



**Municipality of Anchorage,  
Department of Health and Human Services  
NOTICE OF USE OF PRIVATE HEALTHCARE INFORMATION**  
Effective Date: April 14, 2003



**For Your  
Protection**

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

---

**Your  
Healthcare  
Information  
is Private**

We understand that information we collect about you and your health is personal. Keeping your healthcare information private is one of our most important responsibilities. We are committed to protecting your healthcare information and following all laws regarding the use of your healthcare information. You have the right to discuss with the privacy officer your concerns about how your healthcare information is shared.

The law says:

1. We must keep your healthcare information from others who do not need it.
  2. You may ask us not to share certain healthcare information. Sometimes, we may not be able to agree to your request.
- 

**Who sees  
and shares  
my health  
Information?**

Your healthcare givers, such as nurses, doctors, and nutritionists, may see, use and share your healthcare information to determine your plan of care. This use may cover healthcare services you had before now or may have later.

We review your healthcare information and bills (claims) to make sure that you get quality care and that all laws about providing and paying for your healthcare are being followed. We may also use your information to remind you about appointments or to tell you about treatment alternatives.

---

**How is  
payment  
made?**

We may share your healthcare information with health plans, insurance companies, or government programs to help you get your benefits and so that we can be paid or pay for your healthcare services.

---

**May I see my  
Health  
Information?**

In most cases, you may see your healthcare information. There may be legal reasons or safety concerns that may limit the amount of information that you may see.

If you think some of your healthcare information is wrong, you may ask in writing that we correct or add to it. You may ask that the corrected or new information be sent to others who have received your healthcare information from us. You may ask us for a list of where we sent your healthcare information.

---

---

**What if my healthcare information needs to go somewhere else?**

You may ask to have your healthcare information sent to others. You will be asked to sign a separate form, called an authorization form, permitting your healthcare information to go to them.

The authorization form tells us what, where and to whom the information must be sent. You can stop or limit the amount of information sent at any time by letting us know in writing. We may charge a small amount for copying costs.

Note: If you are younger than 18 years old **and, by law, you are able to consent for your own healthcare**, then your healthcare information is kept private from others unless you sign an authorization form.

---

**Could my health information be released without my Authorization?**

We follow laws that tell us when we have to share healthcare information, even if you do not sign an authorization form. We always report:

1. reportable infectious diseases and birth defects;
2. reactions to problems with medicines or defective medical equipment;
3. to the police when required by law;
4. when the court orders us to;
5. to the government to review how our programs are working;
6. to a provider or other insurance company who needs to know if you are enrolled in one of our programs;
7. birth, death and immunization information;
8. to the federal government when they are investigating something important to protect our country, the President and other government workers;
9. abuse, neglect and domestic violence, if related to child protection or vulnerable adults;
10. to Workers Compensation for work related injuries;

We may also share healthcare information for permitted research purposes and serious threats to public health or safety.

---

**May I have a copy of this Notice?**

This notice is yours and you may ask for a copy at any time. If there are important changes to this notice we will get a new copy to you on your next visit.

---

**Questions or Complaints?**

If you have questions or feel your privacy rights have been violated you can contact our Privacy Officer by writing to:  
Dept. of Health & Human Services Privacy Officer  
P.O. Box 196650, Anchorage, AK. 99519

**Your healthcare services will not be affected by any concerns brought to our Privacy Officer.**

---