



# Frontier Health and Wellness

## Notice of Privacy Practices

### Pediatric/Under Guardianship



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

---

This Notice of Privacy Practice describes how Frontier Health and Wellness, and its Contracted Providers may use and disclose your protected health information to carry out treatment, collecting payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

Frontier Health and Wellness (FHW) and its Contracted Providers are committed to protecting the privacy of your personal health information. Federal regulations provide an additional framework for maintaining the privacy of protected health information while providing individuals with notice of Frontier Health and Wellness' and its Contracted Providers legal duties and privacy practices with respect to protected health information.

As a rule, Protected Health Information is kept confidential unless authorization to release it is provided to FHW.

"Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical/mental health or condition and related health care services.

Frontier Health and Wellness and its Contracted Providers must provide all people it serves with written notice of its privacy practices no later than the date of first service delivery, or as soon as possible after emergency treatment. Frontier Health and Wellness and its contracted providers must obtain written acknowledgment that you have received this notice, or written documentation specifying reasons for not obtaining such acknowledgment.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, you may obtain the revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

If you have any questions about this Notice, please contact the administration of Frontier Health and Wellness at:

4241 B Street Suite 305 Anchorage, Alaska 99503

---

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### Obtaining a list of those with whom we've shared information

- You can request a list (accounting) of the times FHW and/or its Contracted Providers shared your health information for six years prior to the date you ask, who we shared it with, and why.

- FHW will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Obtaining a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. FHW will provide you with a paper copy promptly.

### Choosing someone to act for you

- If you have granted someone Medical Power of Attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- FHW will make sure the chosen party has medical authority and can act on your behalf before any action is taken.

---

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how FHW and/or its Contracted Providers share your information in the situations described below, please inform us, and we will do our best to follow your instructions.

In these cases, you have both the right and choice to request the following from us:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

***We may also share your information when needed to lessen a serious and imminent threat to health or safety. If this were to occur, FHW and its Contracted Providers would try to inform you before disclosing any information to a parent/guardian or State/Federal entity.***

Frontier Health and Wellness and its Contracted Providers will keep the information you share with us confidential unless we have your consent to disclose the information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with us during your treatment. In some situations, providers are required by law or by the guidelines of our profession to disclose information regardless of whether we have the client's permission. Some of these situations are listed below.

- You tell a provider you plan to cause serious harm or death to yourself, and the provider believes you have both the intent and ability to carry out this threat in the very near future. Under these circumstances your provider is obligated to take steps to inform a parent/guardian of what has been disclosed and how serious this threat appears to be. The goal is to ensure that you are protected from harming yourself.
- You tell a provider you plan to cause serious harm or death to someone else who can be identified, and the provider believes you have the intent and ability to carry out this threat in the very near future. In this situation, the provider must inform your parent/guardian AND inform the person whom you intend to harm
- You tell a provider you are engaging in behaviors/activities that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, the provider will need to use professional judgment to decide whether a parent/guardian should be informed
- You tell a provider you are being abused - physically, sexually, or emotionally - or that you have been abused in the past. In this situation, the provider is required by law to report the abuse to the Office of Children's Services.

- You are involved in a court case and a request is made for information about your treatment. If this happens, your provider will not disclose information without your consent unless the court directly requires us to do so. Even under these circumstances your provider and FHW and/or its Contracted Providers will do all they can within the law to protect your confidentiality.
- 

## **Our Uses and Disclosures**

How does FHW and/or its Contracted Providers typically use or share your health information?

FHW and/or its Contracted Providers typically use or share your health information in the following ways.

### **To Treat You:**

FHW and/or its Contracted Providers may use your health information and share it with other professionals who are treating you.

### **Run Our Organization:**

FHW and/or its Contracted Providers may use and share your health information to run our clinic, improve your care, and contact you when necessary.

### **Bill for Services**

FHW and/or its Contracted Providers may use and share your health information to bill and get payment from health plans or other entities.

---

## **How else can FHW and/or its Contracted Providers use or share your health information?**

FHW and/or its Contracted Providers are authorized or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. FHW must meet many legal requirements before we can share your information for these purposes.

### **Comply with the law**

FHW and/or its Contracted Providers may be required to share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal Privacy Law.

### **Work with a Medical Examiner**

FHW and/or its Contracted Providers may be required to share health information with a Coroner, Medical Examiner when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

FHW and/or its Contracted Providers may be required to share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

---

## Our Responsibilities

- FHW and/or its Contracted Providers will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind
- FHW and/or its Contracted Providers are required by law to maintain the privacy and security of your protected health information.
- FHW and/or its Contracted Providers will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- FHW and/or its Contracted Providers must follow the duties and privacy practices described in this notice and give you a copy of it.

## **Changes to the Terms of this Notice and Acknowledgment of Receipt**

FHW can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

\_\_\_\_\_ (initial) You consent to the release of my healthcare information to the Contracted Providers and staff at Frontier Health and Wellness (including, but not limited to receptionists, billing contractor [currently Alaska Billing Services], your insurance company, etc.) to a level that is required for that individual or entity to aid in your medical care.

\_\_\_\_\_ (initial) You understand that you will be informed about situations that could endanger my child. You know this decision to breach confidentiality in these circumstances is up to the provider's professional judgment and may sometimes be made in confidential consultation another provider.

\_\_\_\_\_ (initial) You understand that my provider will make every effort to inform me prior to making any disclosure to emergency services and/or a federal/state entity such as OCS or APD. You understand that your provider will use professional judgment and follow mandated legal and ethical practices when making the decision to breach your confidentiality, and that the decision is made solely to maintain the your safety and that of the community.

\_\_\_\_\_ (initial) You have read the Notice of Privacy Practice policy fully and have all questions answered fully prior to signing this document. You have been given adequate time to study the information and find the information to be specific, accurate, and complete.

## **Acknowledgment of Receipt of the Notice of Privacy Practices**

**Patient Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature (If 8 or older):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider or FHW Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_