

Alaska Hand Rehabilitation, Inc.

Notice of Privacy Practice

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

Collection and Use of Health Information

The information will be used as a source:

- For preparation of my bill
- For verification by my insurance carrier or third party payer
- For routine healthcare operations of health care providers such as reviewing the competence of health care providers, conducting, planning and auditing functions.

Patient's Rights Regarding Uses and Disclosures of Health Information

The patient has the right to request restrictions on certain uses and disclosures, obtains a copy of the notice of information practices, inspect and copy the health record, and request amendments to the health record.

Organization's Duties

Maintaining the privacy of protected health information, providing a notice of the clinic's privacy practices, and abiding by the terms of this notice.

Reporting a Complaint or Request for Additional Information

Contact the privacy officer of Alaska Hand Rehabilitation, Inc. at (907) 563-8318, to report a privacy violation.

A complaint can be filed with the Secretary of Health and Human Services and there will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment, and Health Operations:

We will use your information for treatment purposes. For example, health information obtained by your therapist will be recorded in your health record and used to determine what course of treatment you will receive.

We will use your health information for payment. For example, a bill may be sent to the insurance company and may include information, which identifies you as well as your diagnosis

and procedures, and tests that were performed.

We will use your health information for regular health care operations. For example, members of the healthcare staff may use information in your medical record to assess the care and outcomes in your case or in others like it.

There are some services provided in our organization through contacts with business associates. Examples include sending the evaluations to be dictated. We disclose your health information to these business associates so they may do the job we have asked them to do. To protect your health information, however, we require such business associates to appropriately safeguard your information.

We may use your personal information in order to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that might be of interest to you.

We may disclose information as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs.

We are required by law in some instances to release information to public health or legal authorities.

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law requires us to release health information to an appropriate health oversight agency, public health authority or attorney, provided that a work force member believes in good faith that we have engaged in unlawful conduct which may endanger one or more patients, workers or the public.