

OWYHEE COMMUNITY HEALTH FACILITY

A Governmental Agency of the Shoshone-Paiute Tribes

Health Insurance Portability and Accountability Act-Privacy Rule
Notice of Privacy Practices – 45 C.F.R. § 164.520
April 14, 2003



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

SUMMARY OF YOUR RIGHTS

I. Understand Your Medical Record/Information.

Each time you visit the Owyhee Community Health Facility (OCHF) for services, a record of your visit is made. If you are referred by the OCHF through the Contract Health Service (CHS) program, the OCHF also keeps a record of your CHS visit. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care. This information is often referred to as your medical record and serves as a:

- Plan for your care and treatment.
- Communication source between health care professionals.
- Tool with which we can check results and continually work to improve the care we provide.
- Means by which Medicare, Medicaid, or private insurance payers can verify the services billed.
- Tool for education of health care professionals.
- Source of information for public health authorities charged with improving health of the people.
- Source of data for medical research, facility planning, and marketing.
- Legal document that describe the care you receive.

Understanding what is in your medical record and how the information is used helps you to:

- Ensure its accuracy.
- Better understand why others may review your health information.

- Make an informed decision when authorizing disclosures.

II. Your Medical Record/Information Rights.

Although your medical record is the physical property of the OCHF, the information belongs to you. You have the right to:

- Inspect and receive an electronic or paper copy of your medical record.
- Request a restriction on certain uses and disclosures of your health information. For example, you may ask that we not disclose your health information and/or treatment to a family member. The OCHF is not required to agree to your request, but if we do, we will comply with your request unless the information is needed to provide you with emergency services. 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 with your health insurer. We will comply unless a law requires us to share that information.
- Request a correction/amendment to your medical record if you believe the health information we have about you is incorrect or incomplete, we may amend your record or include your statement of disagreement.
- Request confidential communications about your health information. You may ask that we communicate with you at a location other than your home or by a different means of communications such as telephone or mail.

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Summary of Your Rights continued

- Receive a listing of certain disclosures the OCHF has made of your health information upon request. This information is maintained for 6 years or the life of the record, whichever is longer.
- Choose a legal guardian or give someone medical power of attorney, in which that person can act on your behalf and make choices about your health information. We will make sure the person has this authority before we take any action.
- Revoke your written authorization to use or disclose health information. This does not apply to health information already disclosed or used where OCHF have taken action in reliance on your authorization or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy or the policy itself.
- Obtain a paper copy of the OCHF Notice of Privacy Practices upon request.
- Obtain a paper copy of the OCHF Medical and Billing records upon request.

Owyhee Community Health Facility Responsibilities

III. The OCHF is required by law to:

- Maintain the privacy of your health information.
- Notify you following a breach of unsecured protected health information.
- Inform you about our privacy practices regarding health information we collect and maintain about you.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Honor the terms of this Notice or any subsequent revisions of this Notice.

The OCHF reserves the right to change its privacy practices and to make the new provisions effective for all protected health information (PHI) it maintains. The OCHF will post any revised Notice of Privacy Practices at public places and within its health care facility.

The OCHF understand that health information about you is personal and is committed to protecting your health information. The OCHF will not use or disclose your health information without your permission, except as described in this notice and as permitted by the Privacy Act and the OCHF Medical, Health and Billing records.

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Uses and Disclosures of Health Information

IV. How OCHF May Use and Disclose Health Information About You.

The following categories describe how we may use and disclose health information about you.

We Will Use and Disclose Your Health Information without your authorization to Provide Your Treatment: For example:

- We may use your medical information to treat you, and may disclose medical information to members of your healthcare team for treatment. These treatment activities include coordination of your care with other providers.
- If the OCHF refers you to another health care facility under the CHS program, the OCHF may disclose your health information to that health care provider for treatment decisions.
- If you are transferred to another facility for further care and treatment, the OCHF may disclose information to that facility to enable them to know the extent of the treatment you have received and other information about your condition. For psychotherapy notes and substance abuse treatment records, the OCHF will never share your records without your written authorization.
- Your health care provider(s) may give copies of your health information to others (health care professionals, personal representative, etc.) to assist in your treatment.

We will Use and Disclose Your Health Information without your authorization for Payment Purposes. For example:

- To obtain or provide reimbursement for health care we provide to you, including submitting claims to health plans, other insurers or others. The information accompanying the bill will include information that identifies you, your diagnosis, procedures, and supplies used for your treatment.
- If the OCHF refers you to another health care provider under the CHS program, the OCHF may use your health information for health care reimbursement and or payment purposes.

We Will Use and Disclose Your Health Information without your authorization for Health Care Operations. For example:

- We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide. This includes health care services provided under the CHS program.
- We may use and disclose your medical information to a health plan or another health care provider who is subject to federal privacy protection laws, as long as the provider or plan has or had a relationship with you and the medical information is for the provider's or plan's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Business Associates. The OCHF provides some healthcare services and related function through the use of contracts with business associates. For example, the OCHF may have contracts for outsourcing medical

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Uses and Disclosures continued

coding. When these services are contracted, the OCHF may disclose your health information without your authorization to business associates so that they can perform their jobs. We require our business associates to protect and safeguard your health information in accordance with all applicable Federal laws.

Directory. The OCHF do not create or maintain a patient directory.

Notification. The OCHF may use or disclose your health information without your authorization to notify or assist in the notification of a family member; personal representative or other authorized person(s) responsible for your care in emergency circumstances, unless you notify us that you object.

Communication with family. OCHF health providers may use or disclose your health information to others responsible for your care unless you object. For example, the OCHF may provide your family members, other relatives, close personal friends, or any other person you identify, with health information that is relevant to that person's involvement with your care or payment for such care.

Adults and Emancipated Minors with Personal Representatives or Legal Guardians. OCHF shall treat a personal representative or legal guardian of any such individual who has been declared incompetent due to physical or mental incapacity by a court of competent jurisdiction for the purposes of the use and disclosure of PHI as it relates to such personal representation.

Interpreters. In order to provide you proper care and services, the OCHF may use the services of an interpreter. This may require the use or disclosure without your permission of your personal health information to the interpreter.

Research. The OCHF may use or disclose your health information without your authorization if certain

conditions are met for research purposes that has been approved by an OCHF Institutional Review Board (IRB) and that has reviewed the research proposal and established protocols to ensure the privacy of your health information. The OCHF may also use or disclose your health information for research purposes based on your written authorization.

Uses and Disclosures about Decedents. The OCHF may use or disclose health information without individuals' authorization about decedents to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. The OCHF may disclose health information without permission to funeral directors consistent with applicable law as necessary to carry out their duties. In addition, the OCHF may disclose protected health information about decedents where required under the Freedom of Information Act or otherwise required by law.

Unless the deceased person objected prior to their death, the OCHF will use and disclose of information without authorization about the deceased person to family members and others involved in the deceased person's care.

Food and Drug Administration. The OCHF may use or disclose your health information without your authorization to the Food and Drug Administration (FDA) in connection with a FDA-regulated product or activity. For example, we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects, or problems, and information needed to track FDA-regulated products or to conduct product recalls repairs, replacements, or look backs (including locating people who have received products that have been recalled or withdrawn), or post marketing surveillance.

Workers Compensation. The OCHF may use or disclose your health information without your authorization for workers compensation purposes as authorized or required by law.

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Uses and Disclosures continued

Public Health. The OCHF may use or disclose your health information without your authorization to public

health or other appropriate government authorities as follows:

1. The OCHF may use or disclose your health information to government authorities that are authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions;
2. To government authorities that are authorized by law to receive reports of child abuse or neglect, and
3. To government authorities that are authorized by law to receive reports of other abuse, neglect, or domestic violence as required by law, or as authorized by law if the OCHF believes it is necessary to prevent serious harm.
4. Where authorized by law, we may disclose your health information to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
5. In some situations (for example, if you are employed by OCHF or another component of the Department of Health and Human Services (HHS), or if necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public), the OCHF may disclose to your employer health information concerning a work-related illness or injury or a workplace-related medical surveillance.

Correctional Institution. If you are an inmate of a correctional institution the OCHF may use or disclose without your authorization to the institution health information necessary for your health and the health and safety of other individuals such as officers or employees or other inmates.

Law Enforcement. The OCHF may use or disclose your health information for law enforcement activities as authorized by law or in response to a court of competent jurisdiction.

Health Oversight Authorities. The OCHF may use or disclose your health information without your authorization to health oversight agencies for activities authorized by law. These oversight activities may include: Investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights laws for which health information is necessary to determine compliance. The OCHF is required by law to disclose protected health information to the Secretary, HHS, to investigate or determine compliance with the HIPAA privacy standards.

Members of the Military. If you are a member of the military services, the OCHF may use or disclose your health information without your authorization if necessary to the appropriate military command authorities as authorized by law.

Compelling Circumstances. The OCHF may use or disclose your health information without your authorization in certain other situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances:

1. The OCHF may disclose limited protected health information where requested by a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
2. If you are believed to be a victim of a crime, a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests.

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Uses and Disclosures continued

3. The OCHF may use or disclose protected health information in the course of judiciary and administrative proceedings if required or authorized by law;
4. The OCHF may use or disclose protected health information to report a crime committed on OCHF premises or when the OCHF is providing emergency health care;
5. The OCHF may use or disclosure PHI during a disaster and for disaster relief purposes; and
6. The OCHF may make any other disclosures that are required by law.

Non Violation of this Notice. The OCHF is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (business associates) disclose protected health information under the following circumstances:

1. **Disclosures by Whistleblowers.** If an OCHF employee or contractor (business associate) in good faith believes that the OCHF has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by the OCHF has the potential of endangering one or more patients or members of the workplace or the public and discloses such information to:
 - a. A Public Health Authority or Health Oversight Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the OCHF; or
 - b. An attorney on behalf of the workforce member, or contractor (business associate) or hired by the workforce member or contractor (business associate) for the purpose of

determining their legal options regarding the suspected violation.

2. **Disclosures by Workforce Member Crime Victims.** Under certain circumstances, an OCHF workforce member (either an employee or contractor) who is a victim of a crime on or off the OCHF's premises may disclose information about the suspect to law enforcement official provided that:
 - a. The information disclosed is about the suspect who committed the criminal act.
 - b. The information disclosed is limited to identifying and locating the suspect.

Any other uses and disclosures will be made only with your written authorization, which you may later revoke in writing at any time. (Such revocation would not apply where the health information already has been disclosed or used or in circumstances where the OCHF has taken action in reliance on your authorization or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy or the policy itself.)

To exercise your rights under this Notice, to ask for more information, or to report a problem contact the Tribal Health Administrator or the OCHF Privacy Official at:

Owyhee Community Health Facility
1623 Hospital Loop
PO Box 130
Owyhee, NV 89832
Ph: (775)757-2415
Fax: (775)757-2066

If you believe your privacy rights have been violated, you may file a written complaint with the above individual(s) or the Secretary, U.S. Department of Health and Human Services, Washington, D.C. 20201. There will be no retaliation for filing a complaint.