



Our Mission:  
We provide  
quality health  
care with  
competence,  
compassion,  
and sensitivity

DIVISION: <b>HIMS</b>	GUIDELINE TITLE: <b>Joint Notice of Privacy Practices</b>	
PAGE 1 of 6	APPROVAL DATE: <b>02/16/26</b>	REPLACES GUIDELINE DATED: <b>10/26/23</b>
<input type="checkbox"/> REVIEWED <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> RETIRED	ATTACHMENTS: A: <a href="#">Acknowledgement of Receipt of Joint Notice of Privacy Practices</a>	

**Effective Date of Notice: 02/16/2026**

**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 medical records of the Bristol Bay Area Health Corporation (BBAHC). BBAHC respects your privacy and understands that personal health information is a private and sensitive matter. The privacy practices described in this notice apply to all BBAHC locations, services, and programs and must be followed by all BBAHC employees, medical staff, trainees, students, volunteers, and other members of the workforce.

**BBAHC is required by law to:**

- Maintain the privacy of protected health information.
- Provide you with notice of its legal duties and privacy practices regarding health information.
- Notify you if you are affected by a breach of unsecured protected health information.
- Follow the practices in this notice, while in effect, and provide you with notice of any revisions to this notice.

**We use and disclose health information for different purposes, including treatment, payment, and health care operations.** We do not need authorization for these uses or disclosures, unless the records are subject to special confidentiality protections that require authorization or other conditions for use or disclosure.

- **Treatment:** We may use health information to provide you with care. We also may provide information to others providing your care. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **Payment:** We may use and share health information to bill and be paid by health plans or other entities. We may share insurance information with an ambulance company that brought you to us. *Example: We give information about you to health insurance plan so it will pay for your services.*
- **Operations:** We may use health information for health care operations, which are the administrative, financial, legal, and quality improvement activities necessary to run our programs and make sure all patients receive quality care. *Example: We may use health information about you to evaluate the performance of our staff.*

**Health information may be shared electronically:**

- **Electronic Health Record:** To promote quality and efficiency of care, we use an electronic health record. This electronic health record is used by many providers who cooperate with each



DIVISION: <b>Finance</b>	GUIDELINE TITLE: <b>Joint Notice of Privacy Practices</b>	
PAGE 2 of 6	APPROVAL DATE: <b>02/16/26</b>	REPLACES GUIDELINE DATED: <b>10/26/23</b>

other as part of the Alaska Tribal Health System organized health care arrangement but who may be separate, unaffiliated entities, including some non-tribal entities. This electronic health record lets us and other providers share information about you, your health, the care you receive, and other important facts. It is possible that not all your information is kept on the shared electronic health record. Not every provider who treats you looks at the shared health record.

- **Electronic Health Information Systems:** We use electronic health information systems, including a health information exchange that combines information from other participating providers. This allows providers and health plans involved in your care to access health information submitted by other providers and facilities for legitimate purposes, including treatment, payment, and health care operations. Once information is entered into many of 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 also may “opt out” of including some or all your health information in the exchange. If you opt out, then your information 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.

**Other ways we may use and share health information without written authorization:**

- **As required by law:** We may use or disclose health information when required or permitted by law. If this happens, we comply with the law and disclose only the information necessary.
- **Public health:** We may disclose health information for public health activities, such as: (1) prevention or control of disease, injury, or disability; (2) reports of births and deaths; (3) reports of abuse or neglect of children, elders, and dependent adults; (4) reports of reactions or problems with medications or health products; (5) notification of product recalls ; (6) notification to a person that may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; (7) notification of a government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- **Health oversight:** We may disclose health information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and credentialing.
- **Business associates:** We may share health information with third parties who perform services for us. In those cases, we have written agreements with the third parties that they will not use or disclose health information except as permitted by law.
- **Judicial and administrative proceedings:** We may use or disclose health information in response to a court or administrative order in an administrative or judicial proceeding, or in response to a subpoena signed by a judge, discovery request, or other legal process.
- **Law enforcement:** We may use or disclose health information for certain law enforcement purposes. Examples include: (1) responding to legal processes; (2) providing limited information to identify or locate a suspect; (3) providing information about crime victims; (4) reporting suspicion that death has occurred because of criminal conduct; (5) reporting a crime which occurred on our premises; and (6) for medical emergencies, reporting where it appears likely a crime occurred.



DIVISION: <b>Finance</b>	GUIDELINE TITLE: <b>Joint Notice of Privacy Practices</b>
PAGE 3 of 6	APPROVAL DATE: <b>02/16/26</b>
	REPLACES GUIDELINE DATED: <b>10/26/23</b>

- **Preventing a serious threat:** We may use or disclose health information if we believe in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or of the public. Disclosure may be made only to a person reasonably able to prevent or lessen the threat.
- **Coroners, medical examiners, and funeral directors:** We may disclose health information to a coroner or medical examiner for identification purposes, determining cause of death, or other legally required duties. We may disclose health information to a funeral director to allow the director's duties to be carried out.
- **Organ Donation:** We may disclose health information to facilitate organ, eye, or tissue donation.
- **Research:** We may disclose limited health information to researchers, provided that the research has been approved by an Institutional Review Board and/or a Privacy Board, and the research protocols have been approved to protect your privacy. We may disclose health care information to people preparing to conduct a research project.
- **Military activity and national security:** We may disclose the health information of Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We also may disclose health information to authorized federal officials to conduct national security and intelligence activities, including the provision of protective services to the President or others legally authorized to receive information.
- **Inmates/arrestees:** We may use or disclose health information to a correctional institution or law enforcement official if you are an inmate or are in custody and the information is necessary to treat you or protect the health and safety of you, other inmates, employees at the correctional facility, or others.
- **Workers' compensation:** We may use or disclose your health information as necessary to comply with workers' compensation laws and other similar legally established programs.
- **Immunization Information:** We may disclose vaccination and immunization information pertaining to specific school age children to the schools to ensure continuum of care with childhood immunizations.
- **Limited Data Sets:** We may disclose limited health information, contained in a "limited data set," to certain third parties for research, public health, and health care operations. Before disclosing limited data sets, we will contract with the recipient to limit the recipient's use and disclosure of this information.
- **De-identified Information:** We may use and disclose health information that has been "de-identified" by removing certain identifiers (such as name and address) making it unlikely that you could be identified.
- **Incidental Disclosure:** Certain incidental disclosures of health information may occur as a by-product of permitted uses and disclosures. For example, a roommate may inadvertently overhear a discussion about your care if you share a room.
- We **never** sell protected health information.

**For certain health information, you may tell us your choices about what we share.** Tell us how you want information shared in these situations, we will follow your instructions:



DIVISION: <b>Finance</b>	GUIDELINE TITLE: <b>Joint Notice of Privacy Practices</b>	
PAGE 4 of 6	APPROVAL DATE: <b>02/16/26</b>	REPLACES GUIDELINE DATED: <b>10/26/23</b>

- **Hospital directory:** Unless you opt out, we may include certain limited information about you in the BBAHC directory. This information may include your name, location in a facility, and your general condition (fair, stable, etc.)
- **Individuals involved in care or payment for care:** Unless you object, we may disclose some health information to a family member, relative, close friend, or any other person you identify who is involved in your care or in payment for your care or who you would like to be notified. Except in certain limited situations, such as an emergency or if you are not able to communicate, we will ask you or determine if you object. If you are not present or if you are unable to agree or object to a disclosure, we, in our professional judgment, may disclose health information in your best interests to the extent that the information is relevant to the person's involvement in your care.
- **Disaster relief situation:** We may disclose health care information about you to an entity assisting in a disaster relief effort so that your family and friends can be notified about your condition, status, and location. If possible, we will ask you for permission first.

**Uses and disclosure of mental health and substance abuse information:**

**Mental health information:** We will not use or disclose mental health information unless we obtain an authorization from you to do so, except:

1. As required by a court order;
2. To a designated hospital where a patient is involuntarily committed;
3. To direct service personnel in an emergency;
4. To mental health professionals designated to conduct program or on-site reviews;
5. For research purposes if the anonymity of the patient is preserved;
6. To insurance, medical assistance, or other programs for payment;
7. As required by law, which includes suspected child/vulnerable adult/elder abuse, threats of harm to self of others, and for certain infectious diseases; and
8. To the Division of Mental Health and Developmental Disabilities.

**Uses and disclosures of substance abuse information:** If you become a patient receiving our alcohol and substance abuse treatment services, we may give you a notice describing additional privacy practices. Generally, information about alcohol and substance abuse treatment, diagnosis, and prognosis is confidential. We do not disclose this information without your authorization, except:

1. For alcohol and drug treatment;
2. As required by a court order;
3. To medical personnel in a medical emergency;
4. To qualified personnel for audit or program evaluation;
5. For certain limited research purposes;
6. About a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime; or
7. As required by state or Federal law, which includes suspected child/vulnerable adult/elder abuse, threats of harm to self or others, and for certain infectious diseases;

We generally will not use or disclose these records in civil, criminal, administrative, or legislative proceedings against you without your consent or a special type of court order.



DIVISION: <b>Finance</b>	GUIDELINE TITLE: <b>Joint Notice of Privacy Practices</b>
PAGE 5 of 6	APPROVAL DATE: <b>02/16/26</b>
	REPLACES GUIDELINE DATED: <b>10/26/23</b>

Violation of the Federal law is a crime and may be reported to appropriate authorities. See 42 U.S.C. 290dd-2 and 42 U.S.C. 290ee-3 for Federal laws and CFR 42 part 2 for Federal regulations.

**Other than the uses and disclosures described in this notice, information will be used or disclosed only with your authorization.** If you provide us with authorization, then you have the right to revoke that authorization at any time, except to the extent that we have taken action in reliance on the authorization. We need your written permission or authorization for:

1. Most uses and disclosures of psychotherapy notes;
2. Most uses and disclosures for marketing; and
3. The sale of health information.

**What are your rights when it comes to health information?** Here is an explanation of your rights and some of our responsibilities to help you. To exercise any of these rights or if you need to share health information with someone for purposes other than those listed here, contact Health Information Management.

- **Get a copy of this notice:** Upon request, we will provide you a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **Access to health information:** You have the right to receive a copy of health information about you that we maintain, with some limited exceptions. Access to some health information also may be provided through the patient portal. We reserve the right to charge a reasonable fee for the cost of producing and providing paper copies of health information.
- **Right to request restrictions:** You have the right to ask us to place restrictions on the way we use or disclose health information for treatment, payment, or health care operations. We will consider your request but are not required to agree to the restriction (except for certain disclosures to health plans). We will comply if you request that information not be disclosed to a health plan for purposes of payment or health care operations (but not treatment) if the information pertains solely to a health care item or service for which you have paid for our of pocket, in full. If we agree to a restriction, we will not use or disclose health information in violation of that restriction unless it is needed for an emergency or as legally required, until the restriction is terminated.
- **Confidential communications:** You can ask us to receive information by alternative means or at alternative locations, for example to send mail to a different address. We will accommodate all reasonable requests.
- **Amendment of health information:** You have the right to ask us to correct any health information. You need to request this amendment in writing and submit it to Health Information Management. If we deny your request, you have the right to submit a statement of disagreement and to have the statement attached to the record. We then have the right to add a rebuttal statement.
- **Accounting of certain disclosures:** You have a right to a listing of certain disclosures we make of health information
- **Personal representatives:** If you have given someone *medical* power of attorney or have a court appointment legal guardian, then that person can exercise your rights and make choices



DIVISION: <b>Finance</b>	GUIDELINE TITLE: <b>Joint Notice of Privacy Practices</b>	
PAGE <b>6</b> of <b>6</b>	APPROVAL DATE: <b>02/16/26</b>	REPLACES GUIDELINE DATED: <b>10/26/23</b>

about health information. We will make sure the person has this authority and may act for you before we take any action.

**File a complaint or ask a question:** There will be no retaliation for filing a complaint. You may complain if you feel that we have violated your privacy rights or ask questions about our privacy practices by contacting the **Privacy Officer at 1-800-478-5201** or using the **BBAHC Hotline (1-907-842-9424)**. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights.

**Changes to this Notice:** We reserve the right to change the terms of this notice at any time and to make the new notice provisions effective for all health information that we maintain. If we change this notice, then the changes will be posted on our website and at our location.