

## **NOTICE OF PRIVACY PRACTICES**

**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. (“Notice of Privacy Practices” will hereafter be referred to as “Privacy Notice.”) If you have questions about this Privacy Notice please contact REACH’s Privacy Official at 586-8228, or e-mail at [privacy@reachak.org](mailto:privacy@reachak.org).**

**Uses and Disclosures:** We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your consent in certain situations that are permitted or required by law (see “Without Opportunity to Object,” below). Beyond those situations, we will ask for your written authorization before using or disclosing identifiable health information about you, and you may revoke that authorization at any time, in writing.

**Your Rights:** In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we may charge you photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we have made. If you believe that information in your file is incorrect, you have the right to request that we correct the existing information.

**Complaints:** If you are concerned that we have violated your privacy rights or you disagree with a decision we have made about access to your files, you may contact our Privacy Official and there will be no retaliation against you for complaining. You may also send a written complaint to the U.S. Department of Health and Social Services. Our Privacy Official can provide you with the appropriate address upon request.

**Our Legal Duty:** We are required by law to protect the privacy of your protected health information, provide this Privacy Notice about our information practices, follow the information practices that are herein described, and seek your acknowledgement of receipt of this Privacy Notice. If we make a significant change in our policies, we will change our Privacy Notice, post the updated version at our office, and make it available to you. You can also request a copy of the Privacy Notice at any time.

### **1. Uses and Disclosures of Protected Health Information**

**Protected Health Information (PHI) refers to transmitting or maintaining individually identifiable health information such as name, phone number, address, or other such identifiers.**

Following are examples of the types of uses and disclosures of your PHI that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe types of uses and disclosures.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your care and any related services. For example, your PHI may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

**Payment:** Your PHI will be used, as needed, to obtain payment for services provided. For example, obtaining approval for services may require that your relevant PHI be disclosed to your health insurance company, if you have one, to obtain approval for necessary treatment or services.

**Health Care Operations:** We may use and disclose, as needed, your PHI in order to support agency operations. For example, when reviewing employee performance, we may need to look in your file to see what an employee has documented on your behalf.

**Business Associates:** In the course of conducting agency operations, we may share your PHI with third party “business associates” that perform various activities such as accounting, or legal consulting. Whenever such an association involves the use or disclosure of your PHI, we will have a written agreement that will protect the privacy of your PHI.

**Marketing:** We may use and disclose certain health information in the course of providing you with information about treatment alternatives, health-related benefits and services that may be of interest to you, or fund-raising.

### **Without Opportunity to Object**

We may use and disclose your PHI in the following situations without your authorization or opportunity to object:

Public Health: for public health purposes per the direction of public health authority.

Health oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or neglect: to an appropriate authority to report child abuse or neglect, if we believe there has been an incidence of abuse, neglect, or domestic violence.

Food and Drug Administration: as required by the Food and Drug Administration to track products.

Legal proceedings: in the course of legal proceedings.

Law enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Coroners, funeral directors, and organ donation: for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.

Research: to researchers, when their research has been approved by an Institutional Review Board.

Soldiers, inmates, and national security: to military supervisors of armed forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing PHI.

Compliance: to the Department of Health and Human Services to investigate our compliance. In general, we may use or disclose your PHI as required by law, limited to the relevant requirements of the law.

### **Opportunity to Object**

We may use or disclose your PHI in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgement, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend, an attorney-in-fact, a guardian, conservator, or any other person you identify, PHI that directly relates to that person's involvement in your health care.

Emergencies: In an emergency treatment situation, your provider shall try to provide you with a Privacy Notice as soon as is reasonable, after the delivery of treatment.

Communication Barriers: We may use and disclose your PHI if we attempt to obtain acknowledgement from you of having received the Privacy Notice, but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

Agency Directory: Unless you object, we may use and disclose limited PHI in our agency directory.

## **2. Your Rights**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI that is contained in a designated record set for as long as we maintain the PHI. However, as per legal guidelines, we may refuse to provide access to certain psychotherapy notes or information relating to a civil or criminal proceeding.

You have the right to request a restriction of your PHI. You may ask us not to use or disclose certain parts of your PHI for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends or others who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to such a restriction, but if we do agree, then we must behave accordingly.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payments will be handled, or for specification of an alternative address, or for other means of making contact. We will not necessarily request an explanation from you as to the basis for the request.

You have the right to request that your provider amend your PHI. You may request an amendment of your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your file will note the disputed information.

You have the right to receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we have made to family members or friends involved in your care, or for emergency purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations, as outlined in the Hipaa regulations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

END of Notice of Privacy Practices

See following page, for Acknowledgement

**Acknowledgement**

**I acknowledge that I have received the two-page notice,  
“Notice of Privacy Practices”**

**Printed Name of client:** \_\_\_\_\_

**Client’s signature:** \_\_\_\_\_

**(Or, Guardian/Representative’s signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Please return this page only, to the REACH office. You can deliver this to the REACH office located at 213 Third Street, or use mail, fax, or e-mail, as indicated below:***

**Attn: Privacy Official  
REACH, Inc.  
PO Box 34197  
Juneau, Alaska 99803  
Phone: (907) 586-8228  
Fax: (907) 586-8226  
e-mail: [privacy@reachak.org](mailto:privacy@reachak.org)**