



## **Notice of Privacy Practices to JAMHI Clients**

**This notice describes how medical, drug, and alcohol related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **General Information**

Information regarding your health care, including payment for health care, is protected by three federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), HITECH Act, 42 U.S.C. §1320d *et seq.*, 45 CFR Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 CFR, Part 2. Under these laws, JAMHI may not disclose: 1) that you are a client to any person outside JAMHI, 2) any information identifying you as an alcohol or drug client, or 3) any other protected information except as permitted by federal law.

JAMHI must obtain your written consent before it can disclose information about you for payment purposes. For example, JAMHI must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. A client has the right to request the restriction of disclosure of PHI to a health plan or other party, when the PHI relates solely to a healthcare item, or the client self pays, or another person on behalf of such individual (other than a health plan) has paid JAMHI for services. JAMHI is not required to agree to any restrictions you request, but if it does agree to them it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical/psychiatric emergency.

Generally, you must also sign a written consent before JAMHI can share information for treatment purposes or for health care operations. However, federal law permits JAMHI to disclose information *without* your written permission:

- Pursuant to an agreement with a qualified service organization/business associate;
- For audit and evaluations
- To report a crime committed on JAMHI premises or against JAMHI personnel
- To medical personnel in a medical/psychiatric emergency
- To appropriate authorities to report suspected child abuse or neglect
- As allowed by a court order

Before JAMHI can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

### **Your Rights**

- You have the right to request a copy of your record by hard copy, fax or electronic media *except* under conditions listed below.
- Your authorization is required and that authorization may be revoked for 1) uses and disclosures of PHI for marketing purposes, 2) disclosure that constitutes a sale of PHI, 3) any use or disclosure other than those contained in this notice and 4) fundraising purposes. The uses and disclosures noted above are in the law but JAMHI does not engage in these practices.
- You have the right to request that we communicate with you by alternative means or at an alternate location. JAMHI will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA and HITECH you also have the right to inspect and copy your own health information maintained by JAMHI, *except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.*
- Under HIPAA you also have the right, with some exceptions, to amend health care information maintained by JAMHI's records, and request and receive an accounting of disclosures of your health related information made by JAMHI during the seven years prior to your request. You also have a right to receive a paper copy of this notice.

### **JAMHI's Duties**

JAMHI is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. JAMHI is required by law to abide by the terms of this notice. JAMHI reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. JAMHI is required to notify clients whose PHI has been involved in a breach.

### **Complaints and Reporting Violations**

You may complain to JAMHI and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint. The following name, address, and phone numbers are who you can make the report to:

Privacy Officer  
3406 Glacier Hwy  
Juneau, AK 99801  
907-463-3303

Office for Civil Rights Department of Health and Human Services  
Attn: Patient Safety Act  
200 Independence Ave., SW, Rm. 509F  
Washington, DC 20201  
202-619-0403

For further information contact the Privacy Officer at JAMHI at the following address and/or phone number:

Privacy Officer  
3406 Glacier Hwy  
Juneau, AK 99801  
907-463-3303