



HIPAA Privacy Policy

Fairbanks Family Wellness

3550 Airport Way, #4, Fairbanks, AK 99709

Phone: 907-479-2331 Fax: 907-479-0164

FairbanksFamilyWellness.com

HIPAA Privacy Authorization for Use and Disclosure of Personal Health Information

This authorization is prepared in pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. section 1320d, et. Seq., and regulations promulgated thereunder, as amended from time to time (collectively referred to as "HIPAA").

This authorization affects your rights in the privacy of your Personal Healthcare Information (PHI). Please read it carefully before signing.

Fairbanks Family Wellness, will not condition treatment payment, enrollment in a health plan, or eligibility for benefits, as applicable, on your providing authorization for the requested use or disclosures. **YOU MAY REFUSE TO SIGN THIS AUTHORIZATION.**

By signing this authorization, you acknowledge and agree that Fairbanks Family wellness may use or disclose medical information for the purpose of billing your insurance company.

By signing this authorization, you agree that Fairbanks Family Wellness may disclose your personal health information to your medical insurance company on file.

Further, by signing this authorization, you acknowledge that you have been provided a copy of, and have read and understand, Fairbanks Family Wellness's HIPAA Privacy Notice containing a complete description of your rights, and the permitted uses and disclosures, under HIPAA. While Fairbanks Family Wellness has reserved the right to change the term of its Privacy Notice, copies of this Privacy Notice as amended are available from Fairbanks Family Wellness, or by sending written request with return address to 3550 Airport Way, #4, Fairbanks, Alaska 99709.

In accordance with your rights under, and subject to certain restrictions imposed by, HIPAA, you may inspect or copy your PHI in the designated record set maintained by Fairbanks Family Wellness for as long as the PHI is maintained in the designated record set.

You have the right to revoke this authorization, in writing, at any time, except to the extent that Fairbanks Family Wellness has taken action in reliance on it. A revocation is effective upon receipt by Fairbanks Family Wellness of a written request to revoke and a copy of the executed authorization form to be revoked at the address listed above.

This authorization shall expire upon the earlier occurrence of: (a) revocation of the authorization, (b) a finding by the Secretary of the U.S. Department of Health and Human Services, Offices of Civil Rights that this authorization is not in compliance with requirements of HIPAA, (c) complete satisfaction of the purposes for which this authorization was originally obtained, to be determined in the reasonable discretion of Fairbanks Family Wellness, or (d) six years from the date, this authorization was executed.

By signing this authorization, you acknowledge and agree that any information used or disclosed pursuant to this authorization could be at risk for disclosure by the recipient and no longer protected under HIPAA.

Fairbanks Family Wellness will provide you a copy of this signed authorization, if so requested.



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HIPAA Privacy and Confidentiality Policy

1. POLICY SUMMARY

This policy describes the basic privacy protections and rights that apply to protected health information (PHI) held by Fairbanks Family Wellness, in addition to the permitted ways in which such PHI can be used and disclosed by Fairbanks Family Wellness.

2. PURPOSE

To comply fully with the requirements regarding disclosure of protected health information as provided in Health Insurance Portability and Accountability act of 1996 (HIPAA).

3. SCOPE/APPLICABILITY

This applies to all direct hire employees, volunteers, and other staff members working at Fairbanks Family Wellness. It applies to all Protected Health Information and other confidential and private information protected by law.

4. REGULATORY CATEGORY, TYPE, LEGAL REGULATORY REFERENCE

Privacy Rule, 45 CFR §164.500 et seq.

5. POLICY AUTHORITY, ENFORCEMENT

Fairbanks Family Wellness, and Amy Williamson, President and Privacy Officer (PO) are responsible for monitoring and enforcement of this Policy and Procedures.

6. POLICY

- Definitions. For purposes of this policy, the following definitions apply:

Privacy Officer (PO). The PO for purposes of this Policy oversees all activities related to the development, implementation, and maintenance of Fairbanks Family Wellness's policies and procedures covering the privacy of protected health information. This person is the key compliance officer for all federal and state laws that apply to the privacy of protected health information.

HIPAA. Health Insurance Portability and Accountability Act of 1996, a federal law pertaining to protected health information of clients.

"Minimum-Necessary" Standard. Fairbanks Family Wellness uses and discloses the amount of PHI that is the minimum necessary to accomplish its intended purposes. In addition, the Fairbanks Family Wellness Use and Disclosures Procedures identify and provide for the minimum necessary access by Fairbanks Family Wellness personnel to PHI.

Participant. For the purposes of this policy, the term "Participant" includes the Participating users of the Fairbanks Family Wellness Health Information Exchange and the patients of those Participants.



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PHI (HIPAA Protected Health Information). Information about Fairbanks Family Wellness Participants becomes “protected” upon its creation or receipt by a Fairbanks Family Wellness Participant. PHI applies to information in any form- electronic, written, or verbal as follows: PHI means information that is created or received by Fairbanks Family Wellness or a Participant and relates to the past, present, or future physical or mental health or condition of a Participant; the provision of health care to a Participant; or the past, present, or future payment for the provision of health care to a Participant; and that identifies the Participant or for which there is a reasonable basis to believe the information can be used to identify the Participant. HIPAA-PHI includes information of person living or deceased, until 50 years after the date of death.

Use and Disclosure. Fairbanks Family Wellness will use and disclose PHI only as permitted under HIPAA. The term “use” and “disclosure” are defined as follows:

- Use. The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by Fairbanks Family Wellness personnel, or by a Business Associate of Fairbanks Family Wellness.
- Disclosure. For protected health information, disclosure means any release, transfer, provision or access to, or divulging in any other manner if individually identifiable health information

US/DHHS. United States Department of Health and Human Services.

- General Statement.

It is the policy of Fairbanks Family Wellness to comply fully with the requirements of HIPAA. To that end, all Fairbanks Family Wellness employees must comply with this Policy.

- Mitigation of Inadvertent Disclosures of PHI.

Employees must report any improper use or disclosure of PHI of which they become aware to the PO. The PO will determine the reasonable and appropriate steps that can be taken which may mitigate the harm to the Participant. The method of mitigation will depend on the facts and circumstances of the unauthorized use or disclosure as determined in the discretion of the PO.

- Sanctions for Violations of PHI Privacy.

All of Fairbanks Family Wellness covered workforce must comply with this Policy when using or disclosing PHI. Sanctions for using or disclosing PHI in violation of this Policy will be imposed in accordance with Fairbanks Family Wellness policies regarding employee disciplinary action. The severity of the sanction will depend on the facts and circumstances of the violation and may include discipline, up to, and including immediate termination of employment.

- Documentation.

Fairbanks Family Wellness shall maintain copies of HIPAA compliance documents for a period of at least six (6) years from the date the documents were created or were last in effect, whichever is later, as described in the Fairbanks Family Wellness Use and Disclosure Procedures.



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- **Training.**

All Fairbanks Family Wellness employees will complete HIPAA training upon employment commencement and thereafter yearly. Proof of training completion will be kept in a separate file.

- **Uses and Disclosures of PHI.**

A. Permitted Uses and Disclosures of PHI by Fairbanks Family Wellness: Treatment, Payment and Health Care Operations

Disclosure of PHI is completed by Fairbanks Family Wellness as permitted under HIPAA and other applicable privacy laws.

B. Mandatory Disclosures

HIPAA requires disclosure of information in certain circumstances, including, but not limited to requests from an individual and requests from the U.S. Department of Health and Human Services. These required disclosures are described further in the Fairbanks Family Wellness Use and Disclosure Procedures and all Fairbanks Family Wellness staff shall comply with such disclosure requests.

C. Disclosures of PHI to Business Associates

All uses and disclosures by a Business Associate of Fairbanks Family Wellness must be made in accordance with a valid business associate or a contract including HIPAA compliant business associate language, subject to the requirements of this Policy and the Fairbanks Family Wellness Use and Disclosure Procedures.

- **Verification of Identity of Those Requesting PHI**

Employees must take steps to verify the identity of individuals who request access to PHI. They must also verify the authority of any person to have access to PHI, if the identity or authority of such person is not known. The process for verifying an individual's identity is described further in Fairbanks Family Wellness Use and Disclosure Procedures.

- **Complying with Individual Rights**

HIPAA provides patients with individual rights that shall be recognized and enforced by Fairbanks Family Wellness.

The Fairbanks Family Wellness PO shall develop procedures describing these rights and how to recognize these rights. The following rights shall be recognized in accordance with such procedures:

- A. Access
- B. Amendment
- C. Accounting of Disclosures of PHI
- D. Confidential Communications
- E. Requests for Restrictions on Use and Disclosures of PHI



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- **Complaints**

A. Internal Submission of a Complaint.

Any individual who believes his/her rights under HIPAA have been violated may file a complaint regarding the alleged violation. Any privacy-related complaint made by an individual at any time must be forwarded to the PO. The PO will investigate the alleged privacy violations. If a Fairbanks Family Wellness employee is determined to be in violation of this Policy, s/he will be subject to discipline, up to and including termination of employment.

B. External Submission of a Complaint.

An individual also may file a complaint with the Secretary of the U.S. Department of Health and Human Services (“DHHS”).

<p>HIPAA Privacy and Confidentiality Policy Approved By:</p>	<p>Adopted: xx/xx/xxxx Revised: xx/xx/xxxx Updated and Reviewed: 03/18/2019</p>
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