

HIPAA NOTICE OF PRIVACY PRACTICES

INTRODUCTION

Eagle River Behavioral Health respects your privacy. We understand that your personal health information is very sensitive. This notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule established national standards to protect individuals' medical records and other personal health information. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

You can ask to see or get an electronic or paper copy of your medical record and other health information by contacting our office at (907) 726-0378. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

You can also ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it believed to negatively effect your care.

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.

GET A LIST OF THOSE WITH WHOM WE'VE SHARED INFORMATION

You can ask for a list (accounting) of the times we've shared your health information. We'll provide one accounting a year for free, but will charge a reasonable cost-based fee if you make another request within 12 months.

GET A COPY OF THIS PRIVACY NOTICE

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You can also access an electronic copy of this notice on our website www.eagleriverbh.com or through the Kareo® Patient Portal.

CHOOSE SOMEONE TO ACT FOR YOU

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

If you are concerned that Eagle River Behavioral Health has violated your privacy rights or you disagree with a decision made regarding access to your records, you may contact this practice in writing at: Eagle River Behavioral Health, 12110 Business Blvd. Ste 6, PMB 167, Eagle River, AK 99577.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or by visiting www.hhs.gov/hipaa/filing-a-complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please let us know by contacting our office at (907) 726-0378.

INFORMATION SHARING

Eagle River Behavioral Health does not share patient information for research, sales, or marketing purposes without written permission.

You have the right request that we share information with your family, close friends, or others involved in your care. If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.

OUR USES AND DISCLOSURES

Uses and disclosures of Protected Health Information (PHI) not specified in this notice will be made only as allowed or required by law, or with your written authorization. We typically use or share your health information in the following ways.

TREATMENT

We may use or share your Protected Health Information (PHI) with other professionals who are treating you. For example, we may consult with your primary care physician.

RUN OUR PRACTICE

We may use or share your Protected Health Information (PHI) to run our practice, improve your care, and contact you when necessary. For example, we may use your health information for the purposes of contacting you to remind you of an upcoming appointment.

BILL FOR SERVICES

We may use or disclose your Protected Health Information (PHI) so that we can bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. This information may also be used for billing, claims management, and collection purposes and related healthcare data processing through our system.

SERIOUS THREAT TO HEALTH OR SAFETY

As required by law, if you present an imminent risk of serious harm to yourself or others, Eagle River Behavioral Health may disclose Protected Health Information (PHI) to prevent or reduce serious threat to the health or safety of you or other individuals. For example, we may disclose PHI if we have reasonable cause to suspect: child abuse, neglect, adult abuse, or domestic violence.

COMPLIANCE WITH THE LAW

We may share your Protected Health Information (PHI) with health oversight agencies during the course of audits, or investigations if state or federal laws require it. For example, if the US Department of Health and Human Services needs to verify that our practice is in compliance with federal privacy law.

RESPOND TO LAWSUITS AND LEGAL ACTIONS

We may share your Protected Health Information (PHI) in response to a court or administrative order, or in response to a subpoena. Eagle River Behavioral Health will not release privileged information unless provided with written authorization from you or your legally appointed representative, or a court order.

OUR RESPONSIBILITIES

Eagle River Behavioral Health is required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We may change the terms of this Notice of Privacy Practices in the future. Until such amendment is made, we are required by law to comply with the terms of this notice currently in effect. If there are material (significant) changes to this notice, you will be notified. A current notice will be also available at each appointment and on our website www.eagleriverbh.com/documents.

Printed Name of Patient

Signature of Patient or Legal Guardian

Date

I would like to receive a printed copy of this completed form.

Mailing Address:

[Street Address]

[City, State, Zip Code]

For questions related to this form or if you are in need of services to communicate effectively with us, such as: a qualified sign language interpreter, written information in other formats (large print, audio, accessible electronic formats) or language services please contact our office at (907) 726-0378.