



## **ELWHA KLALLAM TRIBE**

Elwha Family Health Clinic

Notice of Privacy Practices

H.I.P.A.A.

Health Insurance Portability and Accountability Act

Privacy Rule

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.

### **I. UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:**

Each time you visit a Lower Elwha Klallam Tribe (LEKT) health care facility for services or receive services from a LEKT health care Provider in another location, a record of your visit is made. 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
- Tool 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; and
- 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; and
  - Make an informed decision when authorizing disclosures

### **II. YOUR HEALTH INFORMATION RIGHTS:**

Although your health record is the physical property of the Lower Elwha Klallam Tribe, 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 could ask that we not disclose your health information about the treatment you received to a family member. LEKT 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 an amendment to your health record if you believe the health information we have about you is incorrect or incomplete
- 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 LEKT has made of your health information upon request. This information is maintained for 10 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 LEKT Notice of Privacy Practices upon request; and
- Obtain a paper copy of the LEKT Health and Medical Records; upon request

### **III. LOWER ELWHA KLALLAM TRIBE'S RESPONSIBILITIES:**

The LEKT 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 requests 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.

LEKT reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. LEKT will post any revised Notice of Privacy Practices at public places in this facility, on or after the effective date of the revision, and you may request a copy of the notice.

LEKT understands that health information about you is personal and is committed to protecting your health information. LEKT 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 LEKT Health and Medical Records.

### **IV. HOW LEKT MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

#### **A. We will use and disclose your health information to provide your treatment.**

1. Your personal information will be recorded in your health record and will be used to determine the course of treatment for you. Your healthcare 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 healthcare provider will know how you are responding to treatment.

2. If LEKT refers you to another healthcare facility under the Contract Health Service (CHS) Program, LEKT may disclose your health information with that healthcare provider for treatment decisions.
3. If you are transferred to another facility for further care and treatment LEKT may disclose information with that facility to enable them to know the extent of treatment you have received, and other information about your condition.
4. Your healthcare provider(s) may give copies of your health information to others to assist in your treatment.

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

1. 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.
2. If LEKT refers you to another healthcare provider under the Contract Health Service (CHS) Program, LEKT may disclose your health information with that provider for healthcare payment purposes.

**C. We will use and disclose your health information for healthcare operation.**

1. 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 healthcare services provided under the Contract Health Services (CHS) Program.
2. **Business Associates:** LEKT provides some healthcare functions through the use of contracts with business associates. Examples include: emergency room physician, podiatry medicine, radiology, laboratory tests, and medical transcription. When these services are contracted, LEKT may disclose your health information to business associates so that they can perform their job. We require our business associates to protect and safeguard your health information in accordance with all applicable federal laws.
3. **Directory:** LEKT may disclose your name general condition, religious affiliation, and location within our facility for directory purposes, unless you notify us that you object to this information being listed. This information may be provided to members of the clergy, and others who ask for you by name.
4. **Notification:** LEKT 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 concerning your location or general condition, unless you notify us that you object.
5. **Communication with family:** LEKT health providers may disclose your health information to others authorized in the responsibility of your care unless you notify us that you object. For example, LEKT 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 of such care.
6. **Interpreters:** In order to provide you proper care and services, LEKT may use the services of an interpreter. This may require disclosure of your personal health information to the interpreter.

7. **Research:** LEKT may use or disclose your health information for research purposes that have been approved by an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
8. **Use and Disclosure about Decedents:** LEKT may 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. LEKT also may disclose health information to funeral directors consistent with applicable law, as necessary, to carry out their duties. In addition, LEKT may disclose protected health information about decedents where required under the Freedom of Information Act, or otherwise required by law.
9. **Organ Procurement Organizations:** Consistent with applicable laws, LEKT may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
10. **Treatment Alternatives and Other Health-Related Benefits and Services:** LEKT 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 or new treatment or services for diabetes.
11. **Appointment Reminders:** LEKT may contact you at the phone number you have provided, with a reminder that you have an appointment for medical care at our facility, or to advise you of a missed appointment.
12. **Food and Drug Administration (FDA):** LEKT may 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, or replacements, or post marketing surveillance.
13. **Workers Compensation:** LEKT may disclose your health information for workers compensation purposes as required by law.
14. **Public Health:** LEKT may disclose your health information, as required by law, to public health or other appropriate government authorities: (1) 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) authorized by law to receive reports of child abuse or neglect; (3) authorized by law to receive reports of other abuse, neglect, or domestic violence (other than child abuse); (4) where authorized by law LEKT may disclose your health information to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) in some situations (for example, if you are employed by LEKT or another department of the Tribe, or in compelling circumstances affecting the health and safety of an individual), LEKT may disclose to your employer, health information concerning a work-related illness or injury, or a workplace-related medical surveillance.
15. **Correctional Institution:** If you are an inmate of a correction to the institution, health information necessary for your health and the health and safety of other individuals.
16. **Law Enforcement:** LEKT may disclose health information for law enforcement purposes as required by law or in response to an order from a court of competent jurisdiction, or in

response to a valid request from an authorized law enforcement official, as permitted under federal law.

17. **Members of the Military:** If you are a member of the military services, LEKT may disclose your health information to your military command authorities.
18. **Health Oversight Authorities:** Where required by law, or necessary for an employee of the U.S. Department of Health and Human Services, or Washington State Department of Health, to perform his or her official duties, LEKT may disclose your health information to health oversight agencies for activities authorized by law. These oversight agencies 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. LEKT is required by law to disclose protected health information to the Secretary of HHS to investigate or determine compliance with the HIPAA Privacy Standards.
19. **Compelling Circumstances:** LEKT may use or disclose your health information in certain or 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, and 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; and (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.
20. **Non Violation of this Notice:** LEKT 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:
  - a. **Disclosures by Whistleblowers:** If a LEKT employee or contractors (business associates) in good faith believes that LEKT has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by LEKT has the potential of endangering one or more patients or members of the workplace or the public and discloses such information to:
    1. 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 allegations of failure to meet professional standards or misconduct by LEKT; or
    2. 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.
  - b. **Disclosures by Workforce Member Crime Victims:** Under certain circumstances a LEKT work force member (either an employee or contractor) who is a victim of a crime

on or off the Tribe's facilities, may disclose information about the suspect to a law enforcement official, provided that:

1. The information disclosed is about the suspect who committed the criminal act;
2. The information disclosed is limited to identifying and locating the suspect.

Any other use and disclosure will be made only with your written authorization, which you may later revoke in writing at any time. (Such revocation would not apply where information already has been disclosed or used, or in circumstances where LEKT 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 Health Director in writing at:

Health Director

Lower Elwha Health Clinic

243511 Highway 101 West

Port Angeles, Washington 98363

If you believe your privacy rights have been violated, you may file a written complaint with the above-individual 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.

Effective: 4-1-13