



REACH, Inc.
NOTICE OF USE OF PRIVATE HEALTH CARE INFORMATION
Effective April 2003
Revised January 2009

**For Your
Protection**

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.

**Your Health Care
Information
Is Private**

We understand that information we collect about you and your health is personal. Keeping your health care information private is one of our most important responsibilities. We are committed to protecting your health care information and following all laws about its use. You have the right to discuss with the privacy officer your concerns about how your health care information is shared. The law says:

1. We must keep your health care information from others who do not need it.
 2. You may ask us not to share certain health care information. Sometimes, we may not be able to agree to your request.
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**Who Sees And
Shares My
Health Care
Information?**

We use health information about you to determine your plan of care, 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. This use may cover services you had before now or may have later.

**How Is Payment
Made?**

We may share your health care information with health plans, insurance companies, tribal or government programs to help you get your benefits and so that we can be paid or pay for your health care services.

**May I See My
Health Care
Information?**

In most cases, you may see your health care information. There may be legal reasons or safety concerns that may limit the amount of information that you may see. You may ask in writing to receive a copy of your health care information. We may charge a small amount for copying costs.

If you think some of your health care information is wrong, you may ask in writing that we correct or add to it. You may ask that the corrected or new information be sent to others who have received your health care information from us. You may ask us for a list of where we sent your health care information.

You have the right to ask us to contact you at a location other than home or work as well as by an alternative means, for example contact only by mail.

What If My Health Care Information Needs To Go Somewhere Else?

You may ask to have your health care information sent to others. You will be asked to sign a separate form, called an authorization form, permitting your health care information to go to them. Information may be shared by paper mail, electronic mail, fax, or other methods.

The authorization form tells us what, where and to whom the information must be sent. You can stop or limit the amount of information sent at any time by letting us know in writing.

Could My Health Care Information Be Released Without My Authorization?

We follow laws that tell us when we have to share health care information, even if you do not sign an authorization form. We always report:

1. Contagious diseases, birth defects and cancer
2. Firearm injuries and other traumatic events
3. Reactions to problems with medicines or defective medical equipment
4. To the police when required by law
5. When the court orders us to
6. To the government to review how our programs are working
7. To a provider or insurance company who needs to know if you are enrolled in one of our programs
8. To Workers Compensation for work related injuries
9. Birth, death and immunization information
10. To the federal government when they are investigating something important to protect our country, the President and other government workers
11. Abuse, neglect and domestic violence, if related to child protection or vulnerable adults.

We may also share health care information for permitted research purposes, for matters concerning organ donations and for serious threats to public health.

We may share information with a member of your family, a relative, a close friend, an attorney, a guardian, conservator, or any other person you identify. The information we share must directly relate to that person's involvement in your health care. You will have the opportunity to object. If you are not present or able to object, your provider, using professional judgment, will determine whether the disclosure is in your best interest.

May I Have A Copy Of This Notice?

This notice is yours. You may ask for a copy at any time. We can decide to make changes to this notice at any time. If there are important changes to this notice, you will get a new one within 60 days.

Questions Or Complaints?

If you have questions or feel your privacy rights have been violated you can contact the REACH Privacy Official at 586-8228 or e-mail at privacy@reachak.org. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT

I acknowledge that I have received the two-page notice
"Notice of Use of Private Health Care Information"

Printed Name of Client: _____

Client's Signature: _____

Guardian's Signature (if applicable) _____

Date: _____

Please return this page only to the REACH office. You can deliver this to the REACH administrative offices at 213 Third Street, or use mail, fax, or email as indicated below:

**Attn: Privacy Official
REACH, Inc.
213 Third Street
Juneau, Alaska 99801
Phone: 907-586-8228
Fax: 907-586-8226
Email: privacy@reachak.org**