

Assets, Inc.

Notice of Privacy & Confidentiality Practices

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.

Health information which Assets, Inc. receives and/or creates about you, relating to your past, present, or future health, treatment, or payment for health care services, is "protected health information" under the Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 and 164. The confidentiality of alcohol and drug abuse patient/client records maintained by Assets, Inc. are protected by another Federal law as well, commonly referred to as the Alcohol and Other Drug (AOD) Confidentiality Law, 42 C.F.R. Part 2. Generally, Assets, Inc. may not say to a person outside the organization that you receive services, or disclose any information identifying you as an alcohol or drug abuser, or use or disclose any other protected health information except in limited circumstances as permitted by Federal law. Your health information is further protected by any pertinent state law that is more protective or stringent than either of these two Federal laws.

This notice describes how Assets, Inc. protects personal health information (otherwise referred to as "protected health information") we have about you, and how we may use and disclose this information. This Notice also describes your rights with respect to protected health information and how you can exercise those rights.

Uses and Disclosures that may be made of your Health Information

1. **Internal Communications**

Your protected health information will be used within our organization, which is between and among staff who have a need for the information, and between our organization and the Department of Health and Social Services, in connection with our duty to diagnose, treat, or refer you for substance abuse treatment. This means that your protected health information may be shared between or among personnel for treatment, payment or health care operation purposes. For example: Two or more providers within the organization may consult with each other regarding your best course of treatment. The organization and the Department of Health and Social Services may share your protected health information in a billing effort to receive payment for health care services rendered to you. And/or, your protected health information may be discussed within the organization about your treatment in connection with others in the organization, in an effort to improve the overall quality of care provided by our organization. Your protected health information will not be re-disclosed by organization personnel and/or the Department of Health and Social Services, except as is otherwise permitted herein.

2. **Qualified Service Organizations/Business Associates**

Some or all of your protected health information may be subject to disclosure through contracts for services with qualified service organizations/business associates, outside of Assets, that assist our organization in providing health care. Examples of qualified service organizations/business associates include billing companies, data processing companies, or companies that provide administrative or specialty services. To protect your health information, we require these qualified service organizations/business associates to follow the same standards held by Assets through terms detailed in a written agreement.

3. **Medical Emergencies**

Your health information may be disclosed to medical personnel in a medical emergency, when there is immediate threat to the health, and when immediate medical intervention is required.

4. **To Researchers**

Under certain circumstances, this office may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one treatment to those who received another, for the same condition. All research projects, however, must be approved by an Institutional Review Board, or other privacy review board as permitted within the regulations, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

5. **To Auditors and Evaluators**

Assets, Inc. may disclose protected health information to regulatory agencies, funders, third-party payers, and peer review organizations that monitor alcohol and drug programs and general health care services to ensure that the organization is complying with regulatory mandates and is properly accounting for and disbursing funds received.

6. **Authorizing Court Order**

Assets, Inc. may disclose your protected health information pursuant to an authorizing court order. This is a unique kind of court order in which certain application procedures have been taken to protect your identify, and in which the court makes certain specific determinations as outlined in the Federal regulations and limits the scope of the disclosure.

7. **Crime on Organizations Premises or Against Organizational Personnel**

Assets, Inc. may disclose a limited amount of protected health information to law enforcement officials when a client commits or threatens to commit a crime on the organizations premises or against organizational personnel.

8. **Reporting Suspected Child Abuse and Neglect**

Assets, Inc. may report suspected child abuse and/or neglect to the proper authorities as mandated by state law.

9. **As Required By Law**

Assets, Inc. will disclose protected health information as required by state law in a manner otherwise permitted by federal privacy and confidentiality regulations.

10. **Appointment Reminders**

Assets, Inc. reserves the right to contact you, in a manner permitted by law, with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.

11. **Other Uses and Disclosures of Protected Health Information**

Other uses and disclosures of protected health information not covered by this notice will be made only with your written consent/authorization and/or that of your legal representative. If you and/or your legal representative consent/authorize us to use or disclose protected health information about you, you and/or your legal representative may revoke that consent/authorization, at any time, except to the extent that we have already taken action relying on the consent/authorization.

Your Rights Regarding your Health Information we maintain about you

1. Right to Inspect and Copy

In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you. To inspect and copy your protected health information, you must submit your request in writing to this office. In order to receive a copy of your protected health information, you may be charged a fee for the photocopying, mailing, or other costs associated with your request. In some very limited circumstances we may, as authorized by law, deny your request to inspect and obtain a copy of your protected health information. You will be notified of a denial to any part or parts of your request. Some denials, by law, are reviewable, and you will be notified regarding the procedures for invoking a right to have a denial reviewed. Other denials, however, as set forth in the law, are not reviewable. Each request will be reviewed individually, and a response will be provided to you in accordance with the law.

2. Right to Amend Your Protected Health Information

If you believe that your protected health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your protected health information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to this office. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend protected health information that we believe:

- Is accurate and complete;
- Was not created by us, unless the person or entity that created the protected health information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for us; or
- Is not part of the protected health information which you would be permitted to inspect and/or copy.

If your right to amend is denied, we will notify you of the denial and provide you with instructions on how you may exercise your right to submit a written statement disagreeing with the denial and/or how you may request that your request to amend and a copy of the denial be kept together with the protected health information at issue, and disclosed together with any further disclosure of that protected health information.

3. Right to an Accounting of Disclosures

You have the right to request an accounting or list of the disclosures that we have made of protected health information about you. This list will not include certain disclosures as set forth in the HIPAA regulations, including those made for treatment, payment, or health care operations within our organization and/or between Assets and the Department of Health and Social Services, or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to this office. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate what form you want the list (for example, on paper or electronically, if available). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. Right to Request Restrictions

You have the right to request a restriction or limitation on protected health information we are permitted to use or disclose about you for treatment, payment or health care operations within our organization and/or between our organization and the Department of Health and Social Services. While we will consider your request, **we are not required to agree to it**. If we do agree to it, we will comply with your request, except in emergency situations where your protected health information is

needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required, or those which are legally permitted and which we reasonably believe to be in the best interest of your health.

5. **Right to Request Confidential Communications**

You have the right to request that we communicate with you about protected health information in a certain manner or at a certain location. For example, you can ask that we only contact you at home or by mail. To request confidential communications, you must make your request in writing to this office, and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Our Responsibilities

Our Duties

Assets, Inc. is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy and confidentiality practices. Assets, Inc. is required to abide by the terms of this Notice as may be amended from time to time. Assets, Inc. reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that Assets, Inc. maintains. The current Notice will be available from our organization and posted on our Web Site.

Complaints

You have the right to express complaints to Assets, Inc. and to the Secretary of Health and Human Services in Washington D.C. if you believe that your privacy rights have been violated. Further, you have the right to express complaints to Assets, Inc. and to the United States Attorney for the judicial district in which the violation occurs, if you believe your Substance Abuse records were wrongfully used or disclosed. You may complain to Assets, Inc. by contacting Assets, Inc. in writing, using the contact information below. Assets, Inc. encourages you to express any concerns you may have regarding the privacy and confidentiality of your information. You will not be retaliated against in any way for filing a complaint.

Contact Person

Assets, Inc. contact person for all issues regarding an individual's privacy, confidentiality, and rights under the Federal regulations outlined in this Notice is Assets, Inc. Privacy Official, Anita Wilson. For further explanation of this Notice you may contact Anita Wilson at 907-279-6617. All complaints should be made in writing and sent directly to: Assets, Inc., Attn: Anita Wilson, Privacy Official, at 2330 Nichols Street, Anchorage, AK 99508.

Effective Date

This Notice is effective February 15, 2006.