



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.

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.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information. We may charge a reasonable, cost-based fee.
- Requests must be submitted in writing. Ask staff for a form by contacting us using the contact information provided at the end of this Notice.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing.
- Requests must be submitted in writing. Ask staff for a form by contacting us using the contact information provided at the end of this Notice.

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.
- We will agree to all reasonable requests.
- Requests must be submitted in writing. Ask staff for a form by contacting us using the contact information provided at the end of this Notice.

Ask us to limit what we use or share

- 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, unless you pay for a service or health care service out-of-pocket in full and you ask us not to share that information with your health plan for the purpose of payment or health care operations.
 - Requests must be submitted in writing. Ask staff for a form by contacting us using the contact information provided at the end of this Notice.
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Your Rights continued

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we have shared your health information for the six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.
- Requests must be submitted in writing. Ask staff for a form by contacting us using the contact information provided at the end of this Notice.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a copy of the paper promptly.
- Requests must be submitted in writing. Ask staff for a form by contacting us using the contact information provided at the end of this Notice.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting using the contact information provided at the end of this Notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

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.



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, let us know. 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 your information with your family, close friends, or others involved in your care or someone who helps pay for your care.
- Share information in a disaster relief situation.
- Contact you for fundraising efforts.

For example, we may assume you agree to our sharing of your information with your spouse when you bring your spouse with you into the exam room or while treatment is discussed. 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.
- Other uses and disclosures not disclosed in this notice.

Our Uses and Disclosures

How do we typically use or share your information? We typically use or share your health information in the following ways. Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke your written authorization by contacting us using the contact information provided at the end of this Notice. Note that information disclosed as provided in this Notice has the potential to be re-disclosed and such information once re-disclosed may no longer be protected by federal or state privacy and security laws.

Treat you	<ul style="list-style-type: none">• We can use your health information and share it with other professionals who are treating you.	<i>Example: A provider treating you for an injury asks another provider about your overall health condition.</i>
Run our organization (i.e., our health care operations)	<ul style="list-style-type: none">• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	<i>Example: We use health information about you to manage your treatment and services.</i>



Bill for your services	<ul style="list-style-type: none"> We can use and share your health information to bill and get payment from health plans or other entities. 	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>
Business associates	<ul style="list-style-type: none"> We may contract with business associates (BAs) to perform certain functions or activities on our behalf. These BAs must agree to protect your health information. 	<i>Example: Legal, billing, transcription, consulting, EMR hosting activities.</i>
Appointment reminders	<ul style="list-style-type: none"> Your information allows us to contact you about appointments for treatment or other health care you may need 	<i>Example: To contact you as a reminder that you have an appointment or communicate a change.</i>
Give treatment alternatives & services	<ul style="list-style-type: none"> In some instances, the law permits us to contact you. 	<i>Example: To describe our services; for your treatment; for case management and care coordination; to recommend available treatment options.</i>
Health Information Exchanges	<ul style="list-style-type: none"> We participate in multiple internet-based health information exchanges ("HIEs"). The intention behind sharing health information with an HIE is to provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions. You may choose to opt out of participation in an HIE by signing an opt out form. Ask staff for a form by contacting us using the contact information provided at the end of this Notice. 	<i>Example: OCHIN Care Collaborative, EPIC Care Everywhere.</i>
Specific Types of PHI	<ul style="list-style-type: none"> There are stricter requirements for use and sharing of some types of health information. However, there are still situations in which these types of information may be used or shared without your authorization. If you are a client in one of our 42 C.F.R. Part 2 substance use treatment programs, please see "Notice to Patients of Federal Confidentiality Requirements under 42 C.F.R. Part 2" for more information. 	<i>Example: Substance Use Disorder information, mental health, and HIV or genetic testing information.</i>



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- If you are a client in a Part 2 substance use treatment program, we will not disclose your information without your authorization unless otherwise permitted under the law.

Reproductive Health Care

- We are prohibited from using or disclosing your protected health information for the following purposes:
 - To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
 - To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
 - To identify any person for any purpose described in the bullets directly above.

Example: We are prohibited from disclosing your information to law enforcement in connection with their investigation into whether you sought reproductive health care from us.

Attestations

- We are prohibited from using or disclosing your protected health information related to reproductive health care for health oversight activities, judicial and administrative proceedings, law enforcement purposes, and coroners and medical examiners without obtaining a valid attestation from the person requesting the information.

Example: We are prohibited from disclosing your protected health information related to reproductive health care to a health oversight organization without first obtaining a valid attestation from the organization.

How else can we use or share your 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 must meet many legal conditions before we can share your information for these purposes. For more information see:

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:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence



	<ul style="list-style-type: none"> Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none"> We can use or share your de-identified information for health research.
Comply with the law	<ul style="list-style-type: none"> 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 are complying with federal privacy law.
Law enforcement	<ul style="list-style-type: none"> We may share health information with authorized officials for law enforcement purposes (e.g., to respond to a search warrant, report a crime on our premises or against our staff, or help identify or locate someone).
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> We can share information about you: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> We can share health information about you in a response to a court or administrative order, or in response to a subpoena.

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 of unsecured protected health information 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

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 website.



Effective Date of Notice: 11/5/2024

This Notice of Privacy Practices applies to Indian Health Council, Inc.

Indian Health Council, Inc. is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Indian Health Council, Inc., OCHIN supplies information technology and related services to Indian Health Council, Inc. and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Indian Health Council, Inc. with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive. Personal health information may include past, present, and future medical information and information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended. You have the

right to change your mind and withdraw this consent; however, the information may have already been provided as allowed by you. This consent will remain in effect until it is revoked by you in writing. If requested, you will be provided with a list of entities to which your information has been disclosed.

Contact Us

You can contact us to exercise your rights, ask questions, or learn more about our privacy practices by:

- Calling to us at (760) 749-1410
- Writing to us at

Indian Health Council, Inc
50100 Golsh Rd
Valley Center, CA 92082
www.indianhealth.com

