

Notice of Privacy Practices
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Protected health information (PHI) includes your demographic and medical information. This notice of privacy practices (NPP) outlines the ways in which I may use and/or disclose your PHI, as well as your rights to access and control your PHI. Please review the following; if you have any questions please feel free to ask.

I am required to abide by the terms of this NPP. Please note that I may change the terms of this notice at any time. Any new notice will be effective for all PHI. Upon your request, I will provide you with any revised NPP. You may request a revised version by calling me or by asking for one at the time of your next appointment.

1. Uses and disclosures of Protected Health Information

Your PHI may be used and disclosed by me and by others who are involved in your care and treatment for the purpose of providing health care services to you.

The following are examples of the types of uses and disclosures of your PHI that I am permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

Treatment: I may use and disclose your PHI to provide, coordinate, or manage your health care. This includes the coordination or management of your health care with other health care professionals who may be treating you.

Health care operations: I may share your PHI with other parties (for example, billing or transcription services). Whenever an arrangement between me and a business associate involves the use or disclosure of your PHI, I will have a written contract that contains terms that will protect the privacy of your PHI.

I may use or disclose your PHI in some situations without your authorization, including but not limited to:

Required by law: I may disclose your PHI to the extent that this is required by law, including but not limited to situations in which you are a danger to yourself or others. Any such disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: I may disclose your PHI to a public health authority that is permitted to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable diseases: I may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

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

Abuse or neglect: I may disclose your PHI to a public health or law enforcement authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, I may disclose your PHI if I believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal proceedings: I may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law enforcement: I may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes may include: 1) legal processes and other circumstances required by law; 2) limited information requests for identification and location purposes; 3) information pertaining to victims of a crime; 4) suspicion that death has occurred as a result of criminal conduct; 5) in the event that a crime occurs on the premises of my work site; and, 6) medical emergency (not on premises) if it is deemed likely that a crime has occurred.

Criminal activity: Consistent with federal and state laws, I may disclose your PHI if I believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. I may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military activity and national security: When appropriate, I may disclose PHI of individuals who are U.S. Armed Forces personnel for activities deemed necessary by military authorities or to foreign military authority if you are a member of that

foreign military service. I may also disclose your PHI to authorized federal officials for national security and intelligence activities, including the provision of protective services to the President or others legally authorized.

Workers' compensation: I may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.

Additional instances of use and/or disclosure of your protected health information:

Disclosure to others involved in your health care: Unless you object, I may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are not present or able to agree or object to the use or disclosure of the PHI, then I may, using professional judgment, determine whether the disclosure is in your best interest.

Written authorization: I will only make other disclosures of your PHI with your written authorization, unless otherwise permitted or required by law. You may revoke any such authorization in writing at any time. If you revoke your authorization, I will no longer disclose your PHI for the reasons covered by your authorization; however, please understand that I am unable to retract any information already disclosed in accordance with your authorization

2. Your rights

You have the right to inspect and copy your PHI: As permitted by federal or state law, I may charge you a reasonable fee for a copy of your records.

Under federal law you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable.

You have the right to request a restriction of your PHI: You may ask me not to use or disclose any part of your PHI for the purposes of treatment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

I am not required to agree to a restriction that you may request. Please feel free to discuss any such request with me.

You may have the right to have your PHI amended: You may request an amendment of your PHI in a designated record. In certain cases, I may deny such a request. If I deny your request for amendment, you have the right to file a statement of disagreement with me; if I prepare rebuttal, I will provide you with a copy.

You have the right to receive an accounting of certain disclosures of your PHI: This right applies to disclosures for purposes other than treatment or health care operations as described in this NPP. It excludes disclosures made if you authorized such disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule), or as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this NPP, upon request.

3. Complaints

You may file a complaint with me, with the Department of Health and Human Services, or with the Alaska Department of Consumer affairs if you believe your privacy rights have been violated. To file a complaint with me, please speak with me or notify me in writing; please feel free to ask me for further information about the complaint process.

Should you have questions regarding your PHI or my privacy policies, please feel free to ask.

By signing below, you acknowledge that you have read and understand the above NPP:

Name

Signature

Date