



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

DIVISION: FINANCE	GUIDELINE TITLE: Joint Notice of Privacy Practices for Jake's Place or other SUD Treatment Locations	
PAGE 1 of 6	APPROVAL DATE: 02/16/26	REPLACES GUIDELINE DATED: N/A
<input type="checkbox"/> REVIEWED <input type="checkbox"/> REVISED <input type="checkbox"/> RETIRED <input checked="" type="checkbox"/> NEW	ATTACHMENTS: A: Acknowledgement of Receipt of SUD Joint Notice of Privacy Practices	

Effective Date of Notice: 02/16/2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.

You have a right to receive a copy of this notice (in paper or electronic form) and to discuss it with Bristol Bay Area Health Corporation's (BBAHC) Privacy Officer using the contact information provided below.

The confidentiality of health information is very important to us. This notice applies to all of the records relating to your diagnosis and care generated and/or maintained by Jake's Place and other Substance Use Disorder (SUD) treatment units or locations of BBAHC (the "Programs") that identify that you have or had a SUD.

Our Responsibilities

We are required by law to:

1. Make sure that health information that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to health information about you.
3. Notify affected patients following a breach of unsecured records.
4. Follow the terms of the notice that is currently in effect.

Privacy Officer & Contact Information

BBAHC Privacy Officer, 907-842-5201

How We May Use And Disclose SUD Information About You Without Your Consent

The Programs generally will not disclose SUD records without your consent, except as follows:

1. In a bona fide medical emergency in which your consent cannot be obtained.
2. For the limited purposes of the recipient conducting scientific research provided that the recipient of the patient identifying information:
 - a. Is a HIPAA-Covered Entity or Business Associate: The recipient is a HIPAA-covered entity or business associate and has a waiver or alteration of authorization allowed under HIPAA rules or otherwise satisfies HIPAA rules requirements for research.
 - b. Follows HHS Human Subject Protection Rules: The research complies with Department of Health and Human Services (HHS) regulations designed to protect

- human research subjects, including requirements for informed consent, a waiver of consent, or an exemption under those rules.
- c. Follows FDA Human Subject Protection Rules: The research complies with Food and Drug Administration (FDA) regulations for protecting human research subjects, including requirements for informed consent or an exception or waiver of those consent requirements.
 - d. Meets Any Combination of the Above: The recipient meets one or more of the applicable requirements under HIPAA, HHS, and/or FDA regulations for conducting research.
3. For the performance of an audit or evaluation (provided that patient records are not downloaded, copied, or removed from the premises) on behalf of:
 - a. A government agency that provides the program with financial assistance or is authorized to regulate our activities.
 - b. A third-party payer or health plan covering patients in the program, a quality improvement organization (QIO) performing a QIO review, or the contractors, subcontractors, or legal representatives of such person or QIO.
 - c. An entity with direct administrative control over the program or lawful holder.
 4. For public health purposes so long as:
 - a. The disclosure is made to a public health authority; and
 - b. The content of the disclosed record has been de-identified in accordance with the HIPAA Privacy Rule's de-identification standard.
 5. Pursuant to a special court order authorizing use or disclosure of SUD information:
 - a. Records, or testimony relaying the content of such records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order;
 - b. Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by the 42 C.F.R Part 2 statute and regulations; and
 - c. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

How We May Use and Disclose SUD Information About You With Your Consent

The Programs will make uses and disclosures not described in the notice only with your written consent. For all other uses and disclosures of SUD information about you, we will obtain your consent. This includes but is not limited to:

1. **Treatment.** For non-emergency treatment purposes, such as disclosing SUD information to your primary care provider.
2. **Payment.** For payment purposes, such as to submit a health care claim for SUD services.
3. **Health Care Operations.** For our health care operations purposes, such as to review our treatment and services and to evaluate the performance of our staff in caring for you.
4. **Marketing.** For marketing purposes, such as to send you an email about a potentially relevant product or service.
5. **Criminal Justice Referrals.** If your participation in the Programs is a condition of any criminal proceedings against you or of your parole or other release from custody. If applicable, we may disclose records to persons within the criminal justice system with

your consent who have a need for the information in connection with their duty to monitor your progress (such as a prosecuting attorney who is withholding charges against you, a court granting pretrial or post-trial release, probation or parole officers responsible for your supervision).

6. **Prescription Drug Monitoring Programs.** For disclosures to prescription drug monitoring programs (PDMPs). For example, we may report any SUD medication prescribed or dispensed by the Programs to the applicable state PDMP if required by applicable state law and if you consent.
7. **Persons Identified in the Consent.** In accordance with your consent to any person or category of persons identified or generally designated in the consent. For example, we may disclose records to your employer if your consent instructs us to do so.
8. **Fundraising.** As part of our fundraising efforts, we may use or disclose records to fundraise for the benefit of the Programs only if you are first provided with a clear and conspicuous opportunity to exercise your right to not receive fundraising communications.

You may provide us with a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Records that are disclosed to a SUD treatment program covered by 42 C.F.R. part 2, HIPAA covered entity, or HIPAA business associate pursuant to your written consent for treatment, payment, and health care operations may further disclose records about you, without your written consent, to the extent the HIPAA regulations permit the disclosure, except that they may not use or disclose records about you to conduct any civil, criminal, administrative, or legislative proceeding against you. You have the right to revoke your consent in writing, except to the extent that the Programs or another lawful holder of your information has already acted in reliance on your consent.

Health information may be shared electronically:

1. **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 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.
2. **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 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 of 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.

Your Health Information Rights

Although the health record about you is the physical property of the BBAHC Health facility, you have the following rights regarding the health information we maintain about you. To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

1. **Right to Request Restrictions:** If you consent to the Programs' use or disclosure of SUD information for treatment, payment, or health care operations, then you have the right to request a restriction on such uses and disclosures. Please see the general [BBAHC Notice of Privacy Practices](#) for more information about your right to request restrictions.
2. **Right to Notice in the Case of Breach:** You have the right to receive notice of an access, acquisition, use, or disclosure of health information about you that is not permitted by 42 C.F.R. Part 2, if the access, acquisition, use, or disclosure compromises the security or privacy of SUD information.
3. **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you still are entitled to paper copy of this notice. You may obtain a copy of this notice at our website: <https://bbahc.org/privacynotice>

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have as well as any information we receive in the future. We will post a copy of the current notice on our website. The effective date will be on the first page of the notice.

Complaints

There will be no retaliation and you will not be penalized for filing a complaint. If you believe your privacy rights have been violated, then you may file a complaint with the BBAHC Privacy Officer (contact information above) or by 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.