

# Toiyabe Indian Health Project, Inc.

## NOTICE OF PRIVACY PRACTICES

*Effective Date: **April 14, 2003***  
*Revised: **September 23, 2013***

### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

#### **PLEASE REVIEW IT CAREFULLY**

If you have any questions about this notice, please contact  
**Privacy Officer, (760) 873-8464**

#### WHO WILL FOLLOW THIS NOTICE

This notice describes our facilities practices and that of:

- Any health care professional authorized to enter information into your client health record (medical, dental, child & family services, outreach, behavioral health, and dialysis).
- All departments
- Any member of a volunteer group we allow to help you while you are a client of our facility.
- All employees, staff and other authorized facility personnel.
- All our sites and locations follow the terms of this notice. In addition, these sites and locations may share medical information with each other for Treatment and payment purposes described in this notice.

#### OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the staff and consultants of our facility.

This notice tells you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- make sure that health information that identifies you is kept private (with certain exceptions);
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses, technicians, dentists, psychologist, students or other clinic personnel who are involved in taking care of you at our facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian / nutritionist if you have diabetes so that we can provide you with the proper patient education needs. Different department of our facility also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, x-rays, and referrals for consults or care outside our facility. We also may disclose health information about you to people outside our facilities who may be involved in your health care after you leave our facility, such as family members, visiting nurses or other we use to provide services that are part of your care.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at our facility may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your clinic visit and services you received so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

We may disclose health information about you so that we may pay for treatment and services you received as an eligible individual under our Indian Health Services contract (i.e. Contract Health Services). For example, we may request information about you when we are paying another provider or for services provided to you. We will also give information about eligible individuals to the Indian Health Service as required of our contract with that agency.

- **For Health Care Operations.** We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, students, and other facility personnel for review and learning purposes. We may combine the health information we have with health information for other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also call you by name in the waiting room when the provider is ready to see you. In addition, we may use general demographic data about you when we apply for grant funding.
- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or health care at our facility.

- **Treatment Alternative.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care, such as IHS. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

## SPECIAL SITUATION

- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent that threat.
- **Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation.** We may release health information about your care for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths
  - to report abuse or neglect of children, elders and dependent adults;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose information to health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - **Data Breach Notification Activities.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
  - **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
  - **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
    - In response to a court order, subpoena, warrant, summons or similar process;
    - To identify or locate a suspect, fugitive, material witness, or missing person;
    - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
    - About a death we believe may be the result of criminal conduct;
    - About criminal conduct at the facility; and
    - In emergency circumstance to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
  - **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of the facility to funeral directors as necessary to carry out their duties.
  - **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  - **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
  - **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

- **Individuals Involved in Your Care or Payment for your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organization that seeks your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will not longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.**

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You or your personal representative has the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records, but may not include some behavioral health information.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the receptionist. If you request a copy of the information, ***the first copy will be provided at no charge. The second copy*** we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review. 45 CFR §164.524(a)(3)

- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide

access to your Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting additional information in the form of a written addendum. You have the right to request an amendment for as long as the information is kept by or for the facility.

To request and amendment, your request must be made in writing and submitted to the receptionist. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the health information kept by or for the facility;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosure.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the receptionist. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example you could ask that we not use or disclose information about a Behavioral Health Service you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the receptionist. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your request unless you are asking us to restrict the use and disclosures of your Protected Health information to a health plan for

payment or health care operations purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- **Out-of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the receptionist. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of the most current notice contact: **Privacy Officer.**

#### CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each of our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at one of our facilities for treatment or health care services, we will offer you a copy of the current notice in effect.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our program or with the Director of the Office for Civil Rights, US Department of Health & Human Services, 200 Independence Ave. Room 509F, HHH Bldg., Washington, DC, 20201. To file a complaint with us, contact **Privacy Officer, (760) 873-8464**. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

#### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.