



Alaska Psychiatric Institute
NOTICE OF USE OF PRIVATE HEALTH CARE INFORMATION
Effective Date MAY 1, 2004

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

YOUR HEALTH CARE INFORMATION IS PRIVATE

We understand that information we collect about you and your health is personal. Keeping your health care information private is one of our most important responsibilities. We are committed to protecting your health care information and following all laws about its use. You have the right to discuss with the Privacy Official your concerns about how your health care information is shared.

The law says:

1. We must keep your health care information from others who do not need it.
2. You may ask us not to share certain health care information. Sometimes, we may not be able to agree to your request.

WHO SEES AND SHARES MY HEALTH CARE INFORMATION?

Your health caregivers, such as nurses, doctors, therapists and social workers may see, use and share your health care information to determine your plan of care. This use may cover health care services you had before now or may have later. We review your health care information and bills (claims) to make sure that you get quality care and that all laws about providing and paying for your health care are being followed. We may also use your information to remind you about appointments or to tell you about treatment alternatives.

HOW IS PAYMENT MADE?

We may share your health care information with health plans, insurance companies, tribal or government programs to help you get your benefits and so that we can be paid or pay for your health care services.

YOUR RIGHTS REGARDING HEALTH CARE INFORMATION

MAY I SEE AND COPY MY HEALTH CARE INFORMATION?

You Have The Right To See and Get Copies Of Your Health Care Information

In most cases you have the right to get copies of your health care information. You must make the request in writing by completing an "Authorization To Release Information" form. We may deny your request if your physician determines that information may be harmful to the emotional or physical health of you or someone else. If we deny your request we will inform you of reasons for the denial in writing.

If you want to review your health care information, we will make arrangements for you to look at the records. The review of the record will be done in the presence of a physician or social worker. You may request a copy of the records that we have reviewed with you.

You Have The Right To Amend Your Health Care Information

If you think some of your health care information is wrong or that a piece of important information is missing, you have the right to ask us in writing to correct or add to it. You must complete the "Request To Amend Health Information". You can ask your nurse, social worker or the Privacy Official for the form. We will respond within 60 days of receiving your request.

We may deny your request if:

1. The health care information was not created at API.
2. The health care information is not part of your record.
3. The health care information is accurate and complete.

If your request is denied, the reasons for the denial will be given to you in writing. You have the right to disagree with that denial in a written statement.

You Have The Right To A List Of Releases Of Health Care Information We Have Made

You have the right to review a list of persons or organizations to whom API has released your health care information. **The list will not include:**

1. Releases made to carry out treatment, payment or operations.
2. Releases made according to your authorization.
3. Releases made for specific government functions.
4. Releases made for facility directory purposes.
5. Releases made to persons actively involved in your health care.
6. Releases made prior to April 14, 2003.

You must make the request in writing by using the “Request for an Accounting of Disclosures.” We will respond within 60 days of your request. If more time is required to process your request, we may use an additional 30 days and notify you in advance.

You Have The Right To Request Different Ways to Communicate With You

You have the right to request how we contact you about your health care information. For example; you may request that we contact you at your work address or phone number. We will accommodate reasonable requests. **API policy does not allow E-mailing of health care information and we cannot accommodate E-mail requests.**

You Have The Right To Request Restrictions On Uses Of Your Health Care Information

You have the right to ask that we limit how we use your health care information. The request must be written and given to the API Privacy Official. We will consider your request, but are not legally required to accept it.

You Have The Right To Not Be Listed On The Patient Directory

API maintains a directory of patients. This directory includes only your name and unit location. We may disclose your name and location to visitors who ask for you by name. If you ask us not to include your name and location on the patient directory, we will honor your request. If you decide that you do not want your name on the patient directory, anyone who asks for you will be told that there is nobody by that name on the patient directory. All mail will be returned and flowers will not be accepted.

WHAT IF MY HEALTH CARE INFORMATION NEEDS TO GO SOMEWHERE ELSE?

You may ask to have your health care information given to others. You will be asked to sign a separate form, called an authorization form, permitting your health care information to go to them.

The authorization form tells us what, where and to whom the information must be sent. You can stop or limit the amount of information sent at any time by letting us know in writing. Contact the API Privacy Official to obtain the appropriate forms.

COULD MY HEALTH CARE INFORMATION BE RELEASED WITHOUT MY AUTHORIZATION?

We follow laws that tell us when we have to share health care information, even if you do not sign an authorization form. We always report the following:

1. contagious diseases, birth defects and cancer;
2. firearm injuries and other trauma events;
3. reactions to problems with medicines or defective medical equipment;
4. to the police when required by law;
5. when the court orders us to;

6. to the government to review how our programs are working;
7. to a provider or insurance company who needs to know if you are enrolled in one of our programs.
8. to Workers Compensation for work related injuries;
9. birth, death and immunization information;
10. to the federal government when they are investigating something important to protect our country, the President and other government workers;
11. abuse, neglect and domestic violence, if related to child protection or vulnerable adults
12. need for "duty to warn" possible victims.

We may also share health care information for permitted research purposes, for matters concerning organ donations and for serious threats to public health or safety.

MAY I GET A COPY OF THIS NOTICE?

This notice is yours. You may ask for a copy at any time. If there are important changes to this notice, you will get a new one.

QUESTIONS OR COMPLAINTS?

If you have questions or feel that your privacy rights have been violated, you can contact the API Privacy Official by calling 907-269-7132, or by writing to Alaska Psychiatric Institute, Privacy Official, 2900 Providence Drive, Anchorage, Alaska 99508 or by E-mailing API_Privacy Official@health.state.ak.us

You can also complain to the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights.

Your health care services will not be affected by any complaint made to the Department Privacy Official, Secretary of Health and Human Services or Office of Civil Rights.