

## **American Indian Health and Services Corporation Notice of Privacy Practices**

### **2013 NOTICE OF PRIVACY PRACTICES**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE OF PRIVACY PRACTICES (THIS “NOTICE”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

#### **A. OUR COMMITMENT TO YOUR PRIVACY**

Each time you visit our practice, a record of your visit is made. Typically, this medical record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all identifiable protected health information (“protected health information”) in the medical records of your care generated by our practice. American Indian Health & Services Corporation (“AIH&S”) is dedicated to maintaining the privacy of your protected health information. We are required by law to maintain the confidentiality of protected health information that identifies you. We also are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our practice concerning your protected health information. By federal and state law, we must follow the terms of the Notice that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your protected health information;
- Your privacy rights in your protected health information ; and
- Our obligations concerning the use and disclosure of your protected health information.

**The terms of this Notice apply to all records containing your protected health information that are created or retained by our practice. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

#### **B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**AIH&S Director of Operations, 4141 State Street, Santa Barbara CA 93110; 805-681-7356**

## American Indian Health and Services Corporation Notice of Privacy Practices

### C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS

#### Your Protected Health Information

We collect protected health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your protected health information broadly includes any past, present and future healthcare information. Your protected health information includes any information that is created or received through oral, written or electronic communications by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data consisting of identifiers described in the HIPAA Privacy Rule including but not limited to your name, address, social security number, date of birth and others that could be used to identify you as the individual patient who is associated with that health information.

#### Uses or Disclosures of Your Protected Health Information

The following describe the different ways in which we may use and disclose your protected health information.

- 1) **Treatment.** We may use your protected health information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your protected health information in order to write a prescription for you, or we might disclose your protected health information to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your protected health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your protected health information to others who may assist in your care, such as your spouse, children or parents.
- 2) **Payment.** Our practice may use and disclose your protected health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your protected health information to obtain payment from third parties that may be responsible for such costs, such as your family members. Also, we may use your protected health information to bill you directly for services and items.
- 3) **Health Care Operations.** Our practice may use and disclose your protected health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your protected health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for us.
- 4) **Release of Information to Family/Friends.** Our practice may release your protected health information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to such child's medical information. These authorizations must be in writing from the parent/guardian.

## **American Indian Health and Services Corporation Notice of Privacy Practices**

- 5) **Disclosures Required By Law.** Our practice may use and disclose your protected health information when we are required to do so by federal, state, local or any other law not already referred to in this Notice.
- 6) **Treatment Alternatives.** We may use and disclose your protected health information to manage and coordinate your healthcare and inform you of treatment alternatives that may be of interest of you. This may include telling you about treatments, services, products and/or other healthcare providers.
- 7) **Appointment Reminders.** We may use and disclose your protected health information to provide a reminder to you about an appointment you have for treatment or care at AIH&S.
- 8) **Business Associates.** There are some services provided at AIH&S through contracts with business associates. When these third parties are contracted to perform services for AIH&S, we may disclose your protected health information to these companies so that they can perform the job we have asked them to do. However, to protect your protected health information, we require these third party business associates to appropriately safeguard your protected health information.
- 9) **All Other Situations, With Your Specific Authorization.** Except as otherwise permitted or required, as described above, we may not use or disclose your protected health information without your written authorization. Further, we are required to use or disclose your protected health information consistent with the terms of your authorization. You may revoke, in writing, your authorization to use or disclose any protected health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage and the law provides the insurer with the right to contest a claim under the policy. Further, we will be unable to take back any disclosures we have previously made based upon your written authorization.

### **D. USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your protected health information:

- 1) **Public Health Risks.** Our practice may disclose your protected health information to public health authorities that are authorized by law to collect information for the purpose of:
  - ◆ maintaining vital records, such as births and deaths;
  - ◆ reporting child abuse or neglect;
  - ◆ preventing or controlling disease, injury or disability;
  - ◆ notifying a person regarding potential exposure to a communicable disease;
  - ◆ notifying a person regarding a potential risk for spreading or contracting a disease or condition;
  - ◆ reporting reactions to drugs or problems with products or devices;
  - ◆ notifying individuals if a product or device they may be using has been recalled;
  - ◆ notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; or
  - ◆ notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

## **American Indian Health and Services Corporation Notice of Privacy Practices**

- 2) **Health Oversight Activities.** Our practice may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3) **Lawsuits and Similar Proceedings.** Our practice may use and disclose your protected health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your protected health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4) **Law Enforcement.** We may release protected health information if asked to do so by a law enforcement official:
  - ◆ Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
  - ◆ Concerning a death we believe has resulted from criminal conduct;
  - ◆ Regarding criminal conduct at our offices;
  - ◆ In response to a warrant, summons, court order, subpoena or similar legal process;
  - ◆ To identify/locate a suspect, material witness, fugitive or missing person; or
  - ◆ In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
- 5) **Deceased Patients.** Our practice may release protected health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- 6) **Organ and Tissue Donation.** Our practice may release your protected health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
- 7) **Research.** Our practice may use and disclose your protected health information for research purposes in certain limited circumstances. We will obtain your written authorization to use your protected health information for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your protected health information is being used only for the research and (iii) the researcher will not remove any of your protected health information from our practice; or (c) the protected health information sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the protected health information of the decedents.
- 8) **Serious Threats to Health or Safety.** Our practice may use and disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the

## **American Indian Health and Services Corporation Notice of Privacy Practices**

health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

- 9) **Military.** Our practice may disclose your protected health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- 10) **National Security.** Our practice may disclose your protected health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your protected health information to federal officials in order to protect the President, other government officials or foreign heads of state, or to conduct investigations.
- 11) **Inmates.** Our practice may disclose your protected health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- 12) **Workers' Compensation.** Our practice may release your protected health information for workers' compensation and similar programs.
- 13) **Data Breach Notification Purposes.** Our practice may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your protected health information.

### **E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your protected health information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law. You have the following rights regarding the protected health information that we maintain about you:

- 1) **Right to Request Restrictions on Use or Disclosure.** You have the right to request restrictions on certain uses and disclosures of your protected health information about yourself. *You may request restrictions on the following uses or disclosures:* (a) to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of protected health information directly relevant to your care or payment related to your health care, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- 2) **Right to Request Restriction on Disclosures to Health Plans for Services Paid for In Full at Time of Service.** You have the right under the American Recovery and Reinvestment Act, Section 13405(a) to request AIH&S to restrict disclosures of protected health information to a health plan for purposes of carrying out payment or healthcare operations if the protected health information pertains solely to a healthcare item or service for which AIH&S has been paid out of pocket in full at time of service.

## American Indian Health and Services Corporation Notice of Privacy Practices

- 3) **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Director of Operations** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests.
- 4) **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your protected health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your protected health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your protected health information, you must make your request in writing and your request must describe in a clear and concise fashion:
- ◆ the information you wish restricted
  - ◆ whether you are requesting to limit our practice's use, disclosure or both; and
  - ◆ to whom you want the limits to apply.
- 5) **Inspection and Copies.** You have the right to inspect and obtain a copy of the protected health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **AIH&S Director of Operations, 4141 State Street, Santa Barbara CA 93110** in order to inspect and/or obtain a copy of your protected health information.

We charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. Your designated record set is a group of records we maintain that includes medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. You have the right of access in order to inspect and obtain a copy your protected health information contained in your designated record set, *except for* (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests. We must provide you with access to your protected health information in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We may provide you with a summary of the protected health information requested, in lieu of providing access to the protected health information or may provide an explanation of the protected health information to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your protected health information or mailing a copy to you at your request. We will discuss the scope, format, and other aspects of your

## **American Indian Health and Services Corporation Notice of Privacy Practices**

request for access as necessary to facilitate timely access. If you request a copy of your protected health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain protected health information as permitted or required by law. We will reasonably attempt to accommodate any request for protected health information by, to the extent possible, giving you access to other protected health information after excluding the information as to which we have a ground to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- 6) **Amendment.** You have the right to request that we amend your protected health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. To request an amendment, your request must be made in writing and submitted to **AIH&S Director of Operations, 4141 State Street, Santa Barbara CA 93110**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.

We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services (“DHHS”). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your protected health information that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received protected health information of yours prior to amendment and persons that we know have the protected health information that is the subject of the amendment and that may have relied, or could

## **American Indian Health and Services Corporation Notice of Privacy Practices**

foreseeably rely, on such information to your detriment. All requests for amendment shall be sent to AIH&S's Director of Operations.

- 7) **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your protected health information for non-treatment or operations purposes. Use of your protected health information as part of the routine patient care in our practice is not required to be documented. *We are not required to provide accountings of disclosures for the following purposes:* (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) disclosures to a facility directory or to persons involved in your care, (e) disclosures for national security or intelligence purposes, and (f) disclosures to correctional institutions. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. . In order to obtain an accounting of disclosures, you must submit your request in writing to **AIH&S Medical Records, 4141 State Street, Santa Barbara CA 93110**. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- 8) **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **AIH&S Director of Operations, 4141 State Street, Santa Barbara CA 93110; 805-681-7356**.
- 9) **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of DHHS. To file a complaint with our practice, contact **AIH&S Director of Operations, 4141 State Street, Santa Barbara CA 93110; 805-681-7356**. All complaints must be submitted in writing. You will not be penalized for filing a complaint. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be penalized for filing any complaint. As required by law, AIH&S will notify you in the event that a breach of your protected health information occurs.
- 10) **Right to Provide an Authorization for Other Uses and Disclosures.** AIH&S will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your protected health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your protected health information for the reasons described in the authorization. Please note that we are required to retain records of your care.

## **American Indian Health and Services Corporation Notice of Privacy Practices**

We reserve the right to revise or amend this Notice and our privacy practices at any time. These revisions or amendments may be made effective for all protected health information we maintain even if created or received prior to the effective date of the revision or amendment. We will make available this Notice, any revisions or amendments to this Notice and/or our privacy practices, or changes in the law affecting this Notice and/or our privacy practices, within 60 days of the effective date of such revision, amendment, or change

Again, if you have any questions regarding this Notice or our health information privacy policies, please contact **AIH&S Director of Operations, 4141 State Street, Santa Barbara CA 93110; 805-681-7356.**

### **On-going Access to Privacy Policy**

We will provide you with a copy of the most recent version of this Notice at any time upon your written request sent to AIH&S's Compliance Officer. For any other requests or for further information regarding the privacy of your protected health information, and for information regarding the filing of a complaint with us, please contact AIH&S's Director of Operations.

### **CONTACT INFORMATION**

AIH&S Director of Operations 805-681-7356  
4141 State Street Suite B11  
Santa Barbara, CA 93110