

## ***Notice of Privacy Practices Your Rights and Choices***

**When it comes to your health information, you have certain rights and choices. Please review this brochure carefully.**

- ❖ ***Get a copy of your medical record-*** You can ask to see or get an electronic or paper copy of your medical record. We will provide a copy 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’ll 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.
- ❖ ***Ask us to limit what we use or share-*** You can 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 would affect your care.
  - If you pay for a service 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 have shared information-*** You can ask for a list of the times we have shared your information, who we shared it with, and why.
  - We will include all disclosures except for those about treatment, payment and health care operations, and certain other disclosures, such as any you asked us to make. We’ll provide one accounting free in a year, but will charge a reasonable cost-based fee if you ask for another one within 12 months.
- ❖ ***Get a copy of this privacy notice-*** You can ask for a paper copy of this notice at any time. It is also available on our website, [www.spbhs.org](http://www.spbhs.org)
- ❖ ***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 care.
  - We will make sure the person has the authority and can act for you before we take any action
- ❖ ***File a complaint if you feel your rights are violated-***
  - You can complain if you feel we have violated your rights by contacting us.
  - You can contact the Privacy Officer
    - Carla Meitler, 907-235-9233
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, by contacting:
    - 200 Independence Avenue SW, Washington DC 20201
    - Call 1-877-696-6775
    - Visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
  - We will not retaliate against you for filing a complaint.
- ❖ ***You have both the right and the choice to tell us to:***
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to family and safety
- ❖ ***In these cases, we may never share your information unless you give us written permission:***
  - Marketing Purposes
  - Most sharing of psychotherapy notes

## ***Our Uses and Disclosures***

We typically use or share your health information in the following ways:

- ❖ We can use or share your information with other professionals who are treating you
- ❖ We can use or share your health information to improve your care, and contact you when necessary
- ❖ We can use or share your health information to bill and get payment from health plans or other entities

We are allowed or required to share your information in other ways- You can obtain information about how we can share your information for the following purposes at:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- ❖ Help with public health and safety issues
- ❖ Health research
- ❖ Comply with the law
- ❖ Address workers compensation, law enforcement, and other government requests
- ❖ Respond to lawsuits and legal actions

## ***Our Responsibilities***

- ❖ We are 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 must follow the duties and privacy practices described in this notice and give you a copy of it
- ❖ We will not use or share your information other than described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

### **Effective date of this notice**

September 23, 2013