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Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Use or Disclosure for Treatment, Payment and Health Care Operations.

The Talking Place, Child and Adolescent Counseling, LLC (hereinafter "this office") may *use or disclose* your "Protected Health Information" (PHI), for *treatment, payment, and health care operations* purposes with your consent. To help clarify these terms, here are some definitions:

"PHI" refers to information in your health record that could identify you.

"Treatment" is when this office provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when this office consults with another health care provider, such as your family physician or another psychologist or counselor.

"Payment" is when this office obtains reimbursement for your healthcare. An example of payment is when this office discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

"Health Care Operations" are activities that relate to the performance and operation of this office. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

"Use" applies only to activities within this office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

"Disclosure" applies to activities outside of this office such as releasing, transferring, or providing access to information about you to other parties.

II. Use or Disclosure Requiring Authorization.

This office may use or disclose PHI for purposes other than treatment, payment, or health care operations when your authorization is obtained.

"Authorization" is written permission in addition to any general consent previously given that permits the specific disclosure. In those instances when this office is asked for information for purposes outside of treatment, payment or health care operations, this office will obtain an authorization from you before releasing this information.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization or such revocation may not be effective to the extent that (1) this office has already acted or relied upon the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage.

III. Use or Disclosure without Consent or Authorization.

This office may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If this office, in the performance of its occupational duties, has reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect, this office must immediately report the harm to the appropriate authority.
- *Adult and Domestic Abuse* – If this office, in the performance of its occupational duties, has reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, then this office must report the belief to the appropriate authority. This office must report incidents of abuse of disabled persons disclosed to this office by you.
- *Health Oversight Activities* – This office may disclose PHI to the Alaska Board of Psychologist and Psychological Associate Examiners or to the Department of Community and Economic Development in proceedings conducted by the Board or the Department where the disclosure of confidential communications is necessary to defend against charges before the Board or Department.

- *Judicial and Administrative Proceedings* – If you are involved in a judicial or administrative proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law. This office will not release privileged information without 1) written authorization from you or your legally appointed representative or 2) a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. This office will inform you in advance if no privilege applies.
- *Serious Threat to Health or Safety* – This office may disclose PHI when you communicate an immediate threat of serious physical harm to an identifiable victim. If you present an imminent risk of serious harm to yourself, this office may disclose information necessary to protect you.

IV. Patient's Rights and Counselor's Duties.

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI. However, this office is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a counselor at this office. On your request, this office will send your bills to another address.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in this office's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your counselor will discuss with you the details of the request process.
- *Right to an Accounting* – You have the right to receive an accounting of disclosures of PHI. On your request, your counselor will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from this office, upon request, even if you have agreed to receive the notice electronically.

Counselor's Duties:

- This office is required by law to maintain the privacy of PHI and to provide you with a notice of this office's legal duties and privacy practices with respect to PHI.
- This office reserves the right to change the privacy policies and practices described in this notice. Unless this office notifies you of such changes, however, this office is required to abide by the terms currently in effect.
- If this office revises its policies and procedures, you will be notified in writing.

V. Complaints.

If you are concerned that The Talking Place, Child and Adolescent Counseling, LLC, has violated your privacy rights, or you disagree with a decision that a counselor at this office had made regarding access to your records, you may contact this office in writing at: The Talking Place, Child and Adolescent Counseling, LLC, 17101 Snowmobile Lane, Suite 109, Eagle River, Alaska 99577.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. This office can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy.

The policies and procedures set forth in this notice went into effect on August 01, 2016.