

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 your provider you plan to cause serious harm or death to yourself, and your 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 an authority and/or family member 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 anyone.
- You tell your provider you plan to cause serious harm or death to someone else who can be identified, and your provider believes you have the intent and ability to carry out this threat in the very near future. In this situation, your provider must inform an authority AND inform the person whom you intend to harm. If this were to occur, your provider would make an effort to inform you before disclosing this information to anyone.
- You tell your 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 their professional judgment to decide whether an authority should be informed. If this were to occur, your provider would make an effort to inform you before disclosing this information.
- You tell a provider you are being abused - physically, sexually or emotionally. In this situation, your provider is required by law to report the abuse an authority. If this were to occur, your provider would make an effort to inform you before disclosing this information.
- 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 written agreement *unless* the



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

Communicating with other family members:

Except for situations such as those mentioned above, contracted providers at Frontier Health and Wellness will not disclose information you share with your provider to family members. However, if 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.

- The exception to this is if you have signed a Release of Information (ROI) for your provider to communication with an individual. Please know that if you signed an ROI for your provider to speak with another person regarding your treatment, that release is considered valid for one year or until you officially revoke the consent. To revoke an ROI consent it must be done in writing and given to either an FHW staff member or directly to your provider.

Communicating with other providers:

Your provider may need to communicate with another one of your providers so that the best care can be provided to you. Your provider will get written permission in the form of an ROI 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 may need 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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Signature Page

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 understand that when my provider is obligated to release my protected healthcare information that the provider will make an effort to inform me first, but that doing so is not a requirement or a guarantee.

_____ **(initial)** Although I know I have the legal right to request a copy o my medical record, I acknowledge that under rare circumstances my provider may decide to remove or didact certain elements if there is a reasonable expectation that releasing this information to me will put myself or others at risk.

_____ **(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.

Client Signature:

Client Signature _____ Date_____

Provider Signature _____ Date_____