**Notice of Privacy PractiCES**

*Effective 01/01/2015*

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

**OHCA Designation**

The HIPAA Privacy Regulations allow Covered Entities who participate in an organized health care arrangement or “OHCA” to comply with the HIPAA Notice requirements by the issuance of a joint notice. One type of an OHCA is a clinically integrated care setting where individuals receive health care from more than one health care provider. Kenai Kids Therapy (KKT) is an OHCA. We may disclose and share protected health information with the various staff members and other individuals participating in the OHCA as necessary to carry out treatment, payment, or other health care operations. “We,” “us,” and “our” in this Notice refers to each company and all the staff members of those companies, and the privacy, security, and breach notification obligations of HIPAA are carried out jointly by all three companies.

This Notice describes the medical information practices of KKT. KKT is considered a covered entity, and therefore we are required by law to maintain the privacy of personal health information and to provide you with notice of our legal duties and privacy practices with respect to personal health information.

**Our Pledge Regarding Medical Information**

We understand that medical information about your health is personal. We will not disclose your personal health information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. This Notice applies to all of the medical records we maintain. It describes the ways in which we may use and disclose medical information, and describes our obligations with regard to such information.

We are required by law to keep your protected health information private, provide notice of our legal duties & privacy practices with respect to protected health information, notify affected individuals following a breach of unsecured protected health information, give you this Notice of Privacy Practices, and follow the terms of the Notice of Privacy Practices currently in effect.

Due to the open space nature of our practice with therapists providing services, we may inadvertently share information about your child that may be unintentionally overheard. We actively seek to minimize inadvertent disclosures and appreciate your assistance in discussing your child’s health care in private. Providers may ask to speak with you about your child in a private room rather than the waiting room prior to or following therapy sessions. You may be asked to sign a confidentiality form should you inadvertently overhear discussion regarding another patient.

We have the right to change our practices regarding the personal health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of the Notice by calling the Privacy Officer at 907-260-7444 or stopping by Kenai Kids Therapy 35105 Kenai Spur Highway, Ste. A Soldotna, AK 99669

**How We May Use/Disclose Your Medical Information**

**For Treatment** We may use or disclose medical information about you to facilitate treatment, rehabilitation or treatment through services provided by KKT. For example, we may disclose medical information to other healthcare providers who are involved in taking care of you.

**For Payment** We may use and disclose medical information about you to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies (either directly or through a third party billing company), medical necessity determinations and reviews, and collection of outstanding accounts.

**For Health Care Operations** We may use and disclose medical information about you for other KKT health care operations necessary to run KKT. For example, we may use medical information in connection with conducting quality assessment & improvement activities, licensing, personnel training programs, fraud & abuse detection programs, and general KKT administrative activities.

**To Business Associates** There are some services provided to KKT through contracts with business associates, i.e. accounting, legal, training, & consulting services. Information shall be made available to business associates consistent with their need to know for purposes of providing services.

**Health Oversight Activities** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, & licensure.

**As Required by Law** We will disclose medical information about you when required to do so by federal, state and/or local law. For example, we may disclose medical information when required by a court order.

**To Avert a Serious Threat to Health or Safety** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Other Uses and Disclosures**

We may also use and disclose your health information when permitted by law and with only the minimum necessary information being disclosed, i.e. appointment reminders, language interpreters, information about available treatments or products, funeral directors/coroners/state medical examiners, workers compensation, correctional institutions (if you are in jail or prison), law enforcement, tissue & organ donation, disaster relief, military & veterans (if you are an armed forces member), responses to legally compliant court orders, and/or national security. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. This may include use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, or sale of PHI, which will require your express written authorization.

**Rights Regarding Personal Health Information**

**Right to Inspect and Copy** You may come to our office, inspect, and copy most of the medical information about you we maintain. We will normally provide you with access to, or copies of, this information within 30 days of your request. We may charge you a reasonable fee for you to copy medical information you have the right to access. If your records are held in electronic format, you may obtain an electronic copy if it is reasonably available. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

**Right to Amend** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must provide a supporting reason, be made in writing, and be submitted to the Privacy Officer. If we agree to amend the information, we will generally amend your information within 60 days of your request and will notify you when we have amended the information. We may deny your request for an amendment if does not meet the requirements listed above. In addition, we may deny your request if you ask us to amend information not kept by or for KKT, was not created by KKT (unless the person or entity that created the information is no longer available to make the amendment), is not part of the information which you would be permitted to inspect and copy, or is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to request a list of disclosures, where such disclosure was made for any purpose other than treatment, payment, or health care operations. We are not required to give you an accounting of information we have shared with our business associates or for which you have given us a written authorization. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years or before April 14, 2003. Your request should indicate in what form you want the list (paper or electronic). The first list you request within a 12-month period will be free, and you may be charged for the cost of any additional lists. We will notify you of the cost and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, i.e. a family member or friend. For example, you could ask we not use or disclose information about a transport or treatment we provided. We are not required to agree to your request unless the disclosure is to a health plan for purposes of carrying out payment or health care operations (not treatment purposes) and the information pertains solely to an item or service paid for fully out of pocket.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must describe: (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom the limits shall apply, for example, your spouse.

**Right to Request Confidential Communications** You can request that we communicate confidentially with you about medical matters. For example, you can ask we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will accommodate reasonable requests. Your request must specify how you wish to be contacted.

**Right to a Paper Copy of This Notice** You may request a paper copy at any time even if you have agreed to receive this Notice electronically.

**Right to Choose Therapy Services from other Community Providers** If your therapist recommends services for your child from another discipline available at KKT you are welcome to seek out those services from other community providers.

**Right to Revoke Authorization/Permissions**

If you provide us permission to use or disclose medical information about you, you may revoke permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provided to you. Your substance abuse records received by a person or entity pursuant to your written authorization may not be re-disclosed without your written consent.

**Questions/Exercising Rights**

If you have any questions about this Notice or would like to exercise any of the rights contained herein, please contact the KKT Privacy Officer at Kenai Kids Therapy 35105 Kenai Spur Highway, Ste. A Soldotna, AK 99669

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with KKT or with the Secretary of the Department of Health and Human Services. To file a complaint with KKT contact the Privacy Officer. All complaints must be submitted in writing. You will not be retaliated against or penalized for filing a complaint. The Secretary of DHHS can be reached at Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue. S.W. Room 509F, HHH Building Washington, D.C. 20201