

## ARCTIC SKYE FAMILY MEDICINE

561 SOUTH DENALI SUITE E

PALMER, AK 99687

*Your information.*

*Your rights.*

*Our responsibilities.*

**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.

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### YOUR RIGHTS

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request, we may charge a reasonable, cost based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "NO" to your request, but we'll tell you why in writing within 60 days.
- You can ask us to contact you in a specific way, (for example, home or office phone) or to send mail to a different address.
- We will say yes to all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are **not** required to agree to your request, and we may say "no" if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

We will say "yes" unless a law requires us to share that information.

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as payment, and health care operation, and certain other disclosures, (such as any you asked us to make). We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
  - We will make sure the person has this authority and can act for you before we take any action.
  - You can complain if you feel we have violated your rights by contacting us using the information on page 1.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint
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## YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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In these cases we never share your information unless you give us written permission:

- Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
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## OUR USE AND DISCLOSURES

We typically use your health information in the following ways:

- We can use your health information and share it with other professionals.
- We can use and share your health information to run our practice, improve your care, contact you when necessary.
- We can use and share your health information to bill and get payment from health plans or other entities.

We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understandin/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understandin/consumers/index.html).

We can share health information about you for certain situations such as:

- Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
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We will also share your information in the following situations:

- We can share your information for health research
  - We will share information about you if the state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with the federal privacy law.
  - We can share health information with a coroner, medical examiner, or funeral director when an individual dies
  - For worker's compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential services
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We can share health information about you in response to a court or administrative order, or in response to a subpoena

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## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
  - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
  - We must follow the duties and privacy practices described in the notice and give you a copy of it.
  - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. You will need to inform us of any changes in writing.
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## CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice. The changes will apply to all information we have about you. The new notice will be available upon request in our office and on our web site.

Effective Date of Notice: 07-11-2014

Privacy Official: D. Hanson  
Phone Number: (907)-745-7944  
Email address: officemanager@akasfm.com