



KALISPEL TRIBE OF INDIANS

NOTICE OF PRIVACY PRACTICES

Effective Date: 4/1/2008

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.

Health information which we receive and/or create about you, personally, in this office, relating to your past, present, or future health, treatment, or payment for health care services, is “protected health information” under the Federal law known as the Health Insurance Portability and Accountability Act (HIPAA). Your health information is further protected by any pertinent state law that is more protective or stringent than HIPAA. This Notice describes how we protect personal health information (otherwise referred to as “protected health information”) we have about you, and how we may use and disclose this information. This Notice also describes your rights with respect to protected health information and how you can exercise those rights.

Uses and disclosures that may be made of your health information:

- **Treatment:** Protected health information received or created by your health care providers in this office will be recorded in your medical record and used in the course of treating you. The sharing of your protected health information may progress to other health care providers outside of this office who are involved in your care, such as referring providers, specialty or consulting physicians, lab technicians, or other providers involved in the provision, coordination, or management of your health care.
- **Payment:** Your protected health information will be used and disclosed in order to obtain payment for treatment and services you receive. A bill may be sent to you, an insurance company, or a third-party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used, and any other information that may be reasonably required for payment purposes. Your protected health information may also be used or disclosed in other payment related activities, such as claims management activities. We may tell your insurance company about a test or treatment you are going to receive in order to receive prior approval or to determine whether your insurance plan will cover the test or treatment.
- **Health Care Operations:** Your protected health information will be used for the purpose health care operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities, as well as business planning, development and management activities, customer services and business restructuring, acquisition, consolidation or merger. These uses and disclosures are necessary to run this office and make sure that all of our patients receive quality care. For example, the medical staff in this office may use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

• **Appointment Reminders:** This office reserves the right to contact you, as permitted by law, with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.

• **Business Associates:** Some or all of your protected health information may be subject to disclosure through contracts for services with business associates outside of this office to assist this office in providing health care. Examples of business associates include billing companies, data processing companies, or companies that provide administrative or specialty services. To protect your health information, we require these Business Associates to follow the same standards held by this office through terms detailed in a written agreement.

• **Individuals Involved in Your Care or Payment of Your Care:** Unless you object or we infer from the circumstances based on our professional judgment that you would likely not object, we may provide protected health information about your condition and/or recovery to a family member, close personal friend, or any other person identified by you who is involved in your medical care. We may also give information to someone who helps pay for your care. Your protected health information may be used or disclosed to notify or assist in notifying family members, personal representatives, or other persons responsible for your care about your well being or your whereabouts. We may also disclose protected health information to public or private agencies authorized by law to engage in disaster relief efforts to carry out their responsibilities in specific disaster situations.

• **To Avert a Serious Threat to Health or Safety:** This office may disclose protected health information about you if and when such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Any disclosure, however, would only be made to someone who is reasonably able to help prevent the threat.

• **For Health Oversight Activities:** This office may disclose protected health information to health oversight agencies for oversight activities authorized by law, such as audits, civil, administrative or criminal investigations or proceedings, inspections, and licensure or disciplinary actions. For example, we may disclose protected health information to any governmental agency or regulator with whom you may file a complaint or as part of the regulatory agency's investigation or audit.

• **For Judicial & Administrative Proceedings:** If you or your estate is involved in a claim or lawsuit, this office may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, so long as it is demonstrated that efforts have been made to tell you about the request or to obtain an order protecting the protected health information requested.

• **For Law Enforcement Purposes:** This office may disclose protected health information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may also disclose limited protected health information about you as otherwise permitted by law in crime related circumstances, such as in identifying or locating a suspect, fugitive, material witness or missing person, or when necessary to report a crime in a medical emergency or about criminal conduct in our office.

• **For Public Health Activities:** This office may disclose protected health information about you 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 the potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices; or,
- Notifying individuals if a product or device they may be using has been recalled.

• **As Required by Law:** This office will disclose protected health information required and/or otherwise authorized by Federal, state or local law. This includes, for example, disclosure to comply with reporting requirements by certain professionals of suspected abuse and neglect.

• **Concerning Victims of Abuse, Neglect, or Domestic Violence:** This office may 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.

- **Funeral Directors and Coroners or Medical Examiners:** Your health information may be disclosed consistent with laws governing mortician services. We may release your protected health information to a coroner or medical examiner to assist in identifying a deceased individual or to determine cause of death.
- **Worker's Compensation:** This office will release information to the extent authorized by law in matters of worker's compensation.
- **For Specialized Government Functions:** This office may disclose protected health information about you to Federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by law.
- **Correctional Facilities:** This office will release medical information on incarcerated individuals to correctional agents or institutions for the necessary welfare of the individual or for the health and safety of other individuals. The rights outlined in this Notice of Privacy Practices will not be extended to incarcerated individuals.
- **Other Uses and Disclosure of Protected Health Information:** Other uses and disclosures of protected health information not covered by this Notice will be made only with your written authorization or that of your legal representative. If you or your legal representative authorize us to use or disclose protected health information about you, you or your legal representative may revoke that authorization, in writing, at any time, except to the extent that we have already taken action relying on the authorization. To revoke a prior authorization, you must submit your revocation in writing to directly to this office.

Your rights regarding protected health information we maintain about you:

- **Right to Inspect and Copy:** In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you. To inspect and copy your protected health information, you must submit your request in writing to this office. In order to receive a copy of your protected health information, you may be charged a fee for the photocopying, mailing, or other costs associated with your request. In some very limited circumstances we may, as authorized by law, deny your request to inspect and obtain a copy of your protected health information. You will be notified of a denial to any part or parts of your request. Some denials, by law, are reviewable, and you will be notified regarding the procedures for invoking a right to have a denial reviewed. Other denials, however, as set forth in the law, are not reviewable. Each request will be reviewed individually, and a response will be provided to you in accordance with the law.
- **Right to Amend Your Protected Health Information:** If you believe that your protected health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your protected health information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to this office. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend protected health information that we believe:

- Is accurate and complete;
- Was not created by us, unless the person or entity that created the protected health information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for us; or
- Is not part of the protected health information which you would be permitted to inspect and copy.

If your right to amend is denied, we will notify you of the denial and provide you with instructions on how you may exercise your right to submit a written statement disagreeing with the denial and/or how you may request that your request to amend and a copy of the denial be kept together with the protected health information at issue, and disclosed together with any further disclosures of the protected health information at issue.

- **Right to an Accounting of Disclosures:** You have the right to request an accounting or list of the disclosures that we have made of protected health information about you. This list will not include certain disclosures as set forth in the HIPAA regulations, including those made for treatment, payment, or health care operations, or for purposes of national security, or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to this office. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper

or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

• **Right to Request Restrictions:** You have the right to request a restriction or limitation on protected health information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend, or for notification purposes as described in this Notice. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request, except in emergency situations where your protected health information is needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required, or those which are legally permitted and which we reasonably believe to be in the best interest of your health.

• **Right to Request Confidential Communications:** You have the right to request that we communicate with you about protected health information in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to this office and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

• **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, please contact HIPAA Privacy Officer, Camas Center Medical and Dental Services, PO Box 189, 1821 LeClerc Road, Usk, WA 99180. You will not be penalized or otherwise retaliated against for filing a complaint. If you have questions as to how to file a complaint please contact us at 509-447-7111.

Our responsibilities:

This office is required to:

- Maintain the privacy of your protected health information;
- Provide you with this notice of our legal duties and privacy practices with respect to your protected health information; and,
- Abide by the terms of this Notice while it is in effect.

This office reserves the right to change the terms of this Notice at any time and to make a new Notice with provisions effective for all protected health information that we maintain. In the event that changes are made, this office will notify you of a revised Notice by mail at the current address provided on your medical file.

To receive additional information:

For further explanation of this Notice you may contact the HIPAA Privacy Officer, Camas Center Medical and Dental Services, PO Box 189, 1821 LeClerc Road, Usk, WA 99180, 509-447-7111.

Availability of Notice of Privacy Practices:

This notice will be posted where registration occurs. You have a right to receive a copy of this notice, and a hard copy of this notice will be offered to all individuals receiving care. This notice will be maintained and available for downloading at the Camas Center website.