



## *Notice of Privacy Practices for Fairbanks Resource Agency*

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Effective date January 1, 2014.

FRA is committed to protecting the confidentiality of information about you, and is required by law to do so. This notice describes how we may use information about you within FRA and how we may disclose it to others outside FRA. We will notify you if there is a breach of your unsecured protected health information. This notice also describes the rights you have concerning your own health information.

**FOR TREATMENT:** We may use health information about you to provide, coordinate or manage the services, supports, and health care you receive from FRA and other providers. We may disclose health information about you to doctors, nurses, psychologists, social workers, direct support staff and other agency staff, volunteers and other persons who are involved in supporting you or providing care. We may consult with other health care providers concerning you and, as part of the consultation, share your health information with them. For example, staff may discuss your information to develop and carry out your individual service plan. Staff may share information to coordinate needed services for a plan of care, transportation to a doctor's visit, rehabilitation services, etc. Staff may need to disclose health information to entities outside of FRA, such as another provider or a state/local agency, to obtain new services for you.

**FOR PAYMENT:** We may use and disclose health information about you so FRA can be paid for the services we provide to you. This can include billing a third party payor, such as Medicaid or other state agency, or your insurance company. For example, we may need to provide the state Medicaid program information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure you are

eligible for the health assistance programs.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose health information about you for FRA's own operations. These are necessary for FRA to operate and to maintain quality for individuals supported by FRA. For example, we may use health information about you to review the services we provide and the performance of FRA's employees supporting you. We may disclose health information about you to train FRA's staff and volunteers. We also may use the information to study ways to more efficiently manage FRA's organization, for accreditation or licensing activities, or for FRA's compliance program.

**HOW WILL WE CONTACT YOU:** Unless you tell FRA otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" in this notice.

**INDIVIDUALS INVOLVED IN YOUR CARE:** We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. In the event of your death, we may disclose health information to any of those persons who were involved in your care for payment for health care received prior to your death, unless doing so is inconsistent with any prior expressed preference by you that is known to FRA. If there is a family member, other relative,

# Notice of Privacy Practices for Fairbanks Resource Agency

or close personal friend to whom you do not want FRA to disclose health information about you, please notify the Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701.

**DISASTER RELIEF:** We may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

**REQUIRED BY LAW:** We may use or disclose health information about you when we are required to do so by law.

**PUBLIC HEALTH ACTIVITIES:** We may disclose health information about you for public health activities and purposes. This includes reporting health information to a public health authority who is authorized by law to collect or receive the information for purposes of preventing or controlling disease or who is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

**PROOF OF IMMUNIZATION:** We may use or disclose immunization information to a school about you: (a) if you are a student or prospective student of the school; (b) the information is limited to proof of immunization; (c) the school is required by State or other law to have the proof of immunization prior to admitting you; and, (d) we obtain and document the agreement to the disclosure from either: (1) your parent, guardian, or other person standing in loco parentis of you if you are an emancipated minor, or (2) from you if you are an adult or an emancipated minor.

**VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE:** We may disclose health information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This

will occur to the extent the disclosure is (a) required by law, (b) agreed to by you or your personal representative, or (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** We may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose health information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

**DISCLOSURES FOR LAW ENFORCEMENT PURPOSES:** We may disclose health information about you to a law enforcement official for law enforcement purposes:

- A. As required by law.
- B. In response to a court, grand jury or administrative order, warrant or subpoena.
- C. To identify or locate a suspect, fugitive, material witness or missing person.
- D. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.

# Notice of Privacy Practices for Fairbanks Resource Agency

F. About crimes that occur at FRA's facility.

G. To report a crime in emergency circumstances.

**CORONERS AND MEDICAL EXAMINERS:** We may disclose health information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

**FUNERAL DIRECTORS:** We may disclose health information about you to funeral directors as necessary for them to carry out their duties.

**ORGAN, EYE OR TISSUE DONATION:** To facilitate organ, eye or tissue donation and transplantation, we may disclose health information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

**TO AVERT SERIOUS THREAT TO HEALTH OR SAFETY:** We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

**MILITARY:** If you are a member of the Armed Forces, we may use and disclose health information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

**SECURITY CLEARANCE:** We may use health information about you to make health suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

**NATIONAL SECURITY AND INTELLIGENCE:** We may disclose health information about you to authorized federal

officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT:** We may disclose health information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

**INMATES; PERSONS IN CUSTODY:** We may disclose health information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary (a) to provide health care to you, (b) for the health and safety of others, or (c) for the safety, security and good order of the correctional institution.

**WORKERS' COMPENSATION:** We may disclose health information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

**OTHER USES AND DISCLOSURES:** Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by FRA in reliance on it.

## **CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

**NOTES:** Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is (a) by the originator of the psychotherapy notes for treatment; (b) for FRA's own training programs for students, trainees, or practitioners in mental health; (c) to defend FRA in a legal action or other proceeding brought by you; (d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.

**MARKETING:** We may use and disclose health infor-

# Notice of Privacy Practices for Fairbanks Resource Agency

mation about you to communicate with you about a product or service to encourage you to purchase the product or service. Generally, this may occur without your authorization. However, your authorization is required if: (a) the communication is to provide refill reminders or otherwise communicate about a drug or biologic that is, at the time, being prescribed for you and we receive any financial remuneration in exchange for making the communication which is not reasonably related to FRA's cost in making the communication; or, (b) except as stated in (a) we use or disclose your health information for marketing purposes and we receive direct or indirect financial remuneration from a third party for doing so. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to FRA is involved.

**SALE OF INFORMATION:** Your authorization is required for any disclosure of your health information when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the health information. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of FRA's for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; (h) when permitted by applicable law where the only remuneration received by FRA is a fee permitted by law.

## **YOUR RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU**

You have the following rights with respect to health information that we maintain about you.

### **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict

the uses or disclosures we make to (a) a family member, other relative, a close personal friend or any other person identified by you, or (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about you to your brother or sister.

You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to the Privacy Officer, 805 Airport Way, Fairbanks, Alaska and tell FRA: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

With one exception, we are not required to agree to any requested restriction. The exception is that we will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid FRA in full.

If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

### **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request that we communi-

# Notice of Privacy Practices for Fairbanks Resource Agency

cate health information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell FRA why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to the Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, if necessary, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

## RIGHT TO INSPECT AND COPY

With a few very limited exceptions, such as psychotherapy notes or records created by a third party, you have the right to inspect and obtain a copy of health information about you.

To inspect or copy health information about you, you must submit your request in writing to the Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701. Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of FRA's acceptance of your request and provide access and copying.

We may deny your request to inspect and copy health information if the health information involved is:

- A. Psychotherapy notes, or
- B. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding.

If we deny your request, we will inform you of

the basis for the denial, how you may have FRA's denial reviewed, and how you may complain. If you request a review of FRA's denial, it will be conducted by a licensed health care professional designated by FRA who was not directly involved in the denial. We will comply with the outcome of that review.

## RIGHT TO AMEND

You have the right to ask FRA to amend health information about you. You have this right for so long as the health information is maintained by FRA.

To request an amendment, you must submit your request in writing to the Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of FRA's acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend health information if we determine that the information:

- A. Was not created by FRA, unless the person or entity that created the information is no longer available to act on the requested amendment.
- B. Is not part of the health information maintained by FRA.
- C. Would not be available for you to inspect or copy.
- D. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with FRA's denial. Your statement may not exceed two pages. We may prepare a re-

# Notice of Privacy Practices for Fairbanks Resource Agency

buttal to that statement. Your request for amendment, FRA's denial of the request, your statement of disagreement, and FRA's rebuttal will then be appended to the health information involved or otherwise linked to it. This information will then be included with any subsequent disclosure of the information, or at FRA's election we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and FRA's denial with any future disclosures of the information. We will include your request for amendment and FRA's denial, or a summary of that information, with any subsequent disclosure of the health information involved.

You also will have the right to complain about FRA's denial of your request.

## RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to receive an accounting of disclosures of health information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- A. Disclosures to carry out treatment, payment, and healthcare operations;
- B. Disclosures of your health information made to you;
- C. Disclosures that are incident to another use or disclosure;
- D. Disclosures that you have authorized;
- E. Disclosures for disaster relief purposes;
- F. Disclosures for national security or intelligence purposes;
- G. Disclosures to correctional institutions or law enforcement officials having custody of you;
- H. Disclosures that are part of a limited data set, where things that would directly identify you have been removed, for purposes of research, public health, or health care operations.

I. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

## RIGHT TO COPY OF THIS NOTICE

You have the right to obtain a paper copy of FRA's Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of FRA's Notice of Privacy Practices at any time.

You may obtain a copy of FRA's Notice of Privacy Practices over the Internet at FRA's website:

[WWW.FRA-ALASKA.NET](http://WWW.FRA-ALASKA.NET)

To obtain a paper copy of this notice, contact the Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701, (907) 456-8901.

## FRA's DUTIES

### GENERALLY

We are required by law to maintain the privacy of health information about you and to provide individuals with notice of FRA's legal duties and privacy practices

# Notice of Privacy Practices for Fairbanks Resource Agency

with respect to health information.

We are required to abide by the terms of FRA's Notice of Privacy Practices in effect at the time.

## **FRA'S RIGHT TO CHANGE NOTICE OF PRIVACY PRACTICES**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain including that created or received by FRA prior to the effective date of the new notice.

## **AVAILABILITY OF NOTICE OF PRIVACY PRACTICES**

A copy of FRA's current Notice of Privacy Practices will be posted on FRA's central community resource area at the FRA's administrative office, 805 Airport Way, Fairbanks Alaska 99701. A copy of the current notice also will be posted on FRA's web site:

**[WWW.FRA-ALASKA.NET](http://WWW.FRA-ALASKA.NET)**

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting FRA's Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701.

## **EFFECTIVE DATE OF NOTICE**

The effective date of the notice will be stated on the first page of the notice.

## **COMPLAINTS**

You may complain to FRA and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by FRA.

To file a complaint with FRA, contact the Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to:

**[HTTP://WWW.HHS.GOV/OCR](http://WWW.HHS.GOV/OCR)**

You will not be retaliated against for filing a complaint.

## **QUESTIONS AND INFORMATION**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Privacy Officer, 805 Airport Way, Fairbanks Alaska 99701.

**REVIEWED AND APPROVED BY      DATE**

**Executive Director Emily F. Ennis      March 2011**

**Executive Director Emily F. Ennis      November 2013**