

### **Notice of Policies and Practices to Protect the Privacy of Your Health Information**

This notice is required by the both federal and state which provides privacy protections and patient rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and other health care operations. This notice describes how your information may be used and disclosed and how you can access this information. I am required to obtain your signature indicating that you have received this notice. Please note that this required notice details only *minimum* protections. I have opted to increase protection of your information as described in the last section of this document.

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your *protected health information (PHI)* for *treatment, payment, and health care operations* purposes with your general consent to treatment. To help clarify these terms, here are some definitions:

- *PHI* refers to information in your health record that could identify you.
- *Treatment, Payment and Health Care Operations*: *Treatment* is when I provide, coordinate or manage your health care and other related services. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health practitioner. *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine your coverage. *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality improvement activities and business-related matters such as audits and administrative services.
- *Use* applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *Disclosure* applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

### **Uses and Disclosures Requiring Authorization**

I may use or disclose your PHI for purposes outside of treatment, payment, or health care operations only with your authorization. An “*authorization*” is specific written permission. When I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes if they are maintained separately. “*Psychotherapy Notes*” are notes I may have made about our conversation during a private, group, joint, or family counseling session, which may or may not be kept separately from the rest of your record. You may revoke, in writing, all such authorizations at any time. You may not revoke an authorization to the extent that 1) I have already relied on that authorization; or 2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest a claim for payment.

### **Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose your PHI without your consent or authorization in the following circumstances:

- *Child Abuse* - If I, in the performance of my occupational duties, reasonably suspect that a child has suffered harm as a result of child abuse or neglect, I must immediately report the harm to the appropriate authority.
- *Adult and Domestic Abuse* – If I, in the performance of my occupational duties, have reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, then I must report that belief to the appropriate authority.
- *Health Oversight Activities* – I may disclose PHI to the appropriate board of the Alaska Division of Occupational Licensing or Department of Community and Economic Development in proceedings conducted by the board or the department where the disclosure of confidential communications is necessary to defend against charges before the board or department.

- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.
- *Serious Threat to Health or Safety* – I may disclose PHI where you communicate an immediate threat of serious physical harm to an identifiable victim. If you present an imminent risk of serious harm to yourself, I may disclose information necessary to protect you.
- *Worker's Compensation* – I may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **Special Authorizations**

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

- *Psychotherapy Notes* – I will obtain a special authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes I have made about our conversation during a private, group, joint or family counseling session, which have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.
- *HIV Information* – Special legal protections apply to HIV/AIDS related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.
- *Alcohol and Drug Use Information* – Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment. You may revoke all such authorizations (of PHI, Psychotherapy Notes, HIV information) at any time, provided each revocation is in writing, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **Patient's Rights**

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to receive and request confidential communications of PHI by alternative means and at alternative locations. (For example, if you do not want a family member to know that you are seeing me.)
- *Right to Inspect and Copy* – You have the right to inspect and/or obtain a copy of PHI in my records for as long as they are retained with limited exceptions. On your request, I will discuss the request process with you. There may be a fee for copying your records.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss the amendment process with you.
- *Right to an Accounting* – You have the right to receive an accounting of disclosures of PHI that were made without your authorization (those in Section III of this notice). On your request, I will discuss the accounting process with you. There may be a fee for time required to compile this information.
- *Right to a Copy* - You have the right to obtain a copy (electronic or paper) of this notice from me upon request.
- *Right to Choose Someone* – If you have given power of attorney to another, they may exercise your rights and make choices about your health information.

### **Practitioner's Duties**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such

- changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide or make the revisions available to you. If you are a current patient, I will provide you with a revision in person or by mail. If you are a former client, not currently receiving services from me, you can request a copy directly at any time.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the U.S. Department of Health and Human Services, at 200 Independence Avenue SW, Washington, D.C. 20201. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

If you have any questions about this Notice or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me:

Claudia Behr, LCSW  
3820 Lake Otis Parkway, Suite 200  
Anchorage, AK 99508  
(907) 334-3378  
[cbehr56@gmail.com](mailto:cbehr56@gmail.com)  
<http://www.claudiabehr.com>

### **Restrictions and Changes to Privacy Policy**

This notice will go into effect on September 26, 2013.