



AFS Behavioral Health Treatment Center (BHTC)

5851 E. Mayflower Ct. Wasilla, AK 99645

Phone: 907-376-4000 Fax: 907-373-1135

CLIENT RIGHTS & CONFIDENTIALITY

This notice describes how medical and drug and alcohol related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

PRIVACY RIGHTS

- Information regarding your health care, including payment for health care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2. **Under these laws, Alaska Family Services (AFS) may not say to a person outside AFS that you attend the program, nor may AFS disclose any information identifying you as an alcohol or drug user, or disclose any other protected information except as permitted by federal law.**
- Generally, Alaska Family Services must obtain your written consent before it can share information about you for treatment, payment, and healthcare purposes. For example, AFS must obtain your written consent before it can disclose your health information to your insurance company in order to be paid for services.
- **However, federal law permits AFS to disclose information *without* your written permission in the following circumstances:**
 - To report a crime committed on AFS’ premises or against AFS personnel;
 - Physical or sexual abuse or neglect committed against a child or elderly person
 - Pursuant to an agreement with a qualified service organization/ business associate;
 - For research, audit or evaluations;
 - To medical personnel in a medical emergency;
 - As allowed by an authorizing court order.
 - Suicidal or homicidal threats or attempts
 - Internal Communications
- **Before AFS can use or disclose any information about your health in a manner which is not described above, we must first obtain your specific written consent allowing us to make the disclosure; such written consent may be revoked by you in writing at any time.**
 - The following require an individual’s consent:
 - If applicable, most uses and disclosures of psychotherapy notes;
 - Uses and disclosures of protected health information for marketing purposes;
 - Disclosures that are sales of protected health information
 - If AFS intends to contact the individual for fundraising purposes, a notification of this intent and of the individual’s right to opt out of receiving such communication
- **You have the right to:**
 - Request restrictions on certain uses and disclosures of your protected health information.
 - Receive confidential communications of your protected health information. You can request that we communicate with you by alternative means or at an alternative location. AFS will accommodate such requests that are reasonable and will not request an explanation from you.
 - Inspect and/or obtain a copy of your records maintained by AFS, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.
 - Make amendments to your records maintained by AFS, with some exceptions. AFS may deny a client request for amendment if it determines that the information or record:
 - Was not created by an AFS employee
 - Is not part of a designated record set
 - Is accurate and complete
 - Receive an accounting of disclosures of your protected health information made by AFS during the six years prior to your request.
 - Obtain a paper and/or electronic copy of this notice.

You can get more information on and/or begin the process for any of your rights with your primary clinician or by making contact with the AFS BHTC front desk



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- AFS is required by law to maintain the privacy of protected health information, provide clients with notice of its legal duties and privacy practices regarding this information, and notify affected clients if unsecured protected health information is breached. **A violation of Part 2 is a reportable crime and that, under HIPAA, you may complain directly to AFS or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated** without fear of being retaliated against. A grievance form is available upon request at the BHTC front desk. Or you can reach out to the U.S. Department of Health and Human Services Office for Civil Rights (200 Independence Avenue, S.W., Washington D.C. 20201 / 1-877-696-6775 / www.hhs.gov/ocr/privacy/hipaa/complaints/).

SERVICE RIGHTS

You have the right to:

- Right to be provided services that accommodate any visual, auditory, linguistic, and/or motor ability needs.
- Right to be informed about estimated expenses, manner & timing of payments, and consequences of nonpayment prior to service delivery.
- Right to participate in all service decisions.
- Right to be informed of the benefits, risks, side effects, and alternatives to planned services.
- Right to be offered the most appropriate and least restrictive or intrusive service alternative to meet your needs.
- Right to receive services in a manner that is free from harassment or coercion and that protects your right to self-determination.
- Right to refuse any service or treatment, unless mandated by law or court order.
- Right to be informed about the consequences of such refusal, which can include discharge.

AFS is required to abide by the terms of the notice that are currently in effect and reserves the right to change the terms of the notice and implement new notice provisions for all protected health information that it maintains. The new notice will be available upon request at the BHTC office. This notice became effective on: [June 2023]

For more information please contact the AFS BHTC at 907-376-4000

Administrative services can be received M-F from 8:00AM to 4:30PM.

Program services can be received M-F from 8:00AM to 8:00PM.

The AFSBHTC will try to accommodate your scheduling needs, within reason, and pending staff availability.