



Catholic Community Service

## NOTICE OF PRIVACY PRACTICES

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**This notice describes how your personal information may be used, to whom it may be given to, and how you can access your information.**

### YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Catholic Community Service (CCS) takes protecting your private personal and health information seriously. CCS is required by law to maintain the privacy and security of your confidential personal information. We must let you know promptly if your confidential information may have been compromised. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as outlined in this notice unless you tell us we can in writing. If you tell us in writing, you can change your mind at any time by letting us know.

**To Report A Problem:** If you believe that your privacy rights have been violated, you may file a complaint with CCS, by contacting:

- CCS's Compliance Officer at (907) 463-6162 or
- the Secretary of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/compliants/](http://www.hhs.gov/ocr/privacy/hipaa/compliants/).

**You will not be penalized for filing a complaint.**

### HOW WE TYPICALLY USE OR SHARE YOUR PERSONAL INFORMATION

CCS typically uses or shares your personal information in the following ways:

- **For Treatment** - We may use your health information and share it with other providers who are treating you.
- **For Payment** - We will use your health information for payment such as billing your insurance for payment.
- **For Operations** - We will use your health information for agency operations. For example: the quality improvement team may use your information to assess the care and quality of services provided.
- **For Fundraising** - CCS does not solicit donations from individuals who use our

services. However we may contact you regarding our agency, the services we provide, or other outreach. If you have been contacted by CCS for Fundraising efforts you have the right to opt out of receiving further communications. You can do so by contacting the Fund Development Coordinator at 907-463-6145.

- **As Required by Law** - CCS will disclose your health information when required to do so by federal, state or local laws. For example: CCS will report to Public Health cases of communicable diseases to prevent spread of disease.
- **Work with Medical Examiner, Coroners, and Funeral Directors** - We may give your medical information to the coroner, medical examiner and funeral director should you pass away.
- **To Avert a Serious Threat to Health or Safety** - CCS may use and disclose personal health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example: reporting suspected abuse, neglect and domestic violence.
- **Respond to Organ and Tissue Donation Requests** - If you are an organ donor, CCS may share information about you with organ procurement organizations.
- **Worker's Compensation, Law Enforcement, and other Government Requests** - We can use or share information about you for such items as worker's compensation claims, VA, and health oversight agencies.
- **Respond to Lawsuits and Legal Actions** - We may share your health information in response to court or administrative order, or in response to a subpoena.
- **Research**—We may use or share your information for health research.

## YOUR RIGHTS

You have the right to:

- Get a copy or summary of your paper or electronic records, usually within 30 days of your request.
- Ask us to correct your health information about you that you think is incorrect or incomplete. We can say “no” to your request, but we must tell you why in writing within 60 days.
- Ask us to contact you in a specific way (text, cell phone or mail to a different address).
- Ask us to not use or share certain personal information. We are not required to agree to your request if it affects treatment, payment and our operations.
- Get a list (accounting) of the times we've shared your health (personal) information for six years prior to the date you ask, who we shared it with and why.
- Get a copy of this privacy notice in paper or electronic form.
- If you have given someone medical power of attorney or someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- File a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

## YOUR CHOICES

For certain health information, you can tell us your choice about what information we share. If you have a clear preference for how we share your information in the following situations, please talk with us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to reduce a serious and imminent threat to health or safety.

In these cases we **NEVER** share your information unless you give us **written permission**:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes

If you need this notice in a language other than English or need it in larger print, please contact the CCS Compliance Officer at 907-463-6162.

*Strengthening families and individuals in Southeast Alaska with  
**Dignity \* Care\* Compassion***