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## Notice of Use of Private Health Care Information September 2011

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 the laws about its use. You have the right to discuss with the privacy officer your concerns about how your healthcare information from others who do not need it.

1. We must keep your health care information from others who don't 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.

### Who Sees and Shares My Health Care Information?

Your health caregivers, such as nurses, doctors, therapists and social workers may see, use and share your health care information to determine your plan of care. This use may cover health care services you had before now or may have later. We review your health care information and bills (claims) to make that you get quality care and that all laws about providing and paying for your health care are being followed. We may also use your information to remind you about appointments or tell you about treatment alternatives.

### 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.

### 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. The authorization form tells us what, where and to whom the information must be sent to. You can stop or limit the amount of information sent at any time by letting us know in writing. **NOTE: If you are younger than 18 yrs by law, you are able to give consent for your own health care,** and then your health care information is kept private from others unless you sign an authorization form.

**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 trauma events; 3. Reactions to problems with medicines or defective medical equipment; 4. To the government to review how our programs are working; 5. When the court orders us to. 6. To the government to review how our programs are working; 7. Birth, death, and immunization 8. Work related injuries; 9. Provider or insurance company who needs to know if you are enrolled in one of our programs; 10. Federal government when they are investigating something important to protect our country the President and 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 purpose, for matters concerning organ donations, and for serious threats to public health or safety.

**May I Have a Copy of this Notice?**

This notice is yours. You may ask for a copy at any time. If there are important changes to this notice; you will get a new one within 60 days if you are enrolled in a health plan, such as Medicaid. An electronic version of this notice is available at [www.hss.state.ak.us](http://www.hss.state.ak.us)

**Questions or Complaints?**

If you have questions or feel your privacy rights have been violated you can contact the Department Privacy Official by calling 907-465-2150, or writing to the State of Alaska, DHSS Privacy Official, PO Box 110650, Juneau, AK 99811-0650, or by emailing [PrivacyOfficial@health.state.ak.us](mailto:PrivacyOfficial@health.state.ak.us). You can also complain to the federal government Secretary of Health and Human Services (HHS) or to HHS Office of Civil Rights. Your health care services will not be affected by any complaint made to the Department Privacy Official, Secretary of Health and Human Services or Office of Civil rights.

I hereby authorize release of medical information necessary to file a claim with my insurance company and assign benefits otherwise payable to me to the Bethel Family Clinic. I understand that I am financially responsible for amounts not covered by my insurance or beneficiary status.

I hereby consent for the Bethel family Clinic to administer treatments and to perform medical or procedures as necessary.

**SIGNATURE:** \_\_\_\_\_

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

(Patient, Parent, or Guardian)

**PRIVACY PRACTICES ACKNOWLEDGEMENT:**

I have received the **Notice of Privacy Practices** and I have been provided an opportunity to review the Notice.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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