PHI 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.

Research: We can use or share your information for health research. Under certain circumstances, we may use and disclose PHI about you for health research purposes, both with and without your permission.

Funeral Directors/Coroners/State Medical Examiner: We will disclose PHI about you to funeral directors, coroners, and the state medical examiner, consistent with applicable law, to allow them to carry out their duties.

Public Health Risks: We may disclose limited PHI 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 abuse or neglect of children, elders, and dependent adults.
- Reports of reactions or problems with medications or health products.

Workers’ Compensation Laws: We will disclose PHI when required by state law and/or may disclose PHI when you have made a workers’ compensation claim that provides benefits for work-related injuries or illness.

Correctional Institutions: If you are in jail or prison, we may disclose your PHI in accordance with state law and regulations to the Department of Corrections for your health and the health and safety of others.

Law Enforcement: We may disclose your PHI to law enforcement for certain purposes, such as to report injuries caused by guns or knives, or when it is suspected that criminal conduct occurred at SCF, or to locate you when you are the suspect of a crime, or to avert a serious and imminent threat to health and safety, or when legally required to do so, such as when we receive a valid subpoena or court order. Such disclosures are only made if permitted under all applicable privacy laws.

Tissue Donation, Organ Procurement, and Transplant: We may disclose your PHI to organizations that handle organ procurement or tissue transplantation or to an organ donation bank to help with organ or tissue donation and transplant, if you or your family members agree to such disclosure in advance.

Health and Safety Oversight: We will disclose your PHI to a health oversight agency when required by law. These oversight activities include audits, investigations, and medical licensure.



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Disaster Relief Purposes: We may disclose your PHI to disaster relief agencies or law enforcement to assist in notification of your condition to family or others in cases of disaster.

Military and Veterans: If you are a member of the armed forces, SCF may release your PHI as required by military command authorities.

Court Orders, Lawsuits, and Disputes: We may disclose PHI about you in response to a court or administrative order, subpoena with a court order or customer-owner authorization, administrative request, or other legal process, in accordance with applicable law, including in cases where you are not a party to the dispute.

National Security and Intelligence Activities: We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.

Business Associate Agreements: We may use your PHI and disclose it to individuals and organizations that assist SCF with treatment, payment, and health care operations, including complying with its legal obligations. For example, SCF may disclose PHI to consultants or attorneys who assist us in our business activities. These business associates must agree in writing to protect the confidentiality of any PHI that they receive or have access to.

Other Uses and Disclosures: SCF may also disclose PHI as required or authorized by applicable laws for any reason not specifically listed here. For example:

1. We may use certain information about the care you received at SCF to fundraise for the benefit of SCF as allowed by regulation. If we engage in fundraising, you have the right to opt out of receiving such communications.
2. We provide information regarding FDA-regulated drugs and devices to the U.S. Food and Drug Administration.
3. We provide government oversight agencies with data for health oversight activities such as auditing or licensure.
4. We provide notices to appropriate individuals when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm to an individual.
5. We disclose information when otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining our compliance with our obligations to protect the privacy of your PHI.
6. We may disclose information about prescriptions for controlled substances to the State of Alaska Prescription Drug Monitoring Program (PDMP), as required by state law.
7. We may disclose limited information to criminal justice authorities when you are receiving treatment as a condition of a criminal justice referral, court order, probation, parole or other legal proceeding, as permitted.

Notification of Family and Others: Unless you object, we may release PHI about you to a friend or family member who is involved in your health care, or payment for your health care, while you are receiving services. In emergency cases where you are unavailable or incapacitated, or do not otherwise object, we may also tell your family or friends your location and general condition. If you would like to restrict the information provided to family or friends, please contact the appropriate number at the end of this notice.

Directory: Information may be provided to people who ask for you by name. We may use and disclose the following information in the hospital directory:

- Your name
- Location
- General condition



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- Religion (only to clergy)

You have the right to opt out of this use or disclosure of your information. If you opt out, we will not use or disclose it.

If you want a family member or friend to be able to access PHI about you or assist in arranging your health care, such as scheduling or checking on appointment times, please make sure that an authorization is on file for that person to access your records. This will be required for individuals to assist you in this manner.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other than the uses and disclosures described above, PHI will be used or disclosed only as allowed or required by law, or with your written authorization or consent. Uses and disclosures such as uses for marketing and the sale of PHI require your prior written authorization. For substance use programs covered by 42 C.F.R. Part 2, SCF may use or disclose your PHI to other covered entities or business associates for treatment, payment, or health care operations, with your consent, and the information disclosed may be further disclosed as permitted by HIPAA, unless you revoke the consent in writing.

If you provide us with written authorization or consent, you have the right to revoke that authorization or consent at any time unless the disclosure is required by law or in circumstances where we have otherwise relied on the authorization, or the law prohibits revocation.

SPECIAL RULES FOR SUBSTANCE USE DISORDER CUSTOMER-OWNER RECORDS

In addition to the rights and protections provided for all PHI under HIPAA, if you receive services at a substance use disorder (SUD) treatment program covered by 42 C.F.R. Part 2 (Part 2), whether at SCF or another health care entity, your medical records that identify you as receiving those services may be protected not only by HIPAA but also by Part 2. Part 2 contains regulations governing the confidentiality of SUD customer-owner records and providing additional safeguards to protect the privacy of these SUD specific records (Part 2 Records). Not all substance use treatment records are covered by Part 2, only those created by an identified SUD program or SUD provider. This means that substance use treatment you receive from your primary care provider or other general providers may not be subject to these additional protections.

Unless otherwise permitted by law, SCF must obtain your written consent before disclosing Part 2 Records, including before releasing Part 2 Records for treatment, payment or health care operations purposes, including future uses for treatment, payment, or health care operations.

SCF may disclose prescriptions filled and dispensed to the state prescription drug monitoring program, with written consent, as required by Alaska law.

SCF may condition treatment upon receiving your consent for payment purposes. Federal law does, however, permit SCF to release records protected by Part 2 in certain circumstances without your written authorization. These are disclosures:

- Pursuant to an agreement between SCF and a qualified service organization or business associate.
- For research, audit, or evaluation purposes.
- To report a crime against SCF personnel or on SCF property.
- To medical personnel in a bona fide medical emergency.
- To report suspected child abuse or neglect to appropriate authorities.
- Pursuant to a court order.



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SCF will not disclose Part 2 Records or testify regarding any Part 2 Records in any civil, administrative, criminal, or legislative proceeding against a customer-owner, unless based on specific written consent or a court order after notice and the opportunity to be heard is provided to the customer-owner and SCF. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested Part 2 Record is used or disclosed.

You have the right to an accounting of all disclosures of Part 2 Records held electronically, regardless of the reason, for the past three years. You also have the right to a list of disclosures by an intermediary, such as a health information exchange, for the past three years.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR PHI

You have specific individual rights as to the uses and disclosures of your PHI. The health and billing records we create, and store belong to SCF. The PHI in those records, however, generally belongs to you. You have the following rights:

Questions: You have the right to ask questions about any information contained in this notice.

Notice: You have the right to receive a copy of this Notice of Privacy Practices in paper or electronic form.

Right to Request Restrictions on Use: You have the right to ask SCF to limit certain uses and disclosures. To request any limitation, you must submit your request to SCF in writing. We are not required or permitted to grant all such requests. We will honor requests where required or reasonably practicable and shall inform you of our decision regarding your request. We will also honor requests to restrict disclosures of PHI to an insurer for services paid entirely out of pocket.

Right to Request Confidential Communications: You may request SCF to communicate with you, contact you, or disclose copies of your PHI by a particular method (mail, email, fax, text message, etc.) or at a particular location. These requests must be made in writing, and we have a form available to use for a request. SCF will accommodate reasonable requests.

Right to Request, Inspect, and Receive Copies: You may request to see and get a copy of your PHI. If your PHI is in electronic format, you may request that your copy also be in electronic format.

Right to Request an Amendment: You have the right to request an amendment of your PHI. These requests must be submitted in writing. We may accept your request and, if we do, we will add an amendment. If we deny your request, you may submit a written statement of disagreement. SCF will include your statement of disagreement in your record. Please note that we may add our own statement disagreeing with your proposed changes to your record. Statements regarding amendments to your PHI may be included with any release of your records.

Revoke or Cancel Prior Authorizations: If you authorized SCF to use or disclose your PHI, you may revoke your authorization in writing at any time. Once revoked, we will no longer use or disclose your PHI. SCF is unable to take back any disclosures we have already made with your permission. However, if the authorization was received as a condition of obtaining insurance or Workers' Compensation coverage, we may be prohibited from revoking your authorization.

Right to Know About Disclosures: You have the right to request a list ("an accounting") of certain disclosures of your PHI. The list will not include treatment, payment, and operations, or disclosures for payment purposes. You may request an accounting at any time. SCF is only required by law to provide one accounting without charge during any



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12-month period. We will notify you of the cost involved if you request this information more than once in a 12-month period. In some cases, we may be delayed in providing you with a list of certain disclosures if required by law to not disclose. The list of disclosures will go back a period of six years prior to the date requested for paper records.

Right to be Notified of a Breach: In the event of a breach that compromises the privacy or security of your PHI, SCF will notify you regarding the circumstances of the breach, efforts that SCF has taken to correct or mitigate the breach, and steps you can take to protect yourself from potential harm.

Right to Receive a Paper Copy: Even if you have consented to receive this notice via email, you have the right to request a paper copy of this notice.

No Right to Certain Information: There is certain information to which you do not have a right to access. Specifically, you do not have a right to access notes regarding your care when it has been determined by your provider to endanger the life and physical safety of you or another person; any information prepared in anticipation of a legal proceeding; or any information that might have other legal restrictions against disclosure. If SCF refuses to give you access to certain information, you may request that SCF provide you with information on your appeal rights, if any.

WHO WILL FOLLOW THIS NOTICE

- Any individuals authorized by SCF to enter information into your health record.
- All SCF departments and programs.
- Any member of a volunteer group we allow to help you while you are receiving services at SCF.
- All individuals who are considered members of SCF's workforce.

SCF'S RESPONSIBILITIES

We are required by law to:

- Keep your PHI private.
- Provide notice of our legal duties and privacy practices with respect to PHI.
- Notify affected individuals following a breach of PHI.
- Give you this Notice of Privacy Practices.
- Follow the terms of the Notice of Privacy Practices currently in effect.

We have the right to change our practices regarding the PHI we maintain. If we make changes, we will update this notice and the updated notice will apply to all PHI that we maintain. You may receive the most recent copy of this notice by calling or visiting any of our programs and asking for it or by visiting our website: [southcentralfoundation.com](https://www.southcentralfoundation.com) (<https://www.southcentralfoundation.com/about-us/notice-of-privacy-practices/>). If there is a material change to this notice, a copy of the new notice will be provided to you at or before your next visit.



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TO ASK FOR HELP, EXPRESS A CONCERN, OR FILE A COMPLAINT

If you have questions, want more information, or want to report a concern about how your PHI is used or disclosed, you may contact:

Southcentral Foundation
Director of Corporate Compliance
c/o Corporate Compliance Department
4501 Diplomacy Drive
Anchorage, AK 99508
907-729-4200
SCFCorporateCompliance@southcentralfoundation.com

For violations of the protections established under HIPAA for customer-owner PHI, you have the right to file a complaint regarding a violation with the SCF Corporate Compliance department, at the address listed above, or with:

U.S. Secretary of the Department of Health and Human Services
Office for Civil Rights (OCR)
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
TDD: 1-800-537-7697
OCRComplaint@hhs.gov
Online: OCR Complaint Portal Assistant

For violation of the protections established by 42 C.F.R. Part 2 for SUD customer-owner records, you have the right to file a complaint regarding a violation with the:

U.S. Attorney's Office
District of Alaska
222 West 7th Ave., Room 253 #9
Anchorage, AK 99513
907-271-5071

Please contact SCF if you would like information on how to file a complaint with either agency. SCF will not retaliate against you for filing a complaint.



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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Effective Date: April 14, 2003

Revised: September 19, 2022; June 30, 2023; February 10, 2025; February 16, 2026

Southcentral Foundation's (SCF) Notice of Privacy Practices provides information about how (we) SCF may use and disclose protected health information (PHI) about you. You have the right to review and receive a copy of the notice before signing this acknowledgement. As stated in the notice, the terms of the notice may change. If the notice is changed, you may obtain a revised copy by contacting the Compliance Department or asking any SCF clinic desk staff.

By signing this form, you acknowledge receipt of SCF's Notice of Privacy Practices.

Chart No.

Date

Printed Name of Customer-Owner

Printed Name of Authorized Representative

Signature of Customer-Owner or Authorized Representative