

NOTICE OF INFORMATION PRIVACY PRACTICES

Effective Date: APRIL 14, 2003

This notice describes how health information about you may be used and disclosed and how you can access this information. Please review it carefully.

Contact - If you have any questions about this notice, please contact our Privacy Officer at (619) 445-1188, extension 268.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting the privacy of this information. Each time you receive care at any Southern Indian Health Council (SIHC) facility we create a record of the care and services you receive. 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 in any of the SIHC facilities listed below.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

OUR RESPONSIBILITIES

Our primary responsibility is to safeguard your personal health information. We must also give you this notice of our privacy practices, and we must follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use your health information within SIHC and disclose your health information to persons and entities outside of SIHC. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

AS PART OF YOUR INITIAL CONSENT FOR TREATMENT

In compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain in writing, your consent to receive services and for us to use your personal health information when you first visit a SIHC facility. The information consent is necessary to allow us to use your health information within SIHC and to disclose your health information outside SIHC in limited circumstances. This consent needs to be obtained only once. It remains valid unless you revoke it in writing. This consent will be used for the following purposes:

Treatment - We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you during your visit with us.

Payment - We may use and disclose health information about you so the treatment and services you receive at our health care facility may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations - We may use and disclose health information about you for health care operations, including quality assurance activities; granting medical staff credentials to providers; administrative activities, including SIHC financial and business planning and development; and, customer service activities, including investigation of complaints. These uses and disclosures are necessary to operate our health care facility and make sure all of our patients receive quality care.

Business Associates - There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, laboratories, quality assurance reviewers, etc. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract that states they will appropriately safeguard your information.

Appointment Reminders - We may use your information to contact you as a reminder that you have an appointment at one of our facilities.

Marketing or Fundraising - We may contact you as part of a marketing and/or fundraising effort. As part of our marketing, we may tell you about SIHC's health-related products and services that may be of interest to you. If you receive a communication from us for either marketing or fundraising purposes, in most cases you will be told how you can opt out of any further marketing or fundraising communications.

Research That Doesn't Involve Your Treatment - When a research study does not involve treatment, we may disclose your health information to researchers when an Institutional Review Board (IRB) has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your health information, and has approved the research.

Individuals Involved in your care or payment for your care - With your verbal agreement, we may disclose health information about you to a family member or friend who is involved in your medical care or payment for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

WITH YOUR SPECIFIC WRITTEN "AUTHORIZATION"

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called "authorization"). If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. 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. Some typical disclosures that require your authorization are as follows:

Care provided by others: - When you change healthcare providers, we may disclose the information about your care to that provider only with your written permission

Research Involving Your Treatment - When a research study involves your treatment, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, for any such research study, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your health information, and approved the research. You do not have to sign the authorization in order to get treatment from SIHC, but if you do refuse to sign the authorization, you cannot be part of the research study.

Drug & Alcohol Abuse Treatment Disclosures - We will disclose drug and alcohol treatment information about you only in accordance with the federal Privacy Act. In general, the Privacy Act requires your written authorization for such disclosures.

Disclosure of Mental Health Treatment Information - We will disclose mental health treatment information about you only in accordance with state law. In most cases, state law requires your written authorization or the written authorization of your representative for such disclosures.

Disclosures Requested by SIHC - We may ask you to sign an authorization allowing us to use or to disclose your health information to others for specific purposes such as notifying you of future educational or social events that you might enjoy

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR INFORMATION CONSENT OR AUTHORIZATION

The following disclosures of your health information are permitted by law without any oral or written permission from you:

Organ and Tissue Donation - If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans - If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Worker's Compensation - We may release health information about you for worker's compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.

Averting a Serious Threat to Health or Safety - We may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

Public Health Activities - We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications, problems with products or other adverse events.
- 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 (including child abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include 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 health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute. We would only disclose this information if efforts have been made to tell you about the request to allow you to obtain an order protecting the information requested.

Law Enforcement - We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- 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 circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of a criminal conduct.
- About criminal conduct at our facility.
- 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 Home Directors - We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral home directors as necessary to carry out their duties.

National Security and Intelligence Activities - We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates - If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution

Legal Requirements - We will disclose health information about you without your permission when required to do so by federal, state or local law.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the SIHC entity that created it, the information belongs to you.

You have the right to:

1. **Inspect and request a copy of your health record** for a fee. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. We will abide by the outcome of that review.
2. **Request an amendment to your health record** if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our health care team, is not part of the information kept by our facility, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record. Your amendment would be made part of the record and released with any future disclosure.
3. **Request communication of your health information by alternative means or to an alternative location.**
4. **Obtain a copy of this Notice of Information Practices upon request.**

5. **Revoke your authorization** to use or disclose health information except to the extent that action has already been taken.
6. **Request a restriction on certain uses and disclosures of your information.** We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing. Your request must include: (a) what information you want to limit, (b) whether you want to limit use or disclosure or both, and (c) to whom you want the limits to apply.
7. **Obtain an accounting of disclosures of your health information.** The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations, only for disclosure made after the effective date of this notice, and only for the disclosures not authorized by you. The accounting will include only those disclosures indicated above made after the effective date of this notice.

Changes to this notice - We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health 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 our facilities, and copies will be available at the registration area of each facility.

Complaints - If you believe your privacy rights have been violated or if you have complaints about any of our health information practices, you may file a complaint and expect an investigation and explanation by calling or writing: Privacy Officer, Southern Indian Health Council, PO Box 2128, Alpine, CA 91903-2128. (619) 445-1188, extension 268. There will be no retaliation for filing a complaint. You also have the right to complain to the Secretary of the Department of Health and Human Services: Region IX Office of Civil Rights, U.S. Department of Health and Human Services; 50 United Nations Plaza, Room 322; San Francisco, CA 94102. Voice Phone: (415) 437-8310, FAX: (415) 437-8329, TDD: (415) 437-8311.

SOUTHERN INDIAN HEALTH COUNCIL FACILITIES

SOUTHERN INDIAN HEALTH COUNCIL, INC, 4058 WILLOWS ROAD, ALPINE
SOUTHERN INDIAN HEALTH COUNCIL, INC, 36190 CHURCH ROAD, CAMPO
LA POSTA SUBSTANCE ABUSE CENTER, 8 CRESTWOOD ROAD, LA POSTA
RESERVATION
YOUTH REGIONAL TREATMENT CENTER, 8 CRESTWOOD ROAD, LA POSTA
RESERVATION