

Yavapai-Apache Health Center

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.”

**Yavapai-Apache Health Center
Patient Business
2121 W. Reservation Loop Rd
Camp Verde, Arizona 86322
(928) 567-2168**

April 14, 2003

1. Understanding Your Health Record/Information

Each time you visit an Indian Health Service facility for services, a record of your visit is made. If you are referred by the Indian Health Service through the Contract Health Service (CHS) program, I.H.S. also keeps a record of your CHS visit. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your health record, serves as a:

- Plan for your care and treatment
- Communication source between health care professionals
- Tools 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 health record is the physical property of the Indian Health Service, the information belongs to you.

You have the right to:

- **Inspect and receive a copy of your health record**
- **Request a restriction** on certain uses and disclosures of your health information. For example, you may ask that we not disclose your health information and or treatment to a family member. I.H.S. is not required to agree to your request; but if we do, we will comply with your request unless the information is needed to provide you with emergency services.
- **Request a correction/amendment to your health record** if you believe the health information we have about you is incorrect or incomplete, we may amend your record or include your statement of disagreement.
- **Request confidential communications about your health information.** You may ask that we communicate with you at a location other than your home or by a different means of communications such as telephone or mail.

- **Receive a listing of certain disclosures I.H.S. has made of your health information up request. This information is maintained for six years or the life of the record, whichever is longer.**
- **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.**
- **Obtain a paper copy of the I.H.S. notice of Privacy Practices upon request**
- **Obtain a paper copy of the I.H.S. Health and Medical Records; System Notice #09-17-0001 upon request.**

III. I.H.S.' Responsibilities

The Indian Health Service 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 request 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.**

I.H.S. reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. If I.H.S. makes any significant changes to this Notice, we will send you a copy within 60 days. I.H.S. also will post any revised Notice of Privacy Practices at public places in its health care facilities and on its web site at www.ihs.gov and you may also request a copy of the notice.

I.H.S. understands that health information about you is personal and is committed to protecting your health information. I.H.S. will not use or disclose your health information without your permission, except as described in this notice and as permitted by the Privacy Act and the I.H.S. Health and Medical Records System Notice 09-17-0001.

IV. How I.H.S. 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.

For example: 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 his/her 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 I.H.S. refers you to another health care facility under the Contract Health Service program, I.H.S. 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, I.H.S. 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.

We will use and disclose your health information for payment purposes.

For example: 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.

If I.H.S. refers you to another health care provider under the contract Health Service program, I.H.S. may disclose your health information with that provider for health care payment purposes.

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

For example: We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide. This includes health care services provided under Contract Health Services program.

Business Associates: I.H.S. provides some health care services and related functions through the use of contracts with business associates. For example, I.H.S. may have contracts for medical transcription. When these services are contracted, I.H.S. may disclose your health information to business associates so that they can perform their jobs. We require your business associates to protect and safeguard your health information in accordance with all applicable Federal laws.

Directory: If you are admitted to an I.H.S. facility, I.H.S. may use or disclose your name, general condition, religious affiliation, and location within our

facility, for facility directory purposes, unless you notify us that you object to this information being listed. I.H.S. may provide your religious affiliation only to members of the clergy.

Notification: I.H.S. 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 care, unless you notify us that you object.

Communication with Family: I.H.S. health providers may use or disclose your health information to others responsible for your care unless you object. For example, I.H.S. 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.

Interpreters: In order to provide your proper care and services, I.H.S. may use the services of an interpreter. This may require the use or disclosure of your personal health information to the interpreter.

Research: I.H.S. may use or disclose your health information for research purposes that has been approved by an I.H.S. Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. I.H.S. may also use or disclose your health information for research purposes based on your written authorization.

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

Organ Procurement Organizations: I.H.S. 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: I.H.S. 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.

Appointment Reminders: I.H.S. may contact you with a reminder that you have an appointment for medical care at an I.H.S. facility or to advise you of a missed appointment.

Food and Drug Administration (FDA): I.H.S. 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, product defects or problems, and information needed to track FDA-regulated products or to conduct product recalls, repairs, replacements, or lookbacks (including locating people who have received products that have been recalled or withdrawn), or post marketing surveillance.

Workers Compensation: I.H.S. may use or disclose your health information for workers compensation purposes as authorized or required by law.

Public Health: I.H.S. may use or disclose your health information to public health or other appropriate government authorities as follows: (1) I.H.S. may use or disclose your health information to government authorities that are authorized by law 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) I.H.S. may disclose your health information to government authorities that are authorized by law to receive reports of child abuse or neglect, and (3) I.H.S. may disclose your health information to government authorities that are authorized by law to receive reports of other abuse, neglect, or domestic violence as required by law, or as authorized by law if I.H.S. believes it is necessary to prevent serious harm. Where authorized by law, I.H.S. may disclose your health information to an individual who may have been exposed to communicable disease or may otherwise be at risk of contracting or spreading disease or condition. In some situations (for example, if you are employed by I.H.S. 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), I.H.S. 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, I.H.S. 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.

Law Enforcement: I.H.S. may use or disclose your health information for law enforcement activities as authorized by law or in response to a court of competent jurisdiction.

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

Health Oversight Authorities: I.H.S. may use or disclose your health information to health oversight agencies for activities authorized by law. These oversight activities include: 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. I.H.S. 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: I.H.S. may use or disclose your health information in certain other 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 I.H.S. health facility premises or when I.H.S. is providing emergency health care; and (6) we may make any other disclosures that are required by law.

Non Violation of this Notice: I.H.S. is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (business associates) discloses protected health information under the following circumstances:

1. Disclosures by Whistleblowers: If an I.H.S. employee or contractor (business associate) in good faith believes that I.H.S. has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by I.H.S. 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 I.H.S.; 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, an I.H.S. workforce member (either an employee or contractor) who is a victim of a crime on or off the health 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 I.H.S. 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, to ask for more information, or to report a problem contact the Service Unit Director/Chief Executive Officer or the Service Unit Privacy Official at:

**Phoenix Indian Medical Center/YAN Health Center
Patient Business Services
4212 N. 16th St.
Phoenix, AZ 85016**

If you believe your privacy rights have been violated, you may file a written complaint with the above individual(s) or the Secretary of Health and Human Services, U.S. Department of Health and Human Services, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

Effective Date: April 14th, 2003

CHR TRANSPORTATION

FOR TRANSPORTATION YOU WILL NEED TO CALL THE CLARKDALE OFFICE AT 649-6902 OR 649-6903 ASK FOR GLORIA OR LEAVE A MESSAGE ON THE RECORDER.

PLEASE DO NOT TELL OR CALL THE DRIVERS ABOUT YOUR APPOINTMENT.

YOU MUST CALL AT LEAST BY FRIDAY 12:00 NOON TO BE PLACED ON THE SCHEDULE FOR THE FOLLOWING WEEK APPOINTMENT IN ORDER FOR US TO TRANSPORT YOU.

- **NOTIFY THIS OFFICE AS SOON AS YOU KNOW OF ANY FUTURE APPOINTMENTS EVEN MONTHS AHEAD.**
- **PLEASE LEAVE YOUR NAME, PHONE NUMBER, DATE, TIME, DOCTOR'S NAME, LOCATION AND WHERE TO BE PICKED UP WHEN YOU CALL IN OR LEAVING MESSAGE.**
- **NOTIFY OFFICE OF ANY CANCELLATIONS, OR RESCHEDULE APPOINTMENTS AS SOON AS POSSIBLE.**
- **PIMC WALK-INS HAVE UNTIL 12:00 NOON DEADLINE FOR NEXT DAY TRANSPORTATION.**
- **CHR TRANSPORTATION IS OFFERED FOR THOSE WHO NEED TRANSPORTATION FOR NON-EMERGENT MEDICAL APPOINTMENTS AND NOT USED AS A TAXI SERVICES.**

THANK YOU

CHR TRANSPORTATION OFFICE