

NOTICE OF PRIVACY PRACTICES INDIAN HEALTH CARE RESOURCE CENTER

Effective Date: April 14, 2003

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.

We are committed to protecting the privacy of your medical information. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. This Notice describes your rights and our legal duties regarding your Protected Health Information (“PHI”).

Definitions: you at times, may see or hear new terms in relation to this Notice. Some of the terms you may hear and their definitions are:

- **Protected Health Information** or **PHI** is your personal and protected health information that we use to render care to you and bill for services provided. We may also use the term “medical information” in reference to your PHI.
- **Privacy Officer/Coordinator** is the individual for the facility who has responsibility for developing and implementing all policies and procedures concerning your PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI. The Privacy Officer contact information can be found on the last page of this notice.
- **Business Associate** is an individual or business independent of the IHCRC that works on behalf of IHCRC to help provide us and you with services.
- **Authorization:** we will obtain an authorization from you when required giving us permission to use or disclose your PHI for the purposes other than for your treatment, to obtain payment of your bills and for health care operations of the facility.

HOW THIS FACILITY MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION

1. **Treatment.** We will use your medical information to treat you. For example, we may disclose your medical information to other doctors, nurses, technicians, medical students, or other members of our staff who are involved in taking care of you or to other care professionals for additional treatment or follow up care such as home health services. We also may disclose your medical information to people outside our facility who may be involved in your care such as your family members.
2. **Payment.** We may use and disclose your medical information to receive payment for our services from you, an insurance company or a third party. For example, we may need to give your health plan information about a procedure we perform at our office so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
3. **For Health Care Operations.** We may use and disclose your medical information to operate this facility. For example, we may use this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also share your medical information with our business associates, such as a billing service, that perform administrative services for us. We have a written contract with each business associate that contains terms requiring them to protect the confidentiality of your medical information.

4. **Business Associates.** We may disclose your protected health information to Business Associates separate or independent of our facility with whom we may be contracted to provide services on our behalf. We will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly protect your privacy and the confidentiality of your protected health information. For example, we may contract with a facility to provide with the reading of x-ray reports.
5. **Appointment Reminders.** We may use and disclose your medical information to remind you about appointments. If time allows, we will mail a postcard reminder. Otherwise, we may phone your home. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
6. **Sign-in Sheet.** We may use and disclose your medical information by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
7. **Notification and Communication with Family.** We may disclose your medical information to notify or assist in notifying a family member, or another person who is involved in your care unless you ask us not to. In the event of a disaster, we may disclose information to a relief organization, such as the Red Cross, so that they may coordinate these notification efforts. We may also disclose information to someone who pays for your care. If you are unable to agree or object to these disclosures, our health professionals will use their best judgment in communicating with your family and others.
8. **With Your Authorization.** We may disclose your medical information for purposes not described in this Notice or otherwise permitted by law only with your written authorization. You may revoke an authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization. Revocations should be delivered to our Privacy Officer.
9. **Required by Law.** We may use and disclose your medical information when required to do so by law but only under limited circumstances such as the ones listed here:
 - response to a court order, subpoena, warrant, summons or similar document
 - to identify or locate a suspect, fugitive, material witness, or missing person
 - in an emergency to report a crime, locate the victim of a crime, or provide a description of a victim of a crime
10. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your medical information 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 or to obtain an order protecting the information requested.
11. **Public Health and Safety.** Your medical information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities prevent or control disease, injury, or disability; to report birth defects or infant eye infections; to report cancer diagnoses and tumors; to report child abuse or neglect or a child born with alcohol or other substances in its system; to report reactions to medications or problems with products; to notify you of recalls of products you may be using; to notify the Oklahoma State Department of Health that a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases; or to notify the appropriate governmental authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, if the victim agrees to our reporting or if we are required to do so by law. Your medical information may be disclosed to appropriate persons in order to prevent or lessen a serious and imminent threat to you or to the health and safety of a particular person or the general public.
12. **Specialized Government Functions.** We may disclose your medical information for military or national security purposes, national intelligence, protection of the President, or to correctional institutions or law enforcement officers that have you in their lawful custody.
13. **Military.** If you are a member of the armed forces, we may release protected health information about you as required by military commanding authorities.

14. **Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.
15. **Coroners/Funeral Directors.** We may disclose your medical information to coroners in connection with their investigations of death or to funeral directors to enable them to carry out their lawful duties.
16. **Organ or Tissue Donation.** We may disclose your medical information to organizations involved in procuring, banking or transplanting organs, eyes and tissues, as necessary to facilitate organ or tissue donation or transplantation.
17. **Workers' Compensation.** Your medical information may be used or disclosed as required by law related to workers' compensation.
18. **Change of Ownership.** In the event that this facility is sold or merged with another organization, your medical information will become the property of the new owner who will have access to it, although you will maintain the right to request that copies of your medical information be transferred to another physician or facility.
19. **Law Enforcement.** Your medical information may be disclosed to law enforcement authorities to identify or locate suspects, fugitives or witnesses, or victims of crime (with your consent in some circumstances) and to report possible deaths caused by criminal activities or to report crimes on the premises.
20. **Marketing.** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information for marketing purposes without your written authorization.
21. **Research.** We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information and has approved the research.

By Oklahoma law we are required to notify you...that your medical information used or disclosed as described in this Notice of Privacy Practices may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION/PHI

You have the following rights regarding your protected health information maintained by our facility:

- **Right to a Paper Copy of this Notice.** You may ask for a paper copy of this Notice of Privacy Practices at any time. You may also obtain a copy of this notice on our website, www.ihcrc.org.
- **Right to Request Restrictions** on certain uses and disclosures of your medical information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. To request restrictions you must make your request in writing, specifying what information you want to limit; whether you want to limit our use, disclosure or both and; to whom you want the limits to apply. We reserve the right to accept or reject your request and will notify you of our decision in writing. If we agree to a restriction, we may disregard it if the information is needed to provide you emergency treatment.
- **Right to Request Confidential Communications:** You have the right too request that you receive medical information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will accommodate all reasonable requests submitted.

- **Right to Inspect and Copy:** To inspect (by appointment) and obtain a copy of your medical information, with limited exceptions defined by law you must submit a written request on an approved Authorization form. A reasonable fee may be charged for making copies. Under Oklahoma law, a fee of \$1.00 for the first page and \$.50 for each additional page is allowed. If you request a copy of an x-ray, you may be charged \$5.00 per image for the reproduction. We may also charge for postage if the copies are to be mailed. If we deny your request for copies, you will be informed of your rights to appeal our decision. You have the right to revoke (in writing) any authorization however prior disclosures will not be affected.
- **Right to Amend:** If you feel medical information we have about you is incorrect or incomplete you may ask for an amendment of the information. Your request to amend must be in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your medical information and are unable to change information not created by us, if the information is accurate and complete, is not a part of the PHI kept by or for our facility, or is not part of the information which you would be permitted to inspect or copy. We will provide you with information about this practice's denial and how you can disagree with the denial. Even if we accept your request, we may not delete any information already in your medical record. You also have the right to request that we add to your record a statement of up to two hundred and fifty (250) words concerning any statement or item you believe to be incomplete or incorrect.
- **Right to Receive an Accounting of Disclosures** made of your medical information by this facility unless the disclosures were for purposes of treatment, payment, health care operations, certain government functions, or pursuant to your written authorization. If you would like an accounting of disclosures please submit your request for in writing to medical records. Your request must include the time period you would like an accounting of no longer than six years and not prior to April 14, 2003 and how you would like your accounting delivered to you.

CHANGES TO THIS NOTICE

We reserve the right to change or amend the Notice of Privacy Practices at any time in the future. After an amendment is made, the revised *Notice of Privacy Practices* will apply to all protected health information that we maintain. A copy of any revised *Notice of Privacy Practices* will be made available to you at each appointment and on our facilities website www.ihcrc.org.

CONTACT INFORMATION, COMPLAINTS, QUESTIONS AND REQUESTS

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact the Privacy Officer. If you have any questions about this notice, please contact the Privacy Officer for Indian Health Care Resource Center at (918) 588-1900.

Written complaints about this Notice of Privacy Practices, how this facility handles your medical information, or to report a violation of your privacy should be directed to the address below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Indian Health Care Resource Center
Attn: Privacy Officer
550 S. Peoria Avenue
Tulsa, 74120-382