

ADVANCED PAIN CENTERS OF ALASKA

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

PURPOSE OF THE NOTICE

Effective 4-14-2003

Updated 7-30-2013

Advanced Pain Centers of Alaska is required by law to preserve the privacy and confidentiality of your health information. We are also required to notify you of our legal duties and privacy practices regarding your health information, and abide by the practices of this Notice, unless more stringent laws or regulations apply. This Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

We reserve the right to change this Notice and to make the revised and changed Notice effective for health information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice which will identify its effective date in our clinic and on our website at www.apcalaska.com. For more information contact **our business office at 907-278-2741**.

This Notice applies to: (1) Any health care professional authorized to enter information into your medical record created and/or maintained at our clinic; (2) All employees, students, residents, and other service providers who have access to your health information at our clinic; and (3) Any member of a volunteer group which is allowed to help you while receiving services at our clinic.

DISCLOSURES OF YOUR HEALTH INFORMATION THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION

Treatment: We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, pharmacists, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care to include but not limited to urine analysis results.

For example, we may order physical therapy services to improve your strength and walking abilities. We will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may need to refer you to another health care provider to receive certain services. We will share information with that health care provider in order to coordinate your care and services.

Payment: In order to get your healthcare services paid for, we may have to provide your healthcare information to the party responsible for paying. This may include Medicare, Medicaid (state health plan), or your insurance company. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage and reviewing the medical necessity of the healthcare services. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.

Health Care Operations: We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance and business functions of our clinic.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We also may use your health information to evaluate whether certain treatment or services offered by our clinic are effective. We also may disclose your health information to other physicians, nurses, technicians, or health profession students for teaching and learning purposes.

USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS

Appointment Reminders. We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.

Treatment Alternatives & Health-Related Products and Services. We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related products or services that may be of interest to you. For example, if you are diagnosed with a specific condition, we may contact you to inform you of an instruction class that is offered for your condition.

Family Member and Friends. We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (1) we have your verbal agreement to do so; (2) we make such disclosures and you do not object; or (3) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

In addition, we may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that, in our best professional judgment, it is in your best interest to make such disclosures and the disclosures relate to the family member or friend's involvement in your care.

OTHER DISCLOSURES THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your authorization.

As required by law. Your health information may be used and disclosed when required by federal, state, or local law to do so.

Public Health Activities. Your health information may be used for public health activities. Public health authorities are authorized to collect or receive the information for purposes such as controlling disease, injury or disability.

Victims of Abuse, Neglect or Domestic Violence. Your health information may be disclosed to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

Health Oversight Activities. Your health information may be disclosed to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

Judicial and Administrative Proceedings. Your health information may be disclosed to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (1) notify you of the request for disclosure or (2) obtain an order protecting your health information.

Law Enforcement Official. Your health information may be disclosed to a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.

Worker's Compensation. Your health information may be used or disclosed to comply with worker's compensation laws and other similar legally established programs.

Coroners, Medical Examiners, or Funeral Directors. Your health information may be disclosed to a coroner or medical examiner for identification purposes, determining cause of death or other legally required duties. Your health information may also be released to a funeral director in order to permit him/her to perform their duties.

Cadaveric Organ, Eye, or Tissue Donation. Your health information may be used or disclosed to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.

Research. Your health information may be disclosed to researchers, provided that the research has been approved by an Institutional Review Board and the research protocols have been approved to ensure your privacy. We may disclose your healthcare information to people preparing to conduct a research project; for example, to help the researcher identify patients with specific medical needs that would relate to the proposed research. Information used for this purpose will not leave our clinic. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address, or other identifying information.

Serious Threat to Health or Safety. Your information may be disclosed when necessary to prevent a serious threat to health or safety of you or other individuals.

Military and Veterans. If you are a member of the armed forces, your health information may be used or disclosed as required by military command authorities.

National Security and Intelligence Activities. Your health information may be used or disclosed to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

Inmates. Your health information may be used or disclosed by us if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.

Limited Data Set Information. We may disclose limited healthcare information to third parties for purposes of research, public health and healthcare operations. Before disclosing this information, we must enter into an agreement with the recipient of the information that limits who may use or receive the data and requires the recipient to agree not to re-identify the data or contact you. The recipient of your information is required to have appropriate safeguards to prevent inappropriate use or disclosure of your information.

AUTHORIZED USES AND DISCLOSURES

Other uses and disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke the authorization, at any time, in writing, except to the extent that we have already taken an action in reliance on the use or disclosure indicated in the authorization.

If you need for us to share your health information with someone for purposes other than those listed here, or for additional information regarding how to exercise your rights, and the associated costs, can be obtained from **our business office**.

Psychotherapy Notes. Your psychotherapy notes may not be used without obtaining your authorization except for the following exceptions: (1) When your psychotherapy notes originated with our clinic we may use them for treatment; and (2) We may use or disclose your psychotherapy notes for our own training and to defend our clinic in legal proceedings brought by you, for HHS to investigate or determine our compliance with the Privacy Rules, to avert a serious and imminent threat to public health and safety, to a health oversight agency for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner or as required by law.

Marketing. We will not use your health information for marketing purposes nor will we sell your health information without your written authorization.

Fundraising. We intend to use your name and contact information to contact you when our clinic engages in fundraising activities. You have the right to opt out of any fundraising activities and direct us to not use your name or contact information for fundraising. If you wish to opt out of our fundraising activities simply mark the box on the attached "Acknowledgement of Receipt of Notice of Privacy Practices" that you are requesting to opt out of any fundraising activities or call 907-278-2741.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The following information describes your rights with respect to your medical information that we maintain.

Right to Access. You have the right to receive a copy of your health information, in paper or electronic form, that we maintain, with some limited exceptions. You may request access to those records in writing and provide us with information about the specific information you need so that we can fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies. For more information about the cost, you may contact **our business office**.

Right to Amend. You have the right to request an amendment of your health information that is maintained by or for our clinic and is used to make health care decisions about you. We may deny your request if it is not submitted in writing or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (1) was not created by use, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the information that is kept by or for our clinic; (3) is not part of the information which you are permitted to inspect and copy; or (4) is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an accounting, in writing, of the disclosures of your health information made by us. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed. If you would like to receive an accounting of your disclosures, you should contact **our business office**.

Notification following a Breach. If an improper disclosure of your unsecured health information (breach) occurs you will be notified of it in writing.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.

In addition, you can request to restrict disclosure of a healthcare item or service you received by our clinic, for payment or healthcare operations, in which you make payment in full at the time of service. "Payment in full at the time of service" means that you will pay cash or with a credit card or debit card for full amount due at the time service is rendered.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

QUESTIONS AND COMPLAINTS

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer at 907-278-2741. If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of Health and Human Services (HHS). To file a complaint with our clinic, contact our Privacy Officer at 1917 Abbott Road, Suite 100, Anchorage, AK 99507 or HHS at:

Office for Civil Rights

U.S. Department of Health and Human Services
2201 Sixth Avenue – M/S: RX-11
Seattle, WA 98121-1831

All complaints must be in writing. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, (name of patient) _____, acknowledge and agree that I have received a copy of Advanced Pain Centers of Alaska's "Notice of Privacy Practices".

I opt out of any fundraising activities conducted by Advanced Pain Centers of Alaska.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Print Name of Legal Representative

Relationship to Patient

FOR CLINIC USE ONLY

ADVANCED PAIN CENTERS OF ALASKA made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the "Notice of Privacy Practices":

(Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.)