

Connections Counseling, LLC

4400 Business Park Blvd.
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(907) 231-1243

Notice of Privacy Practices:

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Connections Counseling, LLC is a private mental health office. This notice will become effective on 2/26/15.

Your health record contains personal information about you and your past, present, or future mental health, and related health care. It is referred to as Protected Health Information (PHI). We are required by law to maintain privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the notice of Privacy Practices at any time. Any new notice of Privacy Practices will be effective for all PHI that we maintain currently at the time. We will provide you with a copy of the revised notice of Privacy Practices by providing it to you at your next appointment, or by sending a copy to you in the mail upon request.

We may use or disclose your protected health information (PHI) for treatment, payment, and health care operation purposes without your consent. To help clarify these terms, here are some definitions:

- **Protected Health Information (PHI)** refers to information in your health record that could identify you.
- **Treatment** is when we provide, coordinate, or manage your health care and other services related to our health care. An example of treatment would be when we consult with another health care provider, such as your physician or another mental health provider.
- **Payment** is when we obtain reimbursement for your health care. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits and processing claims with you insurance company.
- **Health Care Operations** are activities that relate to the performance and operation of our practices. We may use or disclose, as needed you PHI in order to support our business activities. For example, we may share your PHI with third parties that perform various business activities for our practice billing, typing, and answering services provided with whom we have a written contract.
- **Use** applies to activities we perform within our offices.
- **Disclosure** applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An authorization is written permission about and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operation, we will obtain an authorization from you before releasing your Psychotherapy Notes. Psychotherapy Notes are notes that your therapist or medical provider have made about your conversation during individual, group, couple, or family counseling sessions. These notes are given greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. The insurer has the right to contest the claim under the policy.

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

- **Child abuse or neglect.** If we, in the performance of our occupational duties, have reasonable cause to suspect that a child has suffered, or might suffer, harm as result of child abuse or neglect, we must immediately report the harm to the appropriate authority.
 - **Child abuse or neglect** means the physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment of a child under the age of 18 by a person under circumstances that indicate that the child's health or welfare is harmed or threatened thereby.
- **Adult and domestic abuse.** If we, in the performance of our occupational duties, have reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, then we must report the belief to the appropriate authority. We must also report incidents of abuse of any disabled persons disclosed to our therapist/medical provider by you.
 - **Abandonment** means desertion of a vulnerable adult by a caregiver.

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- **Disabled person** means a person who has a physical or mental disability or physical or mental impairment.
- **Exploitation** means unjust or improper use of another person or another person's resources for one's own profit or advantage.
- **Neglect** means the intentional failure by a caregiver to provide essential care or services necessary to maintain the physical and mental health of the vulnerable adult.
- **Self-Neglect** means an act of omission by a vulnerable adult that results, or could result in the deprivation of essential services necessary to maintain minimal mental, emotional, or physical health and safety.
- **Vulnerable Adult** means a person 18 years of age or older who, because of physical or mental impairment, is unable to meet the person's own needs or to seek help without assistance.
- **Health oversight activities.** We may disclose PHI to the Alaska Board of Occupational Licensing or to the 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 record thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representation 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. We will inform you in advance if this is the case.
- **Serious threat to health or safety.** We 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, we may disclose information necessary to protect you.

Although we are not required by law, whenever possible, we will inform you of our intent to disclose your PHI in the situations described above even though your consent and/or authorization is not required.

We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

You have the following rights regarding PHI that we maintain about you. To exercise any of these rights, please submit your request in writing to me in person or by mailing it to PMB 717, 200 W. 34th Ave., Anchorage, AK 99503.

- **Right to request restrictions.** You have the right to request restrictions on use and disclosure of PHI for treatment, payment, or health care operations. Although we will try to honor your request, we are not required to agree to a restriction you request.
- **Right to receive confidential communication by alternative means and at alternative locations.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know you are being seen at our clinic. Upon your request, we will send your bills to another address.
- **Right to inspect and copy.** You have the right to and/or obtain a copy of your mental health and billing records. The law allows for you access to be restricted only in those situations where there is compelling evidence the access would cause serious harm to you. There is a minimum of \$25 document processing fee. It takes 7-10 business days in the event that you request a copy of your PHI.
- **Right to amend.** If you feel that your PHI is incorrect or incomplete, you may ask your provider to amend the information. We will give your request careful consideration; however, the provider is not required to agree to the amendment.
- **Right to an accounting of disclosures.** You have the right to request an accounting of disclosures that are made of your PHI. You may be charged a reasonable fee if you request more than one accounting in a 12-month period.
- **Right to a paper copy.** You have a right to a copy of this notice.

If you are concerned that we have violated your privacy right, or you disagree with a decision we made about access to your records, you may contact me at 4400 Business Park Blvd., Suite 11, Anchorage, AK 99503. You may also send a written complaint to the secretary of the U.S. Department of Health and Human Services. We will provide you with the appropriate address upon request. We will not retaliate against you for filing a complaint.