



Empowering Native Wellness

Indian Health Council  
50100 Golsh Rd  
Valley Center CA 92082  
760-749-1410

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. *EFFECTIVE 10/6/2011*

# NOTICE OF PRIVACY PRACTICES

## **OUR RESPONSIBILITIES**

We have a duty and responsibility to safeguard your health information. We are required by law to maintain the privacy of your health information and to give you this notice of our duties and our privacy practices. We must follow the terms of our notice that are currently in effect.

## **OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

We understand that information about you (or your child) and your health is personal. We are committed to protecting the privacy of this information. Each time you visit Indian Health Council a record of the care and services you receive is created. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your (or your child's) care generated by Indian Health Council, whether made by health care personnel or your physician. References in this notice to "we", "us" or "our health care organizations" refer to both clinics at Rincon and Santa Ysabel. This notice will tell you about the ways in which we may use and disclose health information about you or your child. We also describe your rights and our duties regarding the use and disclosure of health information.

## **Changes to This Notice**

We reserve the right to change the terms of this notice and to make the revised terms effective for health information we already have about you as well as any information we receive in the future.

A copy of the current notice will be posted at Indian Health Council, and on our Web site. This notice will also be available at the registration area of Indian Health Council.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Indian Health Council. Your care and treatment will not be affected and you will not be penalized for filing a complaint. You also have the right to complain to the Secretary of the United States Department of Health and Human Services.

## **Filing a Grievance**

If you want to file a grievance with this facility, you may do so in writing or calling the administration office at:

Indian Health Council Clinic  
50100 Golsh Road  
Valley Center, CA 92082  
Tel: 760-749-1410 (Patient Comment Line: Option 9)



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

The following categories describe different ways that the law permits us to use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and give at least one example of how we use or disclose your health information. Not every use or disclosure will be listed. However, all ways that we are permitted to use and disclose your health information will fall within one of the categories.

### **Treatment**

We may use and disclose health information about you to provide medical treatment and services. For example, we may disclose health information about you to doctors, nurses, technicians, students, residents, other healthcare providers, hospitals or home health agencies so they can provide care to you or coordinate your continuing care.

### **Payment**

We may use and disclose health information about you so treatment and services you receive at or from our health care organizations may be billed and payment collected. For example, we may need to give your health information about the surgery you received at the Hospital so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

### **Health Care Operations**

We use and disclose information to run our health care organizations and to make sure all of our patients receive quality care and comprehensive services. For example, we may use and disclose health information for quality assurance activities such as post-discharge telephone calls to follow-up on your health status; granting medical staff privileges to physicians; administrative activities, including financial and business planning and development; patient service activities, including investigation of complaints; health education; and providing you with information about new or enhanced opportunities for care and service.

### **Business Associates**

Some of the services or activities in our organizations are provided through contracts with business associates. For example, we may contract with accreditation agencies, management consultants, quality assurance reviewers, billing and collection services, and accountants to provide services on our behalf. We may disclose your health information to our business associates so they can perform the service on our behalf. We require our business associates to sign a written agreement to protect your health information.

### **Appointment Reminders**

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at our health care organizations.

### **Treatment Alternatives**

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 Products or Services**

We may use and disclose health information to tell you about our health-related products or services that may be of interest to you.

### **Individuals Involved in Your Care or Payment for Your Care**

Unless you specifically tell us in advance not to do so, we may disclose health information about you to a friend or family member who is involved in your care or who helps pay for your care or tell your family or friends your condition and that you are in the hospital. In addition, we may disclose health information about you to organizations assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

### **Fundraising**

We may use health information about you to contact you to raise money for our health care organization and their activities. The Indian Health Council may disclose health information to a related foundation or a business associate so that the foundation or business associate may contact you. If we do so, we will only release your name, address, telephone number and the dates you received services at the Indian Health Council. If you receive a fundraising notice from us, you will be told how you can stop any future fundraising notices.

### **Research**

Under certain circumstances, we may use and disclose health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project with special consideration of the protection of individual health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. Occasionally, we may disclose health information about you to people preparing to conduct a research project. For example, we may provide the researcher with information to help identify what types of patient problems might be appropriate to study as long as the health information does not leave our facility or offices and the researcher agrees to protect the health information.

### **As required by law**

We will disclose health information about you when required by federal, state or local laws.

### **SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR WRITTEN AUTHORIZATION**

There are some special situations where we may use or disclose your protected health information without your permission or without giving you a chance to agree or object, such as the following:

#### **Organ and Tissue Donation**

We may release health information to organizations that handle organ procurement or organ donation bank as necessary to arrange organ, eye or tissue donation and transplantation. This release of information is not a commitment by you to donate organs, eyes or tissues.



### **Military Personnel**

If you are a member of the United States or foreign armed forces, we may release health information about you as required by military command or government authorities.

### **Worker's Compensation**

We may release health information about you for worker's compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.

### **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 be to someone able to help prevent harm to the health or safety of you, another person, or the public.

### **Health Oversight Activities**

We may disclose health information to a health oversight agency for activities authorized or required by law. For example, these oversight activities may include 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 and other laws.

### **Public Health Activities**

We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications, problems with products or other adverse events.
- 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 (including child abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a legal dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the legal dispute. We would only disclose this information if efforts have been made to tell you about the request (which may include written notice to you) to allow you to obtain an order protecting the information requested or if we receive a court order protecting the information.



## **Law Enforcement**

We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- As required by law to report certain types of injuries;
- In response to a court order or court-ordered warrant, subpoena or summons or similar process;
- To provide certain limited information to identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of a criminal conduct;
- About criminal conduct at our facility; and
- In a medical emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who may have committed the crime.

## **Coroners, Medical Examiners and Funeral Home Directors**

We may disclose health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death of a person, or other duties as required by law. We may also release health information about patients at our facility to funeral home directors as necessary to carry out their duties.

## **National Security and Intelligence Activities**

We may disclose 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 that they may provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations.

## **Inmates**

If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may disclose health information about you to the correctional facility or law enforcement official. We would only do so if the health information is necessary for: providing you with health care; your health and safety or the health and safety of others; or safety and security of the correctional institution.

## **WITH YOUR SPECIFIC WRITTEN AUTHORIZATION**

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will only be made with your written permission or authorization. If you provide us with permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your health information for the purposes covered by your written permission, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to keep our records of the care that we provided to you.



In most cases, federal or state law requires written authorization by you or your personal representative for disclosures of Drug and Alcohol Abuse Treatment; HIV and AIDS Test Results; or Mental Health Treatment.

## **YOUR HEALTH PRIVACY RIGHTS**

You have the right to:

1. Request a restriction on certain uses and disclosures of your information. 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 health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery 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 with emergency treatment. To request a restriction, you must make a request in writing to the Hospital Privacy Officer or contact person of Indian Health Council. In the request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use or disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to a grandparent.
2. Obtain a paper copy of this Notice of Privacy Practices upon request. You have a 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 agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our Web site. To obtain a paper copy of this notice, contact Indian Health Council.
3. Inspect and request a copy of your health record for a fee. You have 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 and may also include some mental health information. To inspect and copy your health information, you must submit your request in writing to the Health Information contact person of Indian Health Council. If you request a copy of your health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request under certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Indian Health Council will review your request and denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of that review.
4. Request an amendment to your health record if you feel the information is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by Indian Health Council. To request an amendment, your request must be made in writing and submitted to the Health Information contact at the Indian Health Council, the record you want to amend and you must provide a reason that supports your request. We may deny your request 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: (1) not created by Indian Health Council, unless you provide us with information that the person or entity who created the information is no longer available to make the amendment; (2) not part of the information kept by or for our facility; (3) not part of the information which you would be permitted to inspect and copy; (4) or is accurate and complete. If we deny your request for amendment, you have the right to submit a written statement of disagreement with respect to any item or statement in your record that you believe is incomplete or incorrect. We will include your written statement of disagreement or a summary of this information with any subsequent disclosure of your health information. If you clearly indicate in writing that you want your request for amendment and our response to be part of your health information, we will include this information or a summary of this information with any subsequent disclosure of your health information.



5. Obtain an accounting of disclosures of your health information. You have the right to request a list of the disclosures we made of health information about you other than for treatment, payment or health care operations or as authorized by you and by other legal requirements. To request this list or accounting of disclosures, you must submit your request in writing to the Health Information contact at Indian Health Council. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list requested within a 12-month period is free. For additional lists within a 12-month period, we may charge you for the costs of providing the list. We will notify you in advance of the cost and provide you with an opportunity to withdraw or change your request.
6. Request confidential communication of your health information by alternative means. You have the right to request that we communicate with you about medical 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 Indian Health Council. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Minors and Personal Representatives**

In most situations, parents, guardians and/or others with legal responsibilities for minors (children under 18 years of age) may exercise the rights described in this Notice on behalf of the minor. However, there are situations in which minors independently may exercise the rights described in this Notice. Upon request, we will provide you with additional information on the minor’s rights under state law.

<b>IMPORTANT CONTACT INFORMATION:</b>	
<b>Contact Reason</b>	<b>Contact Person or Department</b>
<ul style="list-style-type: none"> <li>• Request to Access, Inspect and Obtain copy of Health and/or Billing Record</li> <li>• Requests to Amend your Health and/or Billing Record</li> <li>• Requests for an Accounting of Disclosures</li> </ul>	Indian Health Council, Inc. 50100 Golsh Road Valley Center, CA 92082 Ph: (760) 749-1410  Privacy Officer: Ext 5351
<ul style="list-style-type: none"> <li>• Request for Restrictions</li> <li>• Requests for Alternate Means of Communication</li> </ul>	Make request directly to your healthcare provider.
<ul style="list-style-type: none"> <li>• Complaints (in writing)</li> </ul>	Indian Health Council, Inc. 50100 Golsh Road Valley Center, CA 92082 Ph: (760) 749-1410  Compliance Officer: Ext. 5228  Privacy Officer: Ext. 5351  Security Officer: Ext. 5226
<b>Privacy Complaint Line</b>	Compliance Officer: Ext. 5228  Ph: (760) 749-1410, Option 9