

**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**

---

---

---

f

**Ask us to limit what  
we use or share**

**f**You can ask us **not**

---

---

---

---

## Your 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 situations 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:**

**f a s** Share information with your family, close friends, or others involved in your care

**f a s** Share information in a disaster relief situation

**f a i n** Include your information in a hospital directory

**f a c** Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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:**

**f a t** these cases we 3ce

---

**How else can we use or share your health information?** 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 have to 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).

---

**Help with public health and safety issues**      f a We can share health information about you for certain situations such as:

- f a Preventing disease
- f a Helping with product recalls
- f a Reporting adverse reactions to medications
- f a Reporting suspected abuse, neglect, or domestic violence
- f a Preventing or reducing a serious threat to anyone's health or safety

---

**Do research**      f a We can use or share your information for health research.

---

**Comply with the law**      f We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

---

**Respond to organ and tissue donation requests**      f a We can share health information about you with organ procurement organizations.

---

**Work with a medical examiner or funeral director**      f a We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

---

**Address workers' compensation, law enforcement, and other government requests**      f a We can use or share health information about you:

- f a For workers' compensation claims
- f For law enforcement purposes or with a law enforcement official
- f With health oversight agencies for activities authorized by law
- f For special government functions such as military, national security, and presidential protective services

---

**Respond to lawsuits and legal actions**      f We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- f We are required by law to maintain the privacy and security of your protected health information.
- f We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- f We must follow the duties and privacy practices described in this notice and give you a copy of it.
- f 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.

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).

### Changes to the Terms of This Notice

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

T c c 10/22/2021

**This Notice of Privacy Practices applies to the following organizations.**

This notice applies to the UAA Psychological Services Center.

UA is an AA/EO employer and educational institution and prohib. 2) 1) a) 2) 5) 6) 7) 8) 9) 10) 11) 12) 13) 14) 15) 16) 17) 18) 19) 20) 21) 22) 23) 24) 25) 26) 27) 28) 29) 30) 31) 32) 33) 34) 35) 36) 37) 38) 39) 40) 41) 42) 43) 44) 45) 46) 47) 48) 49) 50) 51) 52) 53) 54) 55) 56) 57) 58) 59) 60) 61) 62) 63) 64) 65) 66) 67) 68) 69) 70) 71) 72) 73) 74) 75) 76) 77) 78) 79) 80) 81) 82) 83) 84) 85) 86) 87) 88) 89) 90) 91) 92) 93) 94) 95) 96) 97) 98) 99) 100)