

## Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices.

We reserve the right to change our policies and procedures for protecting health information. When we do so we will also change this notice. The new notice will be posted in our waiting room, on our website, and copies will be available from the receptionist.

## For More Information or to Report a Problem

Please let us know if you have any questions about this Notice. If you believe we have not properly protected your privacy rights, have violated your privacy rights, or you disagree with a decision we have made about your rights, let us know.

You may also send a written complaint to the:

U.S. Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

We promise you will not be penalized nor will the care you receive at our office be impacted if you file a complaint.

### Policy 1513: Verify Patient Identity at Time of Registration/Check-in

It is the policy of the Practice to verify patient identity at time of registration. The Practice will, to the extent feasible, request documentation of the patient's identity, residential address, and insurance coverage at time of registration as part of the Identity Theft Prevention Program.

#### Procedures:

1. When a patient calls to request or confirm an appointment, the patient will be asked to bring the following documentation at check-in for the appointment:  
Driver's license or other government-issued photo ID; and Current insurance card
2. If the patient is a minor, the patient's parent or guardian should bring the information listed above.
3. When the patient arrives for the appointment, the patient will be asked to produce the information listed above. *NOTE: This requirement may be waived for patients who have been seen within the last six months.*
4. If the patient has not completed the registration form within the last six months, a new registration form must be completed upon registration or check in.

# Notice of Privacy Practices

NorthStarr Cardiothoracic Surgery  
3841 Piper Street, Suite T382  
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Main #: (907) 917-2200  
Fax #: (907) 212-8655

**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.**

## **What is this Notice**

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This notice is required by law to inform you of how your health information will be protected, how our office may use or disclose your health information, and about your rights regarding your health information.

## **Understanding Your Health Information**

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Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a basis for planning your care and treatment, for updating other healthcare professionals who treat you, for verifying accurate billing, and as a legal document of the care you receive.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

## **Your Rights**

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You have the following rights related to your medical and billing records kept by us:

**Obtain a copy of this notice.** You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice from our receptionist.

**Authorization to use your health information.** Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

**Access to your health information.** You may request a copy of your health information from the receptionist at your next visit. We charge a nominal amount for the copies.

**Amend your health information.** If you believe the information we have about you is incorrect or incomplete, you may request that we correct the existing information or add the missing information. We reserve the right to accept or reject your request and will notify you of our decision.

**Request confidential communications.** You may request when we communicate with you

about your health information at a certain mail address or phone number. We will make every reasonable effort to agree to your request.

**Limit our use or disclosure of your health information.** You may request in writing that we restrict the use or disclosure your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

**Accounting of disclosures.** You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment, or healthcare operations. Disclosures that we make with your authorization will not be listed. The first list you request within a 12 month period will be free. We may charge you for additional lists.

## **Examples**

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The following examples will help you understand the ways in which we may use or disclosure you health information:

- **To facilitate your medical treatment.**
- **To collect payment for health care services that we provide.**
- **To facilitate routine healthcare operations.**
- **To notify your family and friends about your condition.**
- **To inform persons about your death.**
- **To remind you about appointments.**
- **To inform you about alternative treatment.**
- **To inform you about our healthcare services.**
- **To solicit your participation in research studies.**
- **To comply with workers compensation laws.**
- **To comply with other laws such as public health, abuse and crime reporting, or health registry reporting.**
- **To permit our business associates to perform their contracted services.**