

This Notice Describes how your medical information may be used and disclosed. As well as instructions on how to 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 officer 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.

May I See My Health Care Information? In most cases, you may see your health care 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 health care information. We may charge a small amount for copying costs. If you think some of your health care 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 health care information from us. You may ask us for a list of where we sent your health care information.

What if My Health Care Information Needs to Go Somewhere Else? You may ask to have your health care information sent 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 at any time by letting us know in writing. (Note: if you are younger than 18 years old and, by law, you can give consent for your own health care, then your health care information is kept private from others unless you sign an authorization form.)

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:

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

May I Have 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 within 60 days if you are enrolled in a health plan, such as Medicaid. An electronic version of this notice is available at www.hss.state.ak.us.

Right to file a complaint: If you believe your privacy rights have been violated, you may file a complaint with our office manager or with the Department of Health and Human Services. To file a complaint with our office, please contact Sandra Spencer ARNP, info@frontierfamilymed.com. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Printed Name: _____ Signature: _____ Date: _____
(patient or legal guardian)