

Alaska Speech and Hearing Clinic

4048 Laurel Street, #303 Anchorage, AK 99508 (907) 562-4550

Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Alaska Speech and Hearing Clinic (ASHC) must protect the privacy of health information including: your name, social security number, address, telephone number, medical history, therapy evaluations, plan of care, progress notes and discharge summaries. The purpose of this notice is to provide notification on how medical information about you or your child is collected, used, disclosed and the procedures required for you to gain access to this information. This notice will be effective beginning April 1, 2003 and will be in effect until it is replaced. We collect health information from you and your child, other providers (i.e.: occupational therapists, physicians) and agencies. We will not collect information without a release of information from the patient or family. All providers or agencies will need to be listed on the release of information in order for us to collect information.

PATIENT ACCESS

We need to collect information to help us treat your child. We understand that the information that we collect is personal. At ASHC we are committed to protecting our patient's privacy and keeping their therapy information private. New regulations require that ASHC keep your health care information private. Upon contacting our clinic, you will be asked to give consent for evaluation and treatment. Once you have signed this form, protected health information can be used by therapist and office staff, contracted therapists and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may be used and disclosed to pay your evaluation and therapy bills and in the operation of our clinic. Here are some examples of how protected health/therapy information can be used once you have signed our consent form:

HOW CAN WE USE AND DISCLOSE PERSONAL HEALTH INFORMATION

We can use personal health information for the following purposes without a release from the patient or guardian. All other purposes require written permission.

TREATMENT: We will use protected health information to evaluate and treat speech, language, audiology and feeding issues. This includes disclosing protected health information with other speech, occupational, or physical therapists, physicians, nurses, psychologists or others involved in your care as it is related to your speech, language or feeding treatment. We have you complete a release of information form giving us permission to disclose private health information.

PAYMENT: Protected health information is often required to obtain payment for health services. We bill insurance as a courtesy to our patients. Insurance companies often need copies of evaluations, plan of cares and progress notes to assess eligibility for services rendered and whether treatment/therapy is medically necessary. We will send these records upon request from the insurance company.

HEALTHCARE OPERATIONS: We may use or disclose your protected health information on a need-basis to complete business activities at Alaska Speech and Hearing Clinic. These activities might include: qualitative assessment, employee review, training, and licensing. Examples of using protected health information is on the use of sign-in sheet at the front desk, using your name to call you to your appointment, contracted billing services, or calling to remind family of appointments. All individuals who might see or have access to your protected health information through our clinic for purposes of billing or transcription services will have signed a written contract that will have them agree to protecting all protected health information.

REQUIRED BY LAW

We can use or disclose your protected health information when required by law. Only the relevant information will be provided and only when written request is received. You will be notified of any request.

PUBLIC HEALTH

We may use or disclose your protected health information for the purpose of controlling disease, injury or disability.

ABUSE OR NEGLECT

We may disclose your protected health information to a public health authority if we suspect or observe child abuse or neglect. We will follow federal and state laws.

LEGAL PROCEEDINGS/LAW ENFORCEMENT

We may disclose your protected health information if a subpoena or discovery request is received. Only information requested will be provided.

ALL other uses of your protected health information will only be disclosed or shared after receiving written authorization by you. You can revoke this authorization, at any time, in writing.

PATIENT RIGHTS

Patients have the right to inspect and amend their medical records. You have the right to review your medical records in our office. To review your health records, you must submit a written request to review your records. We must be given 48 hours (excluding weekends) to pull all records. If you feel that there are errors in your health records, you can put in a request that the information be corrected or added to the records. You can request a list of where this information was sent and a new copy can be sent with updated information. We have the right to add that we are not in agreement with the added/changed information. You have a right to see who has been given copies of your records or whom information has been shared with (name and agency). We also may add a reasonable fee if requested copies and mail fees are excessive.

You have the right to request restriction of your protected health information to any or all individuals. We will not be able to see your child without a signed plan of care and ability to collect payment from insurance or family. All other individuals or agencies can be restricted upon written request. You must provide in writing specific restriction requested and whom this restriction will apply. It is your responsibility to request a restriction or limitation on sharing restricted health information regarding your treatment, payment or health care operation activities. Please see the office manager or Lisa Owens for a restriction request.

All health information will be shared with you via U.S. mail or personally in the office. If you would like information shared in a different way, please let us know in writing. You have the right to tell us how you would like to receive information. This request should be made in writing if you would not like to receive information at a specific location.

You have the right to receive a copy of this notice. We will ask that you read through the notice and sign it for our records. A copy will also be provided if you have misplaced this copy. You can request additional copies from the front desk.

Questions or Complaints

If you have any questions or feel that a violation of your privacy rights has happened, you can contact Lisa Owens to get more information on your rights or the complaint process. You can also contact the Secretary of Health and Human Services if you feel that your complaint cannot be adequately addressed through our office. We will make all attempts to help resolve any issues. We can be reached at (907) 562-4550 or Fax (907) 562-4554

Patient Signature

Date

Print Name

If you have any questions about this Notice please contact Lisa Owens, M.A., CCC-SLP/A
This Notice was developed on March 1, 2003 and will be effective as of April 1, 2003.