

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

HEALTH DIVISION

NOTICE OF PRIVACY PRACTICES



Effective Date: December 1, 2012

THIS NOTICE DESCRIBES HOW MEDICAL, BEHAVIORAL HEALTH AND DRUG AND ALCOHOL ABUSE TREATMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Sault Ste. Marie Tribe of Chippewa Indians Health Division (referred to as STHD throughout the rest of this document) is required by law to maintain the privacy of individually identifiable patient health information (this information is “protected health information” and is referred to as “PHI” throughout the rest of this document). PHI includes identifiable information about your health care and payment for that health care. We will only use or disclose your PHI as permitted or required by applicable law. This Notice applies to your PHI in our possession including the medical records generated by us.

Drug and alcohol records are especially protected and typically require your specific authorization for release of confidential information. The Federal confidentiality law (42 CFR) does not permit STHD to:

- Say to a person outside STHD that you attend the program
- Disclose any information identifying you as an alcohol or drug abuser
- Disclose any other protected information except as permitted by federal law

I. Permitted Use or Disclosure

A. Treatment: STHD will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions.

B. Payment: STHD will disclose PHI about you for the purposes of determining coverage, eligibility, funding, billing, claims management, medical data processing, stop loss / reinsurance and reimbursement.

C. Health Care Operations: STHD will use and disclose your PHI during routine health care operations including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of STHD, and for educational purposes.

D. Other Uses and Disclosures: As part of treatment, payment and health care operations, we may also use your PHI for the following purposes:

More Stringent State and Federal Laws:

The information in this notice complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) regulations and the Federal Confidentiality of Alcohol and Drug Abuse Patient Records law and regulations (42 CFR Part 2). In some cases, other State or Federal Laws may be more stringent than these regulations. STHD will continue to abide by these more stringent state and federal laws. Other laws are more stringent when individuals are entitled to greater access to records than under HIPAA or 42 CFR and when under other laws the records are more protected from disclosure than under HIPAA or 42 CFR.

II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

A. Pharmacy Waiting Board: STHD will include certain limited information about you on the Pharmacy Waiting Board. The Pharmacy Waiting Board is a list of people who currently have prescriptions waiting for pick up. This information will include a few letters of your name. If you request to opt out of the Pharmacy Waiting Board, we cannot inform you that your prescriptions are ready.

B. Promotional Communications: STHD does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you. STHD does maintain a database of individuals for its own communications. This database includes individuals to whom STHD may send health improvement or health promotion materials and news about STHD. You may be included in this database. If you do not wish to be contacted for promotional communications, please notify us in writing at STHD Director.

C. Disaster Relief: In addition, STHD will disclose PHI about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have a right to request that your PHI not be shared with some or all of your family or friends.

III. Use or Disclosure Requiring Your Authorization

A. Marketing: STHD is permitted to use your PHI for the purpose of sending you information about STHD's products or services. STHD does not provide your PHI to any other person or company for marketing of their products or services.

B. Research: For many types of research, STHD will be required to obtain your authorization before allowing the researchers to use or disclose your PHI. A special approval process is required for these types of research projects before your PHI is shared.

C. Other Uses: Any uses or disclosures that are not for treatment, payment or operations and that are not permitted or required for public policy purposes or by law will be made only with

your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time.

D. General Authorization for Use or Disclosure of Health Information forms are available by contacting the Medical Records Office

IV. Use or Disclosure Permitted by Public Policy or Law without your Authorization

A. Law Enforcement Purposes: STHD will disclose your PHI for law enforcement purposes as required by law, such as responding to a court order or subpoena, identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

B. Required by Law: STHD will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. STHD also will make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order or subpoena. STHD will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. STHD will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will warrant the use and disclosure of PHI. These government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. STHD will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

C. Coroners, Medical Examiners, Funeral Directors: STHD will disclose your PHI to a coroner or medical examiner to identify a deceased person or to determine a cause of death. STHD will also disclose your medical information to funeral directors as necessary to carry out their duties.

D. Health or Safety: STHD will use and disclose PHI to avert a serious threat to health and safety of a person or the public. STHD will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. STHD will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events. Any patient receiving a medical device subject to FDA tracking requirements may refuse to disclose, or refuse permission to disclose, their name, address, telephone number and social security number, or other identifying information for the purpose of tracking.

V. Your Health Information Rights

STHD must maintain all records concerning your hospitalization and treatment by STHD. You have the following rights concerning your PHI:

A. Right to Inspect and Copy: You have the right to access your PHI and to inspect and copy your PHI as long as we maintain it except for: psychotherapy notes, information that will be used in a civil, criminal or administrative action or proceeding, and where prohibited or protected by law. You also have the right to request your PHI in electronic format if the service where you

received your care is using an electronic health record. STHD will deny your request for access to your PHI without giving you an opportunity to review that decision if:

- You don't have the right to inspect the information; or it is otherwise prohibited or protected by law;
- You are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or other inmates;
- The disclosure of the information would threaten the safety of any officer, employee or other person at the correctional institution or who is responsible for transporting you;
- You are involved in a clinical research project and STHD created or obtained the PHI during that research. Your access to the information will be temporarily suspended for as long as the research is in progress;
- STHD obtained the information that you seek access to from someone other than the health care provider under a promise of confidentiality and your access request is likely to reveal the source of the information; or
- Under other limited circumstances. In these instances, however, STHD will allow the review of its decision by a health care professional that STHD has chosen. This person will not have been involved in the original decision to deny your request.

You must make your requests to access and copy your PHI in writing to STHD. Request to Access Health Information forms are available by contacting the STHD Director. STHD will respond to your request within 30 days of its receipt. If STHD cannot, STHD will notify you in writing to explain the delay and the date by which we will act on your request. In any event, STHD will act on your request within 60 days of its receipt.

You may be required to pay a reasonable copying fee for your request. You will be provided with information regarding fees when you make your request.

B. Right to Amend: You have the right to amend your PHI for as long as STHD maintains it. However, STHD will deny your request for amendment if:

- STHD did not create the information;
- The information is not part of the designated record set;
- The information would not be available for your inspection (due to its condition or nature);
or
- STHD has found the information to be accurate and complete.

If STHD denies your request to amend your PHI, STHD will notify you in writing with the reason for the denial and of your right to submit a written statement disagreeing with the denial. You may ask that STHD include your request for amendment and the denial any time that STHD discloses the information that you wanted changed. STHD may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

You must make your request for amendment of your PHI in writing to STHD, including your reason to support the requested amendment. Request to Amend or Correct Health Information forms are available by contacting the STHD Director,. STHD will respond to your request within

60 days of its receipt. If STHD cannot, STHD will notify you in writing to explain the delay and the date by which STHD will act on your request. In any event, STHD will act on your request within 90 days of its receipt.

C. Right to an Accounting: You have a right to receive an accounting of the disclosures of your PHI that STHD made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- In response to an authorization signed by you
- To you;
- To persons involved in your care;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials; or
- That occurred prior to April 14, 2003.

You must make your request for an accounting of disclosures of your PHI in writing to STHD. Forms are available by contacting the STHD Director. You must include the time period of the accounting, which may not be longer than 6 years. STHD will respond to your request within 60 days from its receipt. If STHD cannot, STHD will notify you in writing to explain the delay and the date by which STHD will act on your request. In any event, STHD will act on your request within 90 days of its receipt.

In any given 12-month period, STHD will provide you with only one accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for employee hours expended in preparing the accounting, and copying costs.

D. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions. STHD will consider your request, but is not required to agree to it. For example, you may ask that your name not be used in the waiting room or that information about you not be shared with your family. A request for a restriction must be made in writing.

You have a right to limit release of PHI to family, friends, or on the Pharmacy Waiting Board (see Section II – Opportunity for You to Agree or Object). You also have the right to request a restriction on disclosure of your PHI to a health plan (for purpose of payment or health plan operations) in cases where you've paid out of pocket, in full, for the items received or services rendered. If you are obtaining services under an IHS funding source, the STHD is required to seek payment from all other available sources, and can not honor requests to not share information unless payment in cash in full is received.

E. Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. A request for a confidential communication must be made in writing.

F. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request. A copy may also be printed from the STHD web site at www.saulttribe.com/membership-services/health.

VI. Breach of Unsecured PHI

If a breach of unsecured PHI occurs which poses a significant risk of harm to you, STHD will notify you that a breach in the privacy or security of your PHI has occurred.

VII. Complaints

Violations of the Federal Confidentiality of Alcohol and Drug Abuse Patient Records law (42 CFR Part 2) by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

If you believe your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) have been violated you can submit a written complaint to the STHD Director. You may also complain to the Secretary for Health and Human Services if you believe your privacy rights have been violated. There will be no retaliation for filing a complaint. All complaints must be submitted in writing.

STHD will acknowledge receipt of your complaint, either verbally or in writing, within a reasonable period of time. STHD assures you that there will be no retaliation for filing a complaint.

VIII. Sharing and joint use of your Health Information

In the course of providing care to you and in furtherance of the STHD's mission to improve the health of the community, STHD will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. Medical and Behavioral Health Staff: All Staff of STHD participate together in an organized health care arrangement to deliver health care to you at STHD. Both STHD and its medical and behavioral health staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care services to you in STHD. Physicians and allied health care providers are members of STHD's medical staff and will have access to and use of your PHI for treatment, payment and health care operations purposes related to your care within STHD. STHD will disclose your PHI to the medical staff for treatment, payment, and health care operations.

B. Business Associates: STHD will use and disclose your PHI to business associates contracted to perform business functions on its behalf including the Sault Ste. Marie Tribe of Chippewa Indians, which performs certain business functions for STHD. Whenever an arrangement between STHD and another company involves the use or disclosure of your PHI, that business associate will be required to keep your information confidential.

IX. Additional Information and Forms

To obtain further information regarding the issues covered by this Notice of Privacy Practices or to request any of the forms mentioned please contact: the Health Division Director or the Privacy Officer at 2864 Ashmun Street, Sault Ste. Marie, MI 49783, 906-632-5200.

IX. Changes to this Notice

STHD will abide by the terms of the Notice currently in effect. STHD reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. STHD will provide you with the revised Notice at your first visit following the revision of the Notice.

Sault Ste Marie Tribe of Chippewa Indians Health Division ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, (please print) _____, acknowledge that

I have received a copy of the STHD’s Notice of Privacy Practices.

My signature below indicates that I have received the notice and that I have been provided an opportunity to ask questions about the STHD’s privacy practices as they pertain to my protected health information.

Signature_____ Date_____

Witness_____ Date_____