Notice of Privacy Practices to JAMHI Clients

This notice describes how medical, drug, and alcohol related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

General Information

Information regarding your health care, including payment for health care, is protected by three federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), HITECH Act, 42 U.S.C. §1320d *et seq.*, 45 CFR Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 CFR Part 2. Under these laws, JAMHI may not generally disclose: 1) that you are a client to any person outside JAMHI, 2) any information identifying you as an alcohol or drug client, or 3) any other protected information except as permitted by federal law.

Generally, you must also sign a written consent before JAMHI can share information for treatment purposes or for health care operations. For example, JAMHI must obtain your written consent before it can disclose information to a provider outside of JAMHI who is also providing you with care, or when it needs to disclose information to your health insurer in order to be paid for services. Disclosures for health care operations could include disclosures to outside consultants to determine how to improve JAMHI services. All of these disclosures would require your written consent. However, federal law permits JAMHI to disclose information without your written permission:

- Pursuant to an agreement with a qualified service organization/business associate
- For audit and evaluations
- To report a crime committed on JAMHI premises or against JAMHI personnel
- To medical personnel in a medical/psychiatric emergency
- To appropriate authorities to report suspected child abuse or neglect
- As allowed by a court order

Before JAMHI can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing. Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written consent may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

Your Rights

- You have the right to request a copy of your record by hard copy, fax or electronic media *except* under conditions listed below.
- Your authorization is required and that authorization may be revoked for 1) uses and disclosures of PHI for marketing purposes, 2) disclosure that constitutes a sale of PHI, 3) any use or disclosure other than those contained in this notice and 4) fundraising purposes. The uses and disclosures noted above are in the law but JAMHI does not engage in these practices.
- You have the right to request that we communicate with you by alternative means or at an alternate location. JAMHI will accommodate such requests that are reasonable and will not request an explanation from you.

- Under HIPAA and HITECH you also have the right to inspect and copy your own health information maintained by JAMHI, *except to the extent that the information contains psychotherapy notes, SUD notes, or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.*
- You have the right to request the restriction of disclosure of PHI to a health plan or other insurer, when the PHI relates solely to a healthcare item or service where the client has paid for the item or service completely out of pocket (self-pay). Other than those services, you have the right to request restriction of information, but JAMHI is not required to agree to any restrictions you request, but if it does agree to them it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical/psychiatric emergency. 2 of 4

- Under HIPAA you also have the right to request an amendment of health care information maintained in JAMHI's records. JAMHI does not have to comply with your request, but if it does not, you will be permitted to provide a statement of disagreement to be included with your record.

- You have the right to request and receive an accounting of disclosures of your health-related information made by JAMHI during the seven years prior to your request.
- You also have a right to receive a paper copy of this notice.

JAMHI's Duties

JAMHI is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. JAMHI is required by law to abide by the terms of this notice. JAMHI reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. JAMHI is required to notify clients whose PHI has been involved in a breach.

Substance Use Information

FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF CERTAIN SUBSTANCE USE DISORDER PATIENT RECORDS.

If you receive substance use treatment from a substance use treatment program at JAMHI, we may have records that are subject to substance use confidentiality laws (42 CFR Part 2 or Part 2). During those services, if any of your providers maintain treatment notes that are separated from your primary medical record, those notes may be withheld when other records are provided and may be requested separately.

You may provide a single consent for all uses and disclosures of both general PHI and substance use information. If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/or the holder of the record, where required by 42 USC § 290dd-2 and 42 CFR Part 2. 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.

If you believe that your substance use treatment records have been accessed or disclosed without your permission or in violation of the law, please file a complaint with our Privacy Officer or the HHS Office for Civil Rights, as described below.

Participation in Organized Health Care Arrangement and Health Information Exchange

JAMHI is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of JAMHI, OCHIN supplies information technology and related services to JAMHI and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by JAMHI with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the HIPAA Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent; however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

Complaints and Reporting Violations

If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services and JAMHI. You may do so by contacting the HHS Office for Civil Rights or accessing https://www.hhs.gov/hipaa/filing-a-complaint/index.html. You will not be retaliated against for filing such a complaint.

To file a complaint with JAMHI, the following name, address, and phone numbers are who you can make the report to:

Privacy Officer 3406
Glacier Hwy
Juneau, AK 99801
907-463-3303

For further information contact the Privacy Officer at JAMHI at the address and/or phone number listed above.

Effective Date: 04/20/2026

Acknowledgment

I hereby acknowledge that I received a copy of this notice. By signing below, I consent to my information being used and disclosed for treatment purposes and for health care operations in accordance with the information provided in the Notice of Privacy Practices. This consent will remain in place until I revoke my consent in writing or until the end of the record retention period that applies to my records after I conclude treatment with JAMHI, whichever is sooner.

Printed Name: _____

_____

Signature Date:

_____

Guardian Signature (if applicable): Date: