

## **NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE: February 13, 2026**

**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.**

South Peninsula Hospital, Inc. (SPH) is committed to protecting the confidentiality of your information. This Notice of Privacy Practices is provided to you as required by the Health Insurance Portability and Accountability Act (HIPAA) and describes how SPH may use and disclose your Protected Health Information (PHI), with whom that information may be shared, and the safeguards SPH has in place to protect your information. The notice also describes the rights you have concerning your own health information.

- “Protected Health Information” is individually identifiable health information, including demographic information, collected from an individual, created or received by SPH workforce, SPH medical staff, or business associates that relates to past, present or future physical or mental health condition of an individual’s; or relates to past, present, or future payment for the provision of healthcare to an individual which identifies the individual or with respect to which there is reasonable basis to believe that information can be used to identify the individual.
- PHI examples include but are not limited to; Name; address (including street address, city, zip code, and equivalent geocodes); name of employer; names of relatives; elements of dates (birth, admission, discharge); social security numbers, telephone numbers, electronic mail addresses.

SPH has the duty and is required by law to:

- Maintain the privacy and security of your protected health information, to provide individuals with this notice of our legal duties and privacy practices.
- Notify you promptly should a breach occur that may have compromised the privacy or security of your information.
- Abide by the terms of the notice currently in effect and upon request, provide you a copy in paper or electronic format.
- SPH will inform you of any significant changes to this notice. SPH will do so by posting the revised notice to our website at [www.sphosp.org](http://www.sphosp.org) and at registration areas in our facilities. When seeking services at SPH you have the opportunity to receive a copy upon request.
- Support interoperability between electronic health information systems to maximize patient access and avoid information blocking.

Changes to the Notice of Privacy Practices: SPH reserves the right to change the terms of this notice and will continue to protect your PHI created or received by SPH including currently maintained or any information received in the future. The effective date of the notice is at the top of the document as well as the last page.



**PATIENT RIGHTS**  
**REGARDING YOUR HEALTH INFORMATION**

As a patient, you have certain rights regarding your health information and may exercise those rights by submitting a written request or electronic message to the SPH Privacy Officer through the contact information at the end of this notice. The following section explains those rights and some of SPH responsibilities to help you in pursuing these options.

**Access your Health Information (inspect/copy):** You have the right to inspect and/or receive a copy of the information maintained in your Designated Record Set (medical or billing information), related to care received through SPH, with some limited exceptions. Exceptions include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable application of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI.

**Accounting of Disclosures:** You have the right to a listed of disclosures SPH makes of your health information, except for disclosures made for treatment, payment, healthcare operations, made by your request or those exceptions according to regulation §164.528 Accounting of disclosures of protected health information. The time for the request must be for a period less than six (6) years from the date of the request. The right to receive this information may be subject to additional exceptions, restrictions and limitations as indicated in this notice or as provided by law.

**Amendment of your Health Information:** If you believe health information SPH has about you is incorrect or incomplete, you may request SPH to amend the information so long as the information was created and maintained at SPH. To request an amendment please complete the Request to Amend My Protected Health Information form found on the SPH website under patient information, [www.sphosp.org](http://www.sphosp.org). While SPH will accept requests for amendment, SPH is not required to agree to the amendment. Any denials will be in writing.

**Confidential Communications:** You have the right to request that SPH communicate with you using alternative means or at alternative locations. SPH will not ask you the reason for your request. SPH will accommodate reasonable requests, when possible.

**Receive a Copy of this Notice:** You may obtain a paper copy or electronic version of this notice during your registration process for care at SPH, submitting a written request to the SPH Privacy officer or upon request. It can also be viewed on the SPH website at [www.sphosp.org](http://www.sphosp.org).

**Request Restrictions:** You may ask SPH not to use or disclose any part of your PHI for treatment, payment or health care operations. Your request must be made in writing to the SPH Privacy Officer. In your request, you must document:

- The information to you are choosing to have restricted
- Whether you want to restrict SPH's Use, Disclosure, or both
- To whom you want the restriction to apply (for example: disclosures to your spouse)
- An expiration date

If SPH believes the restriction is not in the best interest of either party, or if SPH cannot reasonably accommodate the request, SPH is not required to agree. If the restriction is mutually agreed upon, SPH will not use or disclose your PHI, unless it is needed to provide emergency treatment, or disclosure is required by law. You may revoke a previously agreed-upon restriction, at any time, in writing.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

**File a Complaint:** If you have a privacy concern or believe your rights have been violated, you may file a complaint with the SPH Privacy Officer or the Secretary of the Department of Health and Human Services at the contacts listed below. SPH will not retaliate against any patient who voices a concern or files a complaint.

Director of Risk Management  
SPH Privacy/Compliance Officer  
Phone: 907-235-0389  
Email: [Compliance@sphosp.org](mailto:Compliance@sphosp.org)  
Website: [www.sphosp.org](http://www.sphosp.org)

US Department of Health and Human Services  
Office of Civil Rights (OCR)  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

**USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT SPH MAY MAKE  
WITHOUT YOUR AUTHORIZATION**

**Treatment:** SPH will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.

- **Examples:** SPH staff may disclose your PHI with other individuals caring for you such as doctors, nurses, pharmacists, or other staff members as needed. Your information may also be used to remind you of an appointment or that it is time for you to schedule a regular checkup with us.

**Payment:** SPH may use and disclose your health information for services or treatment you received from us in order to complete billing or payment collected from you, your insurance company or other third party.

- **Example:** Information may also be used to communicate with your health plan/government insurances to determine coverage eligibility, medical necessity or for pre-authorization for services.

**Healthcare Operations:** SPH may use and disclose your health information for internal activities related to health care or that support business activities to meet our mission for providing high quality, locally coordinated healthcare. Activities may include (not all-inclusive) quality improvement trending, investigations, staff training, peer review, oversight of staff performance review, or for auditing purposes.

- **Examples:** SPH may disclose your PHI to medical school students seeing patients at SPH. Staff may call you by name in the waiting room when your physician is ready to see you. SPH may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.
- **Business Associates:** SPH will share your PHI with third-party “business associates” who perform various activities (for example; billing services) for SPH. The business associates will also be required to protect your health information.
- **Fundraising:** SPH may contact you as part of a fundraising effort. SPH and the SPH Foundation will ensure all fundraising activities and initiatives, which use or disclose PHI are conducted pursuant to State and Federal law. You have the right to opt out of receiving fundraising materials by contacting the Marketing Office in writing. Your decision will have no effect on your treatment or payment for services



- Marketing Materials: SPH may use your health information to communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your written authorization.
  - SPH will obtain your written authorization before using your health information to send you any other marketing materials.
- SPH Directories: *Unless you object*, SPH will use and disclose in our SPH inpatient directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people who ask for you by name. Only members of the clergy will be told your religious affiliation.

SPH may also use and/or disclose your PHI **without** your authorization for the following:

SPH is allowed or and in some circumstances required to share your PHI, which is subject to all applicable laws and limitations. SPH will share the minimum necessary to comply with a request. For additional information our may refer to: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Disaster Relief: Finally, SPH may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

Disclosures to Individuals involved in your care/Decedents: Unless you object, SPH may disclose to a member of your family, a relative, a close friend, or any other personal representative you identify, your PHI that directly relates to that person's involvement in your health care. As an example, we may provide a status update to a family member who brought you to the emergency room for care or a spouse in the room with you when during cares. Your PHI may be shared to notify or assist in notifying someone on your behalf of your location, general condition, or death. In emergencies, SPH will use and disclose your PHI to provide the treatment you require.

SPH is permitted but not required to disclose the decedents PHI to a family member, or other person who was involved in the individual's health care or payment for care prior to the individual's death unless doing so is inconsistent with any prior expressed preference of the deceased individual that is known to the covered entity. If SPH questions the identity or explanation of the person seeking or requesting information, SPH may deny the request for information.

Health Information Exchange: Our goal is for you to receive the best care possible. As permitted by law, your health information may be shared with this exchange to provide faster access, better coordination of care, improved accuracy and availability of your medical records assisting providers and public health officials make informed decisions. To learn more about health information exchanges, please see [the SPH website at https://www.sphosp.org/for-patients/medical-records/](https://www.sphosp.org/for-patients/medical-records/) or inquire at time of registration.

Public health reporting and Controlled Dangerous Substances information, as part of the Alaska Prescription Drug Monitoring Program (PDMP), will still be available to providers. This free service is offered so your health information can be quickly and securely available to your providers. Participation is not a condition to receiving care, however, if you opt out, it may affect the information available to your care team when receiving care.



**Health Oversight:** SPH may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Information Not Personally Identifiable:** SPH may use or disclose PHI about you in a way that does not personally identify you or reveal who you are.

**Law Enforcement:** SPH may disclose PHI for law enforcement purposes, including the following:

- Responses to orders, subpoenas, search warrants, investigative demands in criminal, civil, and administrative proceedings.
- Information requests for purposes of identifying, locating, or apprehending a suspect, fugitive, material witness or missing person.
- Circumstances pertaining to victims of a crime or deaths suspected from criminal conduct.
- Reports of suspected child or adult abuse, neglect or domestic violence, and other exceptions applicable under law.
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Legal Proceedings:** SPH may use or disclose your health information in response to a court order or administrative order in an administrative or judicial proceeding or in response to a subpoena, discovery request, or other lawful process.

**Military, Veterans, National Security and Intelligence:** SPH may use or disclose PHI of individuals who are Armed Forces or part of national security or intelligence communities, SPH may be required by military command or government authorities to release health information about you. Disclosures may be related to determination of fitness for duty; military's mission, including unit safety and readiness; determination by the Department of Veterans Affairs (VA) of your eligibility for benefits or medical evaluation. SPH may be required to disclose your PHI to authorized federal officials for conducting national security and intelligence activities.

**Organ Donations, Coroners or Funeral Directors:** SPH may disclose PHI to organizations that handle organ donation, coroners, funeral directors or medical examiners. This may be necessary for those individuals to facilitate donation and/or transplantation, identify a deceased person, determine the cause of death or arrange for removal of the deceased from the hospital morgue.

**Parental Access:** Alaska laws concerning minors permit, require, or in some cases prohibit disclosure of PHI to parents, guardians and persons acting in a similar legal status. A provider may refuse to share information with a parent if they believe doing so would cause substantial harm to the minor. SPH will act consistently with Alaska and federal law and will make disclosures following such laws.

**Patients in Custody:** SPH may use or disclose your PHI if you are an inmate of a correctional facility or otherwise in the custody of law enforcement. This disclosure would be necessary for the institution to provide you with health care, for your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Public Health:** SPH may disclose your PHI for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products resulting in recalls.



Required By Law: SPH must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. SPH must also disclose health information about you when required to do so by federal, state or local law.

- Examples (not all-inclusive): Reporting suspected abuse, neglect or domestic violence. Other required reporting include Trauma and Cancer registry information and gunshot wound victims.

Research: SPH may disclose your PHI to researchers when authorized by law. As an example, if their research was approved by an institutional review board that has reviewed the research proposal, and established protocols to ensure the privacy of your PHI.

Workers' Compensation: SPH may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION  
**REQUIRING YOUR WRITTEN PERMISSION**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. Following are examples in which your agreement or objection is required.

Sale of Health Information: SPH must have your authorization for any use or disclosure of your information that is a sale of your health information. The authorization will state the use or disclosure will result in compensation or other remuneration to SPH.

Psychotherapy Notes: These notes have a higher protection and are treated separately from the general medical record requiring SPH to have your authorization for any use or disclosure. Authorization is required except for: Use by the originator of the psychotherapy notes for treatment or health oversight activities; Use or disclosure by SPH for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; Use or disclosure by SPH to defend itself in a legal action or other proceeding brought by you or your representative; to the extent that such use or disclosure is required by law, including investigation of SPH's compliance with law, and the use or disclosure complies with and is limited to the relevant requirements of such law; health oversight activities with respect to the oversight of the originator of the psychotherapy notes for disclosure to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Note: Release of Psychiatric/Mental Health/Mental Health Consult(s) require a Special Authorization signed by the patient.

Substance Use Disorder: If you are, a patient cared for due to a Substance Use Disorder (SUD), you must provide permission for your PHI to be released unless the use and disclosure is allowed under the law. For release of SUD Counseling Notes, a separate consent is required. Please request and refer to the Notice of Privacy Practice: Confidentiality of Patient Records Related to regulations 42 CFR-Part 2, for additional information on how SPH may use and disclose your PHI, along with your protections and rights under the law.



If you believe SPH (or business associate) has violated your health information privacy you may file a complaint. Refer to the Patient Rights Regarding your Health Information section for contact information. SPH will not retaliate or discriminate against any patient who voices a concern or files a complaint. For additional information, please refer to our Notice of Non-Discrimination found on the SPH website.

**APPLICATION OF THIS NOTICE:**

This Notice of Privacy Practices applies to South Peninsula Hospital, Inc., which includes:

- South Peninsula Hospital
- South Peninsula Hospital's Long Term Care Facility and Home Health
- South Peninsula Hospital's primary care and specialty care clinics

For questions or concerns regarding the privacy and security of your health information please contact the SPH Privacy Officer.

Director of Risk Management  
SPH Privacy/Compliance Officer  
Phone: 907-235-0389  
Email: [Compliance@sphosp.org](mailto:Compliance@sphosp.org)  
Website: [www.sphosp.org](http://www.sphosp.org)

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