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**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Notice of Privacy Practices**

**My practice is a solo, independent, private practice. This Notice applies only to my practice. It does not apply to the practices of any other professional including those with whom I share office space.**

Your health record contains personal information about you and your health. This is information that may identify you and that relates to your past, present, or future physical or mental health, and related health care. It is referred to as Protected Health Information (PHI). I am required by law to maintain the privacy of *PHI* and to provide you with notice of my legal duties and privacy practices with respect to *PHI*. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all *PHI* that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by providing it to you at your next appointment, or by sending a copy to you in the mail upon request.

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- PHI refers to information in your health record that could identify you.
- Treatment, Payment and Health Care Operations

Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your physician or another mental health provider. **I WILL DISCLOSE *PHI* TO CONSULTANTS ONLY WITH YOUR CONSENT.**

Payment is when I obtain reimbursement for your health care. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits and processing claims with your insurance company.

Health Care Operations are activities that relate to the performance and operation of my practice. I may use or disclose, as needed, your *PHI* in order to support my business activities. For example, I may share your *PHI* with third parties that perform various business activities for my practice like billing, typing, and answering services provided I have a written contract with them.

#### I WILL DISCLOSE YOUR PHI ONLY WITH YOUR CONSENT.

- Use applies to activities I perform within my office.
- Disclosure applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

I may use or disclose *PHI* for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained.

An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. Psychotherapy Notes are notes I have made about our conversation during an individual, group, couple, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than *PHI*.

You may revoke all such authorizations (*PHI* or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. The insurer has the right to contest the claim under the policy.

#### **I may use or disclose PHI without your consent or authorization in the following circumstances:**

- \* Child Abuse or Neglect - If I, in the performance of my occupational duties, have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect, I must immediately report the harm to the appropriate authority.

*Child Abuse or Neglect* means the physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment of a child under the age of 18 by a person under circumstances that indicate that the child's health or welfare is harmed or threatened thereby.

- \* Adult and Domestic Abuse - If I, in the performance of my occupational duties, have reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, then I must report the belief to the appropriate authority. I also must report incidents of abuse of disabled persons disclosed to me by you.

*Abandonment* means desertion of a vulnerable adult by a caregiver.

*Abuse* means the willful, intentional, or reckless nonaccidental, and nontherapeutic infliction of physical pain, injury, or mental distress; or sexual assault.

*Disabled person* means a person who has a physical or mental disability or a physical or mental impairment.

*Exploitation* means unjust or improper use of another person or another person's resources for one's own profit or advantage.

*Neglect* means the intentional failure by a caregiver to provide essential care or services necessary to maintain the physical and mental health of the vulnerable adult.

*Self-neglect* means an act or omission by a vulnerable adult that results, or could result in the deprivation of essential services necessary to maintain minimal mental, emotional, or physical health and safety.

*Vulnerable adult* means a person 18 years of age or older who, because of physical or mental impairment, is unable to meet the person's own needs or to seek help without assistance.

- \* Health Oversight Activities - I may disclose *PHI* to the Alaska Board of Occupational Licensing or to the Department of Community and Economic Development in proceedings conducted by the board or the department where the disclosure of confidential communications is necessary to defend against charges before the board or department.
- \* Judicial and Administrative Proceedings - If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.

- \* Serious Threat to Health or Safety - I may disclose *PHI* where you communicate an immediate threat of serious physical harm to an identifiable victim. If you present an imminent risk of serious harm to yourself, I may disclose information necessary to protect you.
  
- \* **Although I am not required by the law to do so, whenever possible, I will inform you of my intent to and disclosure of your *PHI* in the situations described above even though your consent and/or authorization is not required.**
  
- \* **I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.**
  
- \* **You have the following rights regarding *PHI* that I maintain about you. To exercise any of these rights, please submit your request in writing to me at the address I have listed at the top of this Notice.**

Right to Request Restrictions - You have the right to request restrictions on use and disclosure of *PHI* for treatment, payment, or health care operations. Although I will try to honor your request, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of *PHI* by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)

Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of *PHI* in my mental health and billing records used for as long as the *PHI* is maintained in the record and Psychotherapy Notes. The law allows for your access to be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.

Right to Amend - If you feel that your *PHI* is incorrect or incomplete, you may ask me to amend the information. I will give your request careful consideration, however I am not required to agree to the amendment.

Right to an Accounting of Disclosures - You have the right to request an accounting of certain of the disclosures that I make of your *PHI*. I may charge you a reasonable fee if you request more than one accounting in a 12 -month period.

Right to a Paper Copy - You have the right to a copy of this notice.

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me at the address that I have provided at the top of this Notice. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I will provide you with the appropriate address upon request. I will not retaliate against you for filing a complaint.

This notice will go into effect on April 14, 2003.