



Presbyterian Hospitality House
Privacy Practices

Administrative Center
209 Forty Mile Avenue, Suite 100
Fairbanks, Alaska 99701
907-456-6445 – 907-456-6402 (FAX)

Mat-Su Regional Office
1365 Parks Highway, Suite 101
Wasilla, Alaska 99654
907-357-6445 – 907-376-6402 (FAX)

Notice of Privacy Practices for Presbyterian Hospitality House

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.

Introduction

Presbyterian Hospitality House (PHH) is committed to protecting the confidentiality of information about you, and is required by law to do so. This notice describes how we may use information about you and how we may disclose it to others. We will notify you if there is a breach of your unsecured protected health information. This notice also describes the rights you have concerning your own health information.

How will we use and disclose information about you?

Treatment: PHH may use information about you to provide you with psychological services. We may also disclose information about you to others that need the information to treat you, such as doctors, physician assistants, nurses, technicians, outside therapists, emergency service and medical transportation providers, and others involved in your care. For example, we will allow your physician to have access to your medical records to assist in your treatment and for follow up care. We may make your medical information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for their treatment and payment purposes.

We may also use and disclose information about you to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, and to tell you about health-related services available to you.

Family Members and Others Involved in Your Care: PHH may disclose information about you to a family member who is involved on your treatment team. If you do not want PHH to disclose information about you to family members or others, you must notify your clinician. In the event of a disaster, we may disclose information about you to help locate a family member.

Payment: PHH may use and disclose information about you to be paid for the services we provide to you. For example, your health insurance company may request to see parts of your medical record before they will pay us for your treatment. We may also disclose your information to another provider involved in your care as part of ensuring your eligibility for services.

Health Care Operations: PHH may use and disclose information about you if it is necessary to improve the quality of care we provide to patients. We may use information about you to conduct quality improvement activities; to obtain audit, accounting, or legal services; to conduct business management and planning; or for accreditation, certification, licensing, or credentialing activities. For example, we may use information to review our treatment and services and to evaluate the performance of our staff in caring for you.



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Research: PHH may use or disclose information about you for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your information.

Required by Law: Federal, state, or local laws do not require patient consent to disclose information that is required to be reported. For instance, we are required to report child abuse and neglect harm to self or others, etc. Public policy has determined that these types of needs outweigh the patient's right to privacy.

Public Health: PHH may report certain medical information for public health purposes. For instance, we are required by law to report communicable diseases to the state.

Public Safety: PHH may disclose medical information for public safety purposes in limited circumstances. We may disclose information to law enforcement officials or to the court in response to a search warrant or other court order. We may also disclose information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have result from criminal conduct at the facility. We may also disclose information about you to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: PHH may disclose information to a government or oversight agency that oversees PHH or our personnel, such as the State of Alaska Department of Health and Social Services, or other state and federal agencies, or licensing agencies who govern behavioral health. This includes the Division of Mental Health and Developmental Disabilities in accordance with State of Alaska law.

Judicial Proceedings: PHH may disclose information in a judicial or administrative proceeding in response to a court order or search warrant.

In a Medical or Psychological Emergency: We may disclose information to medical or mental health personnel if a medical or psychological emergency arises, including voluntary commitment.

Information with Additional Protection: Certain types of information may have additional protection under state or federal law, for instance, medical information about communicable disease, drug and alcohol abuse treatment, or psychotherapy notes. PHH may obtain your authorization to release this information except as required by law.

All Other Disclosures: For all other disclosures of your medical and psychological information, we must obtain a written authorization for release of information from you. This authorization must include: the specific person/agency to which the information is being released, the purpose of the release, date of the release (time frame), specific information or documents that are being released, and an opportunity to revoke consent. You may revoke any authorization by written request.

What are Your Rights?

Right to request Information about you: You or your legally authorized representative is entitled to review and receive paper copies of your information. This includes your medical and billing information. PHH may charge for copying costs. PHH will tell you in advance what this cost will be.



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Right to Request to Amend or Supplement Information About You That You Believe is Incorrect or Incomplete: If you see information about you and believe that some of the information is incorrect or incomplete, you may ask your Directing Clinician to amend your record. Your request must be in writing and provide a reason for the request. In certain cases, we may deny your request in writing, and a copy of the request and denial will be kept with your other information.

Right to Get a List of Certain Disclosures of Information About You: You have the right to request a list of certain disclosures we have made of information about you. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice. If you would like to receive such a list, contact the PHH Records Coordinator.

Right to Request Restrictions: You have the right to request PHH not to use or disclose information about you for treatment, payment, or healthcare operations. We are not required to agree to your request, but if we do agree, we will comply with that agreement unless that information is necessary to provide you with emergency treatment. You may request that we withhold information from your insurance for the purpose of payment or healthcare operations provided it is not otherwise required by law. If you want a restriction to your information, contact your clinician. If you request to have information withheld from your health plan for purposes of payment we are not required to accept your request until you have paid for the service. We are not required to notify other providers of these types of restrictions, this is your responsibility.

Right to Request Confidential Communications: You have the right to request us to communicate with you in a way that you feel is more confidential. We will accommodate reasonable requests including alternative addresses or other means, if a written request is received at the main office.

Right to a Copy of Presbyterian Hospitality House's Notice of Privacy Practices: You have a right to a paper copy of this Notice at any time. You can also print a copy from our website at www.phhalaska.org.

Changes to This Notice

We may amend or revise our practices concerning how we will use or disclose patient information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all of your information. If we change these practices, we will publish a revised Notice of Privacy Practices.

Complaints or Questions

Please tell us about any problems or concerns you have with your privacy rights or how PHH uses or discloses information about you. If you have a concern, you may contact the receptionist in our administrative office at 907-456-6445. You may also file a complaint with the U.S. Department of Health & Human Services Office for Civil Rights. We will not penalize you or take any retaliatory action against you in any way for filing a complaint with the federal government.

PHH is required by law to give you this notice and to follow terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how we may use and disclose information about you, please contact us.