**Juneau Teen Health Center**

**HIPAA**

**NOTICE OF USE OF PRIVATE HEALTH CARE INFORMATION**

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

**The law says:**

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

We may also use your information to remind you about appointments or to tell you about treatment alternatives.

In most cases, you may see your health care information. There may be legal reasons or safety concerns that may limit the amount of information that you may see. You may ask in writing to receive a copy of your health care information.

If you think some of your health care 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 health care information from us. You may ask us for a list of where we sent your health care information.

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

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

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

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

11. abuse, neglect and domestic violence, if related to child protection or vulnerable adults;

12. serious threats to public health or safety.

This notice is yours. You may ask for a copy at any time. An electronic version of this notice is available at

the Juneau Teen Health Center website.

If you have questions or feel your privacy rights have been violated, you can contact the Juneau Teen Health Center by calling 907-523-1635 and you will be directed to the appropriate agency privacy official.

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