

Allen Blair PsyD, LLC  
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Privacy Officer: Allen Blair

Effective Date: 3-1-06

## NOTICE OF PRIVACY PRACTICES

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

This notice describes my policies regarding the "**use and disclosure of protected health information for the purposes of providing services**. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes."

I care about my client's privacy and strive to protect the confidentiality of your medical information at this practice. Federal legislation requires that I issue this official notice of my privacy policies. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please contact the Privacy Officer at this practice.

### **Who Will Follow this Notice**

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice as well as business associates who may need access to your information must abide by this Notice. I may share medical information with others for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum information needed to accomplish the task will be shared.

### **How I May Use and Disclose Medical Information about You**

The following categories describe different ways I may use and disclose medical information without your specific consent or authorization including specific examples

#### **Treatment**

I may use health information about you to provide you with treatment or services. For example in treating you for certain conditions I may need to know medical information or health information.

#### **Payment**

I may disclose your protected health information to obtain payment for services rendered through your Health Insurance Company. This could include disclosures of your name, address, diagnosis, date of visit, projected timeframe for services and services provided.

#### **Healthcare Operations**

I may use and disclose medical information about you for health care operations to assure that you receive quality care.

#### **Other Uses of Disclosures That Can Be Made Without Consent or Authorization**

- **Legally Designated or Personal Representatives-** Certain minors and incapacitated adults may have legally designated or personal representatives that act on their behalf for health care matters. I may disclose health information about you to these legally designated or personal representatives. These individuals may be able to act on the person's behalf and exercise the person's privacy rights.
- **To medical personnel to the extent necessary to meet a medical emergency**
- **Serious threat to your health or safety:** If I believe there is probability of imminent physical, mental or emotional injury to you I may disclose relevant confidential health care information to medical or law enforcement personnel.
- **If authorized by court order**
- **As mandated by law to report abuse, neglect of children or the elderly or to report domestic violence-** I may disclose health information about an individual who I believe to be the victim of abuse, neglect, or domestic violence to the government authority authorized by law in instances where required by law.
- **Health oversight activities**
- **As part of a investigation by law enforcement agencies**
- **Other covered entities and provider's treatment activities**
- **As required by military command authorities for their medical records**
- **To workers compensation or similar programs for processing claims**
- **To a coroner or medical examiner for identification of body purpose**

I may contact you to provide appointment reminders or information about treatment alternatives or other related benefits and services that you may be of interest to you.

### **CLIENT RIGHTS**

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**You have the right to request where I contact you.** I can contact you wherever you would prefer; home, work, or a cell phone or other contact information. I will accommodate all reasonable requests on how to contact you unless it places an unreasonable burden on my practice.

**You have the right to release your medical records to whomever you choose with written authorization.** If you would like to release all or part of your medical record a written and signed authorization to release the record is required for any disclosure of your medical information not covered in this Notice or other laws. You can revoke any release you have previously signed, at any time. This must be done in writing. However, a revocation can not take back records which were already released based on your previous authorization.

**You have the right to inspect and copy your medical billing records**

You can inspect and request copies of your records. To inspect your records or receive a copy you must make a request to me in writing specifying what information you are requesting. I will be present with you while inspecting your record to assist in providing context to the record. Copying a file may be subject to a fee for the costs of copying, mailing or other supplies.

**You have the right to add information, or amend your medical records**

If you feel your record is not correct or incomplete you may ask to amend the information. To amend your record, submit the amendment in writing as well as a reason to support your request. I may deny your request to amend your file under limited circumstances such as if the request is not in writing or if it is not the type of information I keep on file at this practice. If deny your request you can submit a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreements or any rebuttals will be kept with the file and released with any future authorized request for records pertaining to this information.

**Right to Accounting of disclosures**

You have the right to request a list of the disclosures I have made of medical information about you. To receive this list, submit a request in writing to me with the time period for which you wish to receive a list of disclosures. This can be no more than 6 years from the date of the request. I will respond to your request in writing, provide you with the list up to once every 12 months without a fee. For additional lists I reserve the right to charge a fee for the cost of providing another list. The list will not include information disclosures made to healthcare operations, or to receive payment from 3rd party payers nor will it include information provided for national security or intelligence purpose or to correctional institutions or other custodial law enforcement officials.

**You have the right to request restrictions on uses and disclosures of your health care Information**

Any requested restrictions on uses and disclosures of your healthcare information must be in writing, and be specific as to the information you wish to limit. I am not required to agree with your request. If I agree with your request I will comply with it unless the information is needed to provide you with emergency care.

**You have the right to complain regarding the release of your medical information**

If you believe I have violated your privacy rights please contact me first. I will be happy to discuss your concerns. If you wish you may also file a complaint in writing to me at the above address. If after we have discussed your concerns and you do not feel you have received a satisfactory response you may contact the U.S. Department of Health and Human Services. You may also contact the State of Alaska Board of Professional Counselors.

You will not be penalized or discriminated against for filing a complaint.

**You have the right to a copy of this notice**

You can request paper copy of this Notice at any time, even if you have already received a copy. You will receive a copy of this Notice if you request it.

**You have the right to receive changes in policy**

I reserve the right to change this Notice. If I change or revise this notice I will post a current copy of the Notice with the effective date in the upper right hand corner.