



## **NATIVE PROJECT/NATIVE HEALTH OF SPOKANE**

### **Notice of Privacy Practices**

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.

**October 1, 2013**

#### SUMMARY OF YOUR PRIVACY RIGHTS

##### **I. Understanding Your Health Record/Information**

Each time you visit the NATIVE Project for services, a Designated Record Set of your visit is made that contains financial & health information referred to as "Protected Health Information" (PHI). This record contains your symptoms, examination, test results, diagnoses, treatment (including group or individual activities), billing and a plan for future care. Your patient record 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 the health of the people
- Source of data for medical research, facility planning and marketing
- Legal document that describes the care you receive

##### **Understanding what is in your health 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 Health Information Rights**

Although your patient record is the physical property of the NATIVE Project, the information belongs to you.

You have the right to:

- **Notification of breaches.** When NATIVE Project or one of our Business Associates discovers a breach of unsecured Personal Health Information you will receive a notification within 90 days.

- **Inspect & receive a copy or summary of your patient record.** A request to inspect your records must go to the medical records department. You may request 1 copy of your records on a cd within each calendar year. You will be charged a nominal fee for paper copies and postage.
- **Out-of-Pocket Payment.** If you paid out-of pocket, in full, for a specific item or service, you have the right to ask that your PHI not be disclosed to a health plan for purposes of payment or healthcare operations.
- **Amend your PHI** from medical records if you believe the PHI we have about you is incorrect or incomplete; we may amend your record or include your statement of disagreement.
- **Right to request Alternate Communications.** You may ask that we communicate with you about medical matters in a confidential manner or a specific location. Requests must be submitted to medical records in writing & specify how/where you wish to be contacted.
- **Receive a listing of certain disclosures NATIVE Project has made** of your health information upon request. This information is maintained for 10 years from your last treatment visit.
- **Revoke your written authorization to use or disclose health information.** This does not apply to health information already disclosed or used or in circumstances where we have taken action 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.
- **Receive an accounting of certain disclosures of your PHI.** With some exceptions, you have the right to receive an accounting of certain disclosures of your PHI. A nominal fee will be charged for a record search.
- **Obtain a paper copy of the NATIVE Project Notice of Privacy Practices** upon request.

**\*All requests must be made in writing through the Medical Records Department of The NATIVE Project/NATIVE Health of Spokane.**

### III. NATIVE Project's Responsibilities

The NATIVE Project is required by law to:

- Maintain the privacy of your 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.

NATIVE Project reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. If NATIVE Project makes any significant changes to this Notice, it will post any revised Notice of Privacy Practices at public places in its health care facilities. NATIVE Project understands that health information about you is personal and is committed to protecting your health information. **NATIVE Project will not use or disclose your health information without your permission, except as described in this notice and as permitted by the Privacy Act (HIPPA) and the IHS Health and Medical Records System Notice 09-17-0001; HITECH Act; and 42 CFR Part 2, Confidentiality of Drug and Alcohol Patient Records.**

### IV. How NATIVE Project 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 to provide your treatment.** Your personal information will be recorded in your health record and used to determine the course of treatment for you. Your health care provider will document in your health record her/his instructions to members of your healthcare team. The actions taken and the observations made by the members of your healthcare team will be recorded in your health record so your health care provider will know how you are responding to treatment.

If NATIVE Project refers you to another health care facility, NATIVE Project 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, NATIVE Project may disclose information to that facility to enable them to know the extent of treatment you have received and other information about your condition.

Your health care provider(s) may give copies of your health information to others to assist in your treatment. Substance abuse or mental health treatment information will only be disclosed to other providers with the written consent of the consumer.

**We will use and disclose your health information for payment purposes.** If you have private insurance, Medicare, or Medicaid coverage, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment.

### **We will use and disclose your health information for health care operations.**

We may use your health information to evaluate your care and treatment outcomes with our Quality and Innovation Learning Network. This information will be used to continually improve the quality and effectiveness of the services we provide.

**Business Associates:** NATIVE Project provides some healthcare services and related functions through the use of contracts with business associates. For example, NATIVE Project may have contracts for medical transcription. When these services are contracted, NATIVE Project may disclose your health information 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 & state laws.

**Notification:** NATIVE Project may use or disclose your health information to notify or assist in the notification of a family member, personal representative or other authorized person(s) responsible for your medical care, unless you notify us that you object. All drug/alcohol or mental health information will not be disclosed to family members unless you have specifically signed a release of information allowing us to do this (see below).

**Communication with Family:** NATIVE Project providers may use or disclose your health information to others responsible for your care unless you object. NATIVE Project may provide your family members, other relatives, close personal friends or any other person you identify with health information which is relevant to that person's involvement with your care or payment for such care with a signed release of information signed by your self or court order.

**Interpreters:** In order to provide you proper care and services, NATIVE Project may use the services of an interpreter. This may require the use or disclosure of your personal health information to the interpreter.

**Research:** NATIVE Project may use or disclose your health information for research purposes that has been approved by an IHS Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information. NATIVE Project may also use or disclose your health information for research purposes based on your written authorization.

**Uses and Disclosures about Decedents:** NATIVE Project may use or disclose health information 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. NATIVE Project also may disclose health information to funeral directors consistent with applicable law as necessary to carry out their duties. In addition, NATIVE Project may disclose protected health information about decedents where required under the Freedom of Information Act or otherwise required by law.

**Organ Procurement Organizations:** NATIVE Project may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating organ, eye or tissue donation and transplant.

**Treatment Alternatives and Other Health-related Benefits and Services:** NATIVE Project may contact you to provide information about treatment alternatives or other types of health-related benefits and services that may be of interest to you. For example, we may contact you about the availability of new treatment or services for diabetes.

**Appointments:** NATIVE Project may use and disclose PHI to contact you with a reminder that you have an appointment for medical or behavioral health care at a NATIVE Project facility, to communicate necessary information about your appointment, or to advise you of a missed appointment. NATIVE Project may also contact you about treatment alternatives or other health benefits or services that may interest you.

**Food and Drug Administration (FDA):** NATIVE Project may use or disclose your health information to the FDA in connection with an FDA-regulated product or activity. For example, we may disclose to the FDA information concerning adverse events involving food, dietary supplements, or product defects, and information needed to track FDA-regulated products or to conduct product recalls (including locating people who have received products that have been recalled or withdrawn), or post marketing surveillance as required by law.

**Workers Compensation:** NATIVE Project may use or disclose your health information for workers compensation purposes as authorized or required by law.

**Public Health:** NATIVE Project may use or disclose your PHI to public health or other appropriate government authorities as follows: (1) 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 receive reports of child abuse or neglect, (3) To report births and deaths, (4) To receive reports of other abuse, neglect, or domestic violence as required by law, or as authorized by law if NATIVE Project believes it is necessary to prevent serious harm, and (5) To disclose PHI, if directed to do so, to a foreign government agency that is collaborating with the public health authority. Where authorized by law, NATIVE Project may disclose your PHI 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, unless that information was disclosed in the course of substance abuse or mental health treatment. In some situations (for example, if you are employed by IHS or another component of the Department of Health and Human Services, or if necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public), NATIVE Project 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, NATIVE Project may use or disclose 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.

**Legal:** NATIVE Project may use or disclose your health information or substance abuse or mental health treatment for legal activities as authorized by law, in response to a court of competent jurisdiction, or with a signed release of information by the patient.

**Members of the Military:** If you are a member of the military services including the Commissioned Corps of the United States Public Health Service, NATIVE Project may use or disclose your health information if necessary to the appropriate military command authorities as authorized by law.

**Health Oversight Authorities:** NATIVE Project may use or disclose your health information to health oversight agencies for activities authorized by law. These oversight activities include: data collection, 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. NATIVE Project is required by law to disclose protected health information to the Secretary of HHS to investigate or determine compliance with the HIPAA privacy standards.

**Compelling Circumstances:** NATIVE Project may use or disclose your health information in certain situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances: (1) we 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; (3) we may use or disclose protected health information as we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person; (4) we may use or disclose protected health information in the course of judiciary and administrative proceedings if required or authorized by law; (5) we may use or disclose protected health information to report a crime committed on a NATIVE Project health facility premises or when NATIVE Project is providing emergency health care; and (6) we may make any other disclosures that are required by law.

**Non Violation of this Notice:** NATIVE Project is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its business associates discloses protected health information under the following circumstances:

1. **Disclosures by Whistleblowers:** If a NATIVE Project employee or business associate in good faith believes that NATIVE Project has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by NATIVE Project 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 NATIVE Project; 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, a NATIVE Project workforce member (either an employee or contractor) who is a victim of a crime on or off the clinic or treatment 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 NATIVE Project 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, ask for more information, or to report a problem contact the Executive Director of the NATIVE Project/NATIVE Health of Spokane. If you believe your privacy rights have been violated, you may file a written complaint with the posted county, state or federal entities. There will be no retaliation for filing a complaint.