



Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Request to correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief

We would not share your information without your permission:

- As we provide mental health care
- To market our services and sell your information
- To raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law

- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your medical records will be destroyed after seven years of inactivity.

For further information or to request a full copy of the Notice of Privacy Practices, please contact the front desk or visit our website at

www.uaa.alaska.edu/studenthealth

By signing this form, I acknowledge that I have reviewed the UAA Student Health and Counseling Center's Notice of Privacy Practices.

Please type your name and the date in the space provided below.

Attn: HIPAA Compliance Officer/ Privacy Officer
University of Alaska Anchorage
3211 Providence Drive
Anchorage, AK 99508-4614
Phone 907.786.4040
Fax 907.562.0269

Office for Civil Rights
U.S. Department of Health and Human Services
Michael Leoz, Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone 800.368.1019
Fax 202.619.3818

Effective Date of this notice: August 12, 2019