

**This notice describes how 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 the Indian Health Council Privacy Officer at 1.760-749-1410

This notice describes Indian Health Council's practices and that of:

- Any health care professional authorized to enter information into your health record.
- All departments and units of the clinic.
- Any member of a volunteer group we allow to help you while you are in our care.
- All employees, staff and other clinic personnel.
- Indian Health Council Rincon
- Indian Health Council Santa Ysabel
- Affiliated Physicians

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice. The providers participating in this notice (referred to as "we") understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive during your visit with us. 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 any of the Indian Health Council sites or affiliated entities listed on this notice, whether made by Indian Health Council personnel or your personal doctor.

Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. This notice tells you about the ways we may use and disclose your medical information. This notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to make sure that medical information that identifies you is kept private (with certain exceptions), to notify you of our legal duties and privacy practices with respect to medical information about you, to notify you if a breach of your medical information occurs, and to follow the terms of the notice of privacy practices currently in effect.

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

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.

**DISCLOSURE AT YOUR REQUEST**

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

**For Treatment** - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, pharmacists, health care students, or other Indian Health Council personnel and workforce members who are involved in providing for your well-being during your visit with us. 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. Additionally, the doctor may need to tell the dietitian if you have diabetes so we can arrange for appropriate meals. Different departments within Indian Health Council also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside of Indian Health Council who may be involved in your medical care after you leave us, such as skilled nursing facilities, home health agencies, and physicians or other practitioners, including, without limitation, your primary care provider, so they can provide care or coordinate continuing care.

**For Payment** - We may use and disclose your medical information so that the treatment and services you receive at our facilities or from us may be billed and payment collected from you, an insurance company, a third party or a collection agency. For example, we may need to give information about the visit you received at the clinic to your health plan so it will pay us or reimburse you for the visit. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the clinic who are involved in your care, to assist them in obtaining payment for services they provide to you.

**For Health Care Operations** - We may use and disclose medical information about you for health care and business operations, a variety of activities necessary to run our health care facilities and ensure all of our patients receive quality care. For example, we may use medical information to review the quality and safety of our treatment and services, to evaluate the performance of our staff in caring for you, or for business planning, management and administrative services. We may also use and disclose your medical information to an outside company that performs services for us such as accreditation, legal, computer or auditing services. These outside companies are called business associates and are required by law to keep your medical information confidential. We may also disclose information to doctors, nurses, technicians, medical students, and other clinic personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Marketing and Sale** - Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

**To Individuals Involved in your Care or Payment for your Care** - We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so your family can be notified about your condition, status, and location. If you arrive at the emergency department either

unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney.)

**As Required by Law** - We will disclose medical 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 medical 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 the threat.

**Psychotherapy Notes** - Most uses and disclosures of psychotherapy notes require your authorization.

**Military and Veterans** - If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** - We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Activities** - We may disclose medical 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 regarding the 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;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

**Health Oversight Activities** - We may disclose medical information to a 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.

**Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.

We may also disclose medical 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 allow you to obtain an order protecting the information requested.

**Law Enforcement** - We may release medical 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 our facility(ies); and
- In emergency circumstances 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 medical 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 medical information about patients of the clinic to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** – We may release medical 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 medical information about you to authorized federal officials so they may conduct investigations or provide protection to the President, other authorized persons or foreign heads of state.

**Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official as authorized or required by law. This disclosure 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.

**Special Categories of Information** - In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of

information — e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse.

**Health Information Exchange (HIE)** - We may share your health information electronically with other organizations where you receive health care. Sharing information electronically is a faster way to get your health information to the health care providers treating you. HIE participants are required to meet rules that protect the privacy and security of your health and personal information.

**Secure Patient Portal** - We have established a web-based system, called a Patient Portal, which allows us to securely communicate and transfer health care information to you. With your written consent, you will receive a user ID and password to access the Patient Portal. If your user ID or password to your Patient Portal is obtained by another person, your medical information is subject to improper disclosure. Please notify us immediately if you feel your Patient Portal is being improperly accessed.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION WE MAINTAIN ABOUT YOU**

You have rights regarding the medical information we maintain about you. To exercise your rights regarding medical information we maintain about you, you must submit a written request to Indian Health Council, Privacy Officer, P.O. Box 406 Pauma Valley CA, 92061.

### **RIGHT TO INSPECT AND COPY**

You have the right to inspect and/or obtain a copy of your medical information, including lab test results. You can ask for an electronic or paper copy of your medical information. We may deny your request to inspect and obtain a copy in very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

### **RIGHT TO AMEND**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Indian Health Council. Your request must be made in writing, and you must provide a reason that supports your request. We may deny your request as authorized by law. Even if we deny your request for amendment, you have the right to submit a statement of disagreement.

### **RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, and with other exceptions pursuant to law. Your request must state a time period which may not be longer than six years and may not include dates before July 18, 2003. 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.

## **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations; for use in a facility directory; or to family members and others involved in your care.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full.

## **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

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 upon request. 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.

**Changes to this Notice:** We reserve the right to change this notice at any time, and to make the new notice effective for all medical information we maintain, including medical 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 the clinic, clinic sites, pharmacy, and on our website.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact the Indian Health Council Privacy Officer. You can reach the Privacy Officer by telephone at 1-[760-749-1410](tel:760-749-1410). All complaints must be submitted in writing to Indian Health Council, Privacy Officer, P.O. Box 406 Pauma Valley CA, 92061. You will not be penalized or retaliated against for filing a complaint.

**Other Uses of Medical Information:** Other uses and disclosures of medical 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 medical 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 medical information for the purposes covered by your written authorization, 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 retain our records of the care that we provided to you.