

## Privacy Notice

This notice is to inform you about ACCA's privacy practices and how we safeguard information. Protecting the privacy and confidentiality of information about our consumers is very important to us and we strive to comply with the following practices:

- We do not release or disclose personal or health information of our consumers for purposes unrelated to our services or without signed consent.
- We work to ensure information confidentiality and security. We maintain business practices that make sure personal information is gathered and stored in a secure manner.
- All ACCA employees respect the personal information of consumers and carry out practices developed to protect information about consumers and their families.

### Information Collection

We collect information for the following purposes:

**Treatment:** determine eligibility for our services, provision of educational and therapeutic services, service coordination, referrals and consultation between providers within the agency and outside agency providers.

**Payment and insurance functions:** We may share your information with health providers, insurance companies, tribal or government programs to help you receive your benefits and so that we can be paid for services that are reimbursable.

**Program operating functions:** We sometimes utilize personal information when engaging in program quality assessment, development of clinical guidelines, compiling statistics for future planning or funding requests, and during employee performance evaluations.

**Information that we collect includes:** Non-public personal, financial, and health information such as names, addresses, social security numbers, demographics of consumer, insurance information, and health and medical records.

*Personal Health Information* applies to any information, whether oral or recorded in any form that relates to the past, present, or future physical or mental health or condition of an individual or the provision for the health care of an individual.

### Information Disclosure and Authorization

We will not disclose your personal health information or that of your minor child unless you have signed a form authorizing the use or disclosure. You may be asked to complete and sign an "*Authorization for The Disclosure of Confidential Information*" Form listing physicians or health and social service agencies that you authorize ACCA to provide information to or obtain information from. With your consent, only

information that is generated through services at ACCA will be disclosed to outside agencies. In the case of minor children, the parent, legal guardian, or authorized surrogate parent acts as the minor's *personal representative* in all aspects of consent and treatment.

#### Other Uses and Disclosures

We follow laws that tell us we have to share health care information in certain instances. It may be necessary to make disclosures without your authorization as follows:

- Contagious diseases and birth defects registries.
- When the court orders us to or to law enforcement officers when required.
- When abuse or neglect is related to child protection or vulnerable adults is suspected.
- When a court or other law authorizes someone other than the parent to make treatment decisions for a minor, the parent is not the personal representative of the minor.
- To state or federal entities, when required for statistical or program monitoring purposes.
- To the Federal Government when required by law for national security reasons.

#### Your Rights:

- **Access** to your Personal Health Information and files: You have the right to inspect and/or copy any information in your or your child's file.
- **Amendments to information:** You have the right to request changes or corrections to any information on file at our agency. Your request will be given careful consideration.
- **Restrictions to use and disclosure:** You have the right to request restrictions on certain uses of your information for insurance payment, health care, or others involved in care.
- **Request for Confidential Communications:** You have the right to request that communications about your information be made by alternate means. For instance, you may ask that messages not be left on voice mail or sent to a particular address.
- **Revocation of consent.** You have the right to request that your signed consent to exchange information be revoked. This request is available on the reverse of the Consent form.
- **Copy of this Notice.** You have a right to obtain a copy of this notice.
- **Ask questions or file a complaint.** Contact your provider, Billing Specialist or Executive Director at 907.456.4003.

#### For Further Information:

If you have questions or feel your privacy rights have been violated you can contact the Privacy Officer at ACCA by calling 907-456-4003 x105 or by writing to: Privacy Officer, 1020 Barnette Street, Fairbanks, Alaska 99701.

You may also call the State of Alaska, Department of Health and Social Service Privacy Official at: 907-465-2150 or by writing to: State of Alaska, DHSS Privacy Official, PO Box 110650, Juneau, Alaska 99811-0650 or by emailing [privacyofficial@health.state.ak.us](mailto:privacyofficial@health.state.ak.us).

Your health care services will not be affected by any complaint made to our agency or the DHSS Privacy Official.