



Indian Health Council

Empowering Native Wellness

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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. Not all uses and disclosures will be listed. Please review it carefully.

Effective January 1, 2017.

Your Rights

You have the right to:

- Obtain a copy of your medical and billing records
- Request to amend information you believe is incorrect or incomplete
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Request a copy of this privacy notice
- Designate a representative
- File a complaint if you believe your privacy rights have been violated

➤ See page 2 for more information on these rights and how to exercise them

Your Choices

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

- With individuals involved in your care or payment for your care
- Provide mental and substance abuse care
- Marketing activities
- Fundraising
- Health Information Exchange ("HIE")

➤ See page 3 for more information on these choices and how to exercise them

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

➤ See pages 3 and 4 for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you. To exercise any of your rights please use the contact information located at the end of this notice.

Request to see and obtain a copy of your health and billing records.

- You have the right of access to inspect and obtain a copy of information in your health and billing record.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.

Mental health and substance abuse records

- If request mental health or substance abuse records we may lawfully choose to provide you with a summary report in lieu of permitting inspections or providing copies of the record.

Ask us to amend your medical record

- You have the right to request an amendment to your health record if you feel that information is incorrect or incomplete. To request an amendment please submit your request in writing with the reason(s) that support your request.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You do not need to provide an explanation.
- We will say “yes” to all reasonable requests.

Ask us to limit the information we use or share about you

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- 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 or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Request a list of those with whom we’ve shared your information with

- You can ask for a list (called an accounting of disclosures) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures required by law to list.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly. A copy of this notice will be available at all of our front desks, registration area and on our website at: www.indianhealth.com

Designate a personal representative

- A personal representative is a person that you grant authority to have access to your health information. This can be a power of attorney or court order for legal guardian. If you do not have either please ask us for our form entitled “Designation of Personal Representative. You can have as many representatives as you wish.
- Please make sure to tell your provider and provide us with a copy so we can lawfully honor your wish.

File a complaint if you feel your rights are violated

- If you feel that your privacy rights have been violated you may file a complaint in person, by telephone or by writing to our Compliance Privacy Officer.
You also have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at:
www.hhs.gov/ocr/privacy/hipaa/complaints.com or by mail at:
200 Independence Ave. S.W. Washington, D.C. 20201 or by,
Phone: 1-877-696-6775
- Your care and treatment will not be affected.

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:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

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:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Health Information Exchanges

- We may share your health information electronically with other organizations where you receive healthcare. Sharing information electronically is a faster way to get your information to the providers treating you
- You can always choose not to (“opt out”) share your information. Ask your provider for details.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks your IHC Provider about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Business Associates

- We can use your information when we contact with a third party (“Business Associate”)

Example: We contract with another company to perform health care operations for us such as billing.

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 visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Prevent or control disease, injury or disability
 - 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 report births and deaths
 - To notify people of recalls of products they are using
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you when required by law.

Organ and tissue donation requests

- If you are a donor, we can share health information about you with organ procurement organizations.

Coroners, medical examiner or funeral director

- We can share health information with a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or as required by law, or funeral director when an individual dies.
- We may also share health information with a funeral director as necessary to carry out their duties.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Minor Rights

Minors have rights too.

This section explains your rights and some of our responsibilities to help you. To exercise any of your rights please use the contact information located at the end of this notice.

Disclosures to parents as personal representatives of minors

- In most cases we may share your minor (children 18 years of age or younger) child’s information with you. In some situations, however, we are permitted or required by law to deny you access to your child’s health information.
- We must deny such access when a minor who is 12 years of age or older seeks care for: sexual activity, pregnancy, HIV, and other sexually transmitted diseases (STD’s), substance abuse and mental health.

Our Responsibilities

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

Contact Information

Contact reason:

- Request to access, inspect and obtain a copy of your health and/or billing record
- Request to amend your health record
- Request for an accounting of disclosures
- Request for restrictions
- Privacy Act questions or comments

- Privacy complaints (mail or telephone)

- Request for alternative means of communication

Contact:

Compliance Privacy Officer
Indian Health Council
50100 Golsh Road
Valley Center, CA 92082
Ph: (760) 749-1410 ext. 5236

(760) 749-1410, Option 9

Please speak to your health care provider

Changes to the Terms of this Notice

- We can change the terms of this notice at any time and the changes will apply to all information we have about you.
- We will always inform you of these changes and provide you with a copy. We will also post copies of the changed notice throughout our clinics and on our website at: www.indianhealth.com.