



# Psychological Services Center

UNIVERSITY of ALASKA ANCHORAGE

## **NOTICE OF PRIVACY PRACTICES OF THE PSYCHOLOGICAL SERVICES CENTER**

Psychological Services Center  
University of Alaska Anchorage

3211 Providence Drive | Anchorage, Alaska 99508 Phone: (907) 786-1795 | Fax: (907)-786-1790  
Suite 255 and Suite 218 in the Social Sciences Building

## **FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF MEDICAL AND SUBSTANCE USE DISORDER PATIENT RECORDS**

This notice describes:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH  
YOUR CLINICIAN OR THE PSC HIPAA.

Contact Dr. Ekstrom with any questions at 907-786-1758

## **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record** -You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record** – You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we will tell you why in writing within 60 days.
- **Request confidential communications** – You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share** – You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information** – You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we share it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll

provide one accounting per year for free, but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice** – You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly
- **Choose someone to act for you** – If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has the authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated** - You can complain if you feel we have violated your rights by contacting us using the information on Page 1 you can file a complaint with the US Department of Health and Human Services for civil rights by sending a letter to independence Ave. SW Washington DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/HIPAA/filing-a-complaint/index.html](http://www.hhs.gov/HIPAA/filing-a-complaint/index.html). A patient is not required to report an alleged violation either to the secretary or Part 2 Program but may report to either or both. We will not retaliate against you for filing a complaint.

### **CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situation described below. Talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- **Share information with your family, close friends, or others involved with your care**
- **Share information in a disaster relief situation**
- **Include your information in a hospital directory**
- **Contact you for fundraising efforts – You can tell us not to contact you again**
- **Contact you for quality improvement or feedback**

If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- **Marketing purposes**
- **Sale of your information**
- **Most sharing of psychotherapy notes**

### **OTHER USES AND DISCLOSURES**

How do we typically use or share your health information? We typically use or share your health information in the following ways to treat you:

- **Share it with other professionals who are treating you**
  - **Ex:** A doctor treating you for an injury asks another doctor about your overall health condition
- **Run our organization, improve your care, and contact you when necessary**
  - **Ex:** We use your health information to manage your treatment and services
- **Bill for your services – get payment from health plans or other entities**
  - **Ex:** We give information about you to your health insurance plan so it will pay for your services

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

We can share your information for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- For health research
- To comply with the law (including Department of Health and Human Services)
- In response to organ and tissue donation requests from organ procurement organizations
- For work with a medical examiner, coroner, or funeral director when someone dies
- Address workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- In response to a court or administrative order, or in response to a subpoena

Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

A Part 2 program may use or disclose records to fundraise for the benefit of the Part 2 program only if the patient is first provided a clear and conspicuous opportunity to elect not to receive fundraising communications.

A patient may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

The Psychological Services Center will only use and disclose your protected information as described in this notice, or with your written consent.

You may revoke your consent at any time, except to the extent that the Psychological Services Center has acted in reliance upon.

You may revoke consent by submitting a request in writing to the Clinic Director at 907-786-1758, or you may request reasonable accommodation for an alternative revocation process by contacting the Clinic Director at 907-786-1758.

Unlike standard protected health information, use of specific SUD records for TPO generally require your written consent. Information disclosed under HIPAA may be subject to redisclosure by the recipient and therefore lose its protection.

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Records or testimony relaying the content of SUD treatment recovered from Part 2 programs shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/ or the holder of the record, where required by 42 USC 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling closure before the record is used or disclosed.

### **OUR RESPONSIBILITY**

- **We are required by law to maintain the privacy and security of your protected health information**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information**
- **We must follow the duties and privacy practices described in this notice and give you a copy of it**
- **We are required by law to provide patients with notice of its legal duties and privacy practices with respect to records**
- **We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**
- **The Psychological Services Center reserves the right to change the terms of its notice and to make the new notice provisions effective for records that it maintains. You will be notified by being given a new Notice of Privacy Practices.**

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

We can change the terms of this notice, and the change will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This notice of Privacy Practices applies to the Psychological Services Center, University of Alaska Anchorage.

This notice is effective 5/2/2026

UA is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual: [www.alaska.edu/nondiscrimination](http://www.alaska.edu/nondiscrimination)

For additional information, contact:

Dr. Hannah Ekstrom, Director of the Psychological Services Center