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ALASKA NOTICE FORM
Notice of Psychologist's Policies and Practices to Protect the Privacy of Your
Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your child's 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 child's health record that could identify the child.

“Treatment, Payment and Health Care Operations”

– *Treatment* is when I provide, coordinate or manage your child's health care and other services related to your child's health care. An example of treatment would be when I consult with another health care provider, such as your child's family physician or another psychologist.

– *Payment* is when I obtain reimbursement for your child's healthcare. Examples of payment are when I disclose your child's PHI to your child's health insurer to obtain reimbursement for your child's health care or to determine eligibility or coverage.

– *Health Care Operations* are activities that relate to the performance and operation of my practice. 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 my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you or your child.

“Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about a child to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when appropriate authorization is obtained from your child's legal guardian. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your child's Psychotherapy Notes. “Psychotherapy Notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your child's medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

Child Abuse – If I, in the performance of my occupational duties, have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect, I must immediately report the harm to the appropriate authority.

Adult and Domestic Abuse – If I, in the performance of my occupational duties, have reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, then I must report the belief to the appropriate authority. I also must report incidents of abuse of disabled persons disclosed to me by you.

Health Oversight Activities – I 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 or your child are involved in a court proceeding and a request is made for information about your child’s diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of the child’s legal guardian, the child’s legally appointed representative or a court order. The privilege does not apply when a child is being evaluated for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.

Serious Threat to Health or Safety – I may disclose PHI where you or your child communicate an immediate threat of serious physical harm to an identifiable victim. If the child presents an imminent risk of serious harm to self, I may disclose information necessary to protect the child.

IV. Patient’s Rights and Psychologist’s Duties

Patient’s Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am 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 your child is seeing me. On your request, I will send your child’s bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about your child for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, I will discuss with you the details of the request process.

Right to Amend – You and your child have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, I 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 the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist’s Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you a copy of the revision in person or by mail.

V. Complaints

If you are concerned that I have violated your child’s privacy rights, or you disagree with a decision I made about access to your child’s records, you may contact Alaska Board of Psychologist and Psychological Associate Examiners (907 465-2534). You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The office listed above can provide you with the appropriate address upon request.

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

This notice will go into effect on April 14, 2003.

I will limit the uses or disclosures that I will make as follows:

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice in person or by mail.

Signature

Date