



FRONTIER HEALTH AND WELLNESS

Please review and sign the following Privacy Policy on behalf of our contracted providers

Notice of Privacy Practice - Privacy Policy

Your Right to Privacy and the Policies at Frontier Health and Wellness

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 is 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 individual's with notice of Frontier Health and Wellness' and its contracted providers legal duties and privacy practices with respect to protected health information.

As a general 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 acknowledgement that you have received this notice, or written documentation specifying reasons for not obtaining such acknowledgement.

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



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What to expect:

The purpose the services being sought by a Frontier Health and Wellness (FHW) contracted provider is to address mental health or behavioral concerns that you may have. When meeting with contracted providers at FHW we will discuss many sensitive issues. Your provider will ask questions, listen to you and suggest a plan for addressing these concerns. It is important that you feel comfortable talking to your providers about these sensitive issues. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their provider. Privacy, also called confidentiality, is an important and necessary part of good medical care.

As a general rule, 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 any appointment. In some situations, providers are required by law or by the guidelines of our profession to disclose information whether or not we have the client's permission. Some of these situations are listed below.

Confidentiality cannot be maintained when:

- 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 or guardian of what has been disclosed and how serious this threat appears to be. The goal here it to ensure that you are protected from harming yourself. If this were to occur, your provider would make an effort to inform you before disclosing this information to your parent or guardian.
- 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 or guardian AND inform the person whom you intend to harm. If this were to occur, we would make an effort to inform you before disclosing this information to your parent or guardian.
- 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 or guardian should be informed. If this were to occur, we would make an effort to inform you before disclosing this information to your parent or guardian.
- 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. If this were to occur, we would make an effort to inform you before disclosing this information 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



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directly requires us to do so. Even under these circumstances your provider and FHW will do all they can within the law to protect your confidentiality, and if they are required to disclose information to the court, they will make an effort to inform you that this is happening.

Communicating with your parent(s) or guardian(s):

Except for situations such as those mentioned above, your provider will not tell your parent or guardian specific things you share with them when meeting one-on-one. This includes not disclosing activities and behavior that your parent/guardian would not approve of – or would be upset by – but that do not put you at risk of serious or immediate harm. However, if your risk-taking behavior becomes serious and represents imminent danger to you or others, then your provider will need to use professional judgment to decide whether to disclose this information. If your provider feels that you are in such danger, they will make an effort to tell you before disclosing this information to your parent or guardian.

Examples:

- If you tell your provider that you have tried alcohol at a few parties, your provider would keep this information confidential. However, if you tell your provider that you are drinking and driving or that you are an ongoing passenger in a car with a driver who is often drunk, your provider would not keep this information confidential from your parent/guardian.
- If you tell your provider that you are having protected sex with a boyfriend or girlfriend, your provider would keep this information confidential. However, if you tell your provider that you are intending on engaging in unprotected sex with people you do not know or in unsafe situations, your provider will not keep this information confidential.

Even if your provider has agreed to keep information confidential – to not tell your parent or guardian – your provider may believe that it is important for them to know what is going on in your life. In these situations, your provider will encourage you to tell your parent/guardian and will assist you in finding the best way to tell them. Also, when meeting with your parents, your provider may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

Please note: Alaska State Law dictates that your parent/guardian has the right to see any written records that are kept during medical treatment and appointments. It is extremely rare that a parent/guardian would ever request to look at these records but they will be made available to them in the event the request is submitted.

Communicating with other adults:

Communicating with people at your school: Sometimes your provider may want to seek out information from someone at your school to aid in determining your treatment progress. Your providers will not share any information with your school unless we have written permission from your parent or guardian. Also, it may be helpful in some situations for your provider to give suggestions to staff at school. If your provider wants to contact your school, or if someone at your school wants to contact your provider, we will make an



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effort to discuss it with you and will also obtain written consent from your parent or guardian. A very unlikely situation might come up in which your provider does not have your permission but both you provider and your parent or guardian believe that it is very important for us to be able to share certain information with someone at your school. In this situation, your provider will use professional judgment to decide whether to share this information.

Communicating with other providers: Sometimes your provider may need to communicate with another one of your providers to provide the best care possible. Your provider will get written consent from your parent/guardian in advance so that information can be shared with additional providers.

There are also outside contractors, staff and other contracted providers directly associated with FHW who will have access or may be granted limited access to parts of your medical record to provide support to the care your provider is giving (such as an insurance company, the receptionist, a billing company, etc).

If you have any additional questions or concerns, please direct them to Frontier Health and Wellness Administration before continuing to the signature portion of this document.



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Adolescent Signature Page

Child/Adolescent client:

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with treatment, you can ask your provider at any time.

Child/Adolescent Signature _____ Date _____

Parent/Guardian Consent:

Parent/Guardian: Please initial each section and sign below indicating your understanding and agreement with the Frontier Health and Wellness Privacy Policy:

_____ **(initial)** I 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], my insurance company, etc) to a level that is required for that individual or entity to aid in my medical care.

_____ **(initial)** I will refrain from requesting detailed information about individual sessions with my child. I understand that I will be provided with updates about general concerns, targets of treatment, and will often be in the room to discuss progress with the provider.

_____ **(initial)** Although I know I have the legal right to request written records/appointment notes of my minor child, I agree NOT to request these records in order to respect the confidentiality of my child's treatment. If those records are requested for other purposes, I consent to FHW or my child's provider removing confidential information from the documents that are released.

_____ **(initial)** I understand that I will be informed about situations that could endanger my child. I 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)** I have read the *Notice of Privacy Practice* policy fully and have all of my questions answered fully prior to signing this document. I have been given adequate time to study the information and find the information to be specific, accurate, and complete.

Parent/Guardian Signature:

Patient Name (Printed): _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Provider or FHW Representative Signature _____ Date _____