

**State of Alaska Department of Health**  
**NOTICE OF USE OF PRIVATE HEALTH CARE INFORMATION**  
Effective Date April 14, 2003  
Updated August 1, 2022

<b>FOR YOUR PROTECTION</b>	<b>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.</b>
<b>Your Health Care and Personally Identifiable Information Is Private</b>	<p>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 required by law to maintain the privacy of protected health information and personally identifiable information (collectively referred to from this point forward as “protected information”), and to provide notice of our legal duties and privacy practices with regard to your protected information. We are committed to safeguarding your protected information and following all laws about its use, and we are required to abide by the terms of this notice. You have the right to discuss with the privacy officer your concerns about how your protected information is shared. The law says:</p> <ol style="list-style-type: none"> <li>1. We must keep your protected information from others who do not need it.</li> <li>2. You may ask us not to share certain health care information. Sometimes, we may not be able to agree to your request.</li> </ol>
<b>Who Sees And Shares My Protected Information?</b>	<p>Your health caregivers, such as nurses, doctors, therapists, and social workers may see, use and share your protected information to determine your plan of care. This use may cover health care services you had before now or may have later.</p> <p>We review your protected 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.</p>
<b>How Is Payment Made?</b>	<b>We may share your protected 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.</b>
<b>May I See My Protected Information?</b>	<p>In most cases, you may see your protected information. There may be legal reasons or safety concerns that may limit the amount of information that you may see. You may ask in writing to receive a copy of your protected information. We may charge a small amount for copying costs.</p> <p>If you think some of your protected information is wrong, you may ask in writing that we correct or add to it. You may ask that the corrected or new information be sent to others who have received your protected information from us. You may ask us for a list of where we sent your protected information unless it was disclosed for treatment, payment or operations purposes.</p>

<p><b>What If My Protected Information Needs To Go Somewhere Else?</b></p>	<p>You may ask to have your protected information sent to others. You will be asked to sign a separate form, called an authorization form, permitting your protected information to go to them.</p> <p>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.</p> <p><b>Note:</b> If you are younger than 18 years old and, by law, you are able to give consent for your own health care, then your protected information is kept private from others unless you sign an authorization form.</p>
<p><b>Could My Protected Information Be Released Without My Authorization?</b></p>	<p>We follow laws that tell us when we must share protected information, even if you do not sign an authorization form. We always report:</p> <ol style="list-style-type: none"> <li>1. contagious diseases, birth defects and cancer;</li> <li>2. firearm injuries and other trauma events;</li> <li>3. reactions to problems with medicines or defective medical equipment;</li> <li>4. to the police when required by law;</li> <li>5. when the court orders us to;</li> <li>6. to the government to review how our programs are working;</li> <li>7. to a provider or insurance company who needs to know if you are enrolled in one of our programs;</li> <li>8. to Workers Compensation for work-related injuries;</li> <li>9. birth, death and immunization information;</li> <li>10. to the federal government when they are investigating something important to protect our country, the President and other government workers;</li> <li>11. abuse, neglect and domestic violence, if related to child protection or vulnerable adults.</li> </ol> <p>We may also share protected information for permitted research purposes, for matters concerning organ donations and for serious threats to public health or safety.</p> <p>Other uses and disclosures of your protected information will be made only with your written authorization, which you may revoke at any time.</p> <p>To revoke an authorization please use form 06-5872 (Revocation of Authorization For Release of Information). This form may be obtained by contacting the Department Privacy Officer. Contact information for the Privacy Officer is located at the bottom of this notice.</p> <p>Most uses and disclosures of psychotherapy notes require an authorization.</p>
<p><b>Additional Rights</b></p>	<p>You have the following rights with respect to your protected information:</p> <ol style="list-style-type: none"> <li>1. to receive confidential communications;</li> <li>2. to receive notification of a breach of your protected information; and</li> <li>3. to request that we restrict a disclosure to a health plan when you pay in full for a covered service.</li> </ol>

<p><b>May I Have a Copy of This Notice?</b></p>	<p>This notice is yours. You may ask for an additional copy at any time. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected information that we maintain. If there are important changes to this notice, you will get a new one within 60 days if you are enrolled in a health plan, such as Medicaid. An electronic version of this notice is available at:  <a href="http://dhss.alaska.gov/Documents/Pdfs/DHSS%20Notice%20of%20Privacy%20Practices.pdf">http://dhss.alaska.gov/Documents/Pdfs/DHSS Notice of Privacy Practices.pdf</a></p>
<p><b>Questions or Complaints</b></p>	<p>If you have questions or feel your privacy rights have been violated you can contact the Department Privacy Official by calling 907-465-2150, or by writing to State of Alaska, DHSS Privacy Official, PO Box 110650, Juneau, AK 99811-0650, or by emailing <a href="mailto:PrivacyOfficial@alaska.gov">PrivacyOfficial@alaska.gov</a>. You will not be retaliated against for filing a complaint with DHSS or the Secretary of Health and Human Services.</p> <p>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.</p>