



# Notice of Privacy Practices

Klamath Tribal Health & Family Services

Effective date: **08/31/2018**

**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.**

## SUMMARY OF YOUR PRIVACY RIGHTS

### I. Understand Your Health Record/Information.

Each time you visit a Klamath Tribal Health & Family Services (KTHFS) facility for services, a record of your visit is made. If you are referred by KTHFS through the Purchased/Referred Care (PRC) program, KTHFS also keeps a record of your PRC 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.
- Tool with which we can check results and continually work to improve the care we provide.
- Means by which Medicare, Medicaid, or private insurance can verify 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 describe the care you receive.

### II. Your Health Record/Information Rights.

Although your health record is the physical property of KTHFS, you have the following rights with respect to your health information:

**Right to Inspect and Copy.** You have the right to inspect and copy certain health information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or

other supplies and costs associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may, with limited exceptions, request that the denial be reviewed by submitting a written request to the KTHFS Privacy Officer.

**Right to an Electronic Copy of Electronic Records.** If your health information is maintained in an electronic form (such as an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request, if it is readily producible in such form or format. If it is not, then your information will be provided to you in our standard electronic format (unless you prefer a hard copy, see above).

**Right to Notice of Breach.** You have the right to receive a notice of a breach in the event that we (or one of our Business Associates) discover there was unauthorized access to or disclosure of your health information.

**Right to Request an Amendment.** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as it is kept by us. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, along with the reason(s) supporting your request. We may deny your request for an amendment in certain limited situations. If we deny your request, you have the right to file a statement of disagreement with us.

**Right to a List of Disclosures.** You have the right to request a list and description of certain disclosures by the KTHFS of your health information, except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized, and certain other specific types of disclosures. Such request must be made in writing. The first list you request within a 12-month period will be provided free of charge, but subsequent requests within the same period may be subject to a fee (in which case we will notify you of the cost and you may choose to withdraw or modify your request).

**Right to Request a Restriction.** You have the right to request a restriction on information we use or disclose about you (1) for treatment, payment, or health care operations; or (2) to someone who is involved in your care, such as a family member or friend. KTHFS 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. Also, if you paid out-of-pocket in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications.** You have a right to ask to receive confidential communications of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). Such a request must be submitted in writing to the KTHFS Privacy Officer.

**Right to a Paper Copy of This Notice.** You have a right to a paper copy of this Notice. You may ask the KTHFS Privacy Officer for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically.

### **III. KTHFS' Responsibilities.**

Klamath Tribal Health & Family Services is required by applicable law to:

- Maintain the privacy of your health information.
- Inform you about our privacy practices regarding health information we collect and maintain about you.
- Honor the terms of this Notice or any subsequent revisions of this Notice.

### **IV. How KTHFS May Use and Disclose Your Health Information.**

The following categories describe how we may use and disclose health information about you:

**For Treatment.** We will use and disclose your health information to provide your medical treatment or help other providers to treat you. 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 her/his 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 KTHFS refers you to another health care facility, or if you are transferred to another facility for further care and treatment, KTHFS may disclose your health information with that health care provider or facility for treatment decisions, to enable them to know the extent of the treatment you have received, and for other information about your condition.
- Your health care provider(s) may give copies of your health information to others (health care professionals, personal representative, etc.) to assist in your treatment.

**For Payment.** 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 KTHFS refers you to another health care provider, KTHFS may disclose your health information with that provider for health care payment purposes.

**For Health Care Operations.** 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 the PRC program.

**To Business Associates.** KTHFS provides some healthcare services and related functions through the use of contracts with business associates. Examples include: podiatry medicine, radiology, laboratory tests, and medical transcription. KTHFS may disclose your health information to business associates so that they can perform their jobs. We require our business associates to protect and safeguard your health information in accordance with all applicable federal laws.

**To Persons Involved in Your Care.** KTHFS may notify your family of your location or general condition. KTHFS may also provide your health information to a person involved in your care or who helps pay for your care, such as a family member or friend, unless you notify us that you object, you are incapacitated, or in an emergency. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. We may also make similar professional judgments about your best interests that allow another person to pick up things such as filled prescriptions, medical supplies, and x-rays. There may also be circumstances when we can assume, based on our professional judgment, that you would not object to KTHFS providing your health information to a friend or family member, such as when your spouse comes with you into an exam room during treatment.

**Adults and Emancipated Minors with Personal Representatives or Legal Guardians.** KTHFS shall treat a personal representative or legal guardian of an individual, who has been declared incompetent due to physical or mental incapacity by a court of competent jurisdiction, as the individual for the purposes of the use and disclosure of the individual's health information, as such use and disclosure relates to such personal representation.

**Interpreters.** In order to provide you proper care and services, KTHFS may use the services of an interpreter. This may require the use or disclosure of your personal health information to the interpreter.

**Research.** KTHFS may use or disclose your health information for research purposes, if an applicable research proposal has been approved by an Institutional Review Board (IRB) and established protocols to ensure the privacy of your health information. The KTHFS may also use or disclose your health information for research purposes if otherwise allowed by law or based on your written authorization.

**Organ Procurement Organizations.** Consistent with applicable laws, KTHFS 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.

**Uses and Disclosures about Decedents.** When an individual is deceased, KTHFS may disclose health information about the decedent when required by applicable law, and to the following categories of individuals:

- A family member, personal representative or other authorized person(s) responsible for the decedent's care, as relevant to the family member or personal representative's responsibility for such care, unless we know that doing so would be inconsistent with the decedent's prior-expressed preferences;
- A coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by applicable law; and
- Funeral directors consistent with applicable law as necessary to carry out their duties.

**Appointment Reminders, Treatment Alternatives, and Other Health-Related Benefits and Services.**

KTHFS may contact you to remind you that you have an appointment with us, and to tell you 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.

**Food and Drug Administration (FDA).** KTHFS 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 post marketing surveillance.

**Workers Compensation.** KTHFS may disclose your health information for workers compensation purposes as authorized or required by applicable law.

**Public Health.** KTHFS may use or disclose your health information for public health activities as follows:

- To a public health authority authorized by applicable 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.
- To a public health authority or other government authority authorized by applicable law to receive reports of child abuse or neglect.
- To a government authority authorized by applicable law to receive reports of other abuse, neglect, or domestic violence (other than child abuse).
- 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, where authorized by applicable law.
- To the individual's employer (for example, if you are employed by KTHFS or if necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or

the public), concerning a work related illness or injury or workplace-related medical surveillance.

- To the individual's school or prospective school for proof of immunization, if such proof is required by applicable law and we obtain the agreement of either a parent, guardian, or other person legally responsible for the individual (or from the individual if he or she is an adult or emancipated minor).

**Correctional Institution.** If you are an inmate of a correctional institution, KTHFS may use or disclose to the institution, health information necessary for your health and the health and safety of other individuals.

**Law Enforcement.** KTHFS may use or disclose limited health information for law enforcement activities, as required or authorized by applicable law. Such situations include the following:

- To report certain types of wounds or injuries.
- In response to a court order, subpoena, warrant or other similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- 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, if we determine that such disclosure would be in your best interests.
- About a death that we believe may have been the result of criminal conduct.
- To report a crime committed on KTHFS health facility premises.
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description, or location of the person who committed the crime.

**Health Oversight Authorities.** KTHFS may use or disclose your health information to health oversight agencies for activities authorized by applicable law. These oversight activities may include: investigations, audits, inspections and other actions. These are necessary for the government to monitor the health care system and government benefit programs, among other requirements. KTHFS is required by applicable law to disclose health information to the Secretary of U.S. Department of Health and Human Services to investigate or determine compliance with applicable privacy and security laws.

**Military and Veterans.** If you are a member of the armed forces, KTHFS may use or disclose your health information if necessary to the appropriate military command authorities or to determine eligibility for benefits, as authorized by applicable law.

**Compelling Circumstances.** KTHFS 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:

- KTHFS may use or disclose health information as we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person.
- KTHFS may use or disclose health information in the course of judiciary and administrative proceedings if required or authorized by applicable law.
- KTHFS may use or disclose your health information during a disaster and for disaster relief purposes.
- KTHFS may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by applicable law.
- KTHFS may make any other disclosures that are required by applicable law.

**For Data Breach Notification Purposes.** We may use or disclose your health information to provide legally-required notices of unauthorized access to or disclosure of your health information.

**Authorization Required.** KTHFS will use or disclose your health information only with your written authorization in certain circumstances. We will not retaliate against you if you refuse to sign or revoke an authorization. You may revoke your authorization at any time by submitting a written request to the Privacy Officer, and we will honor your request to revoke said authorization, except in very limited circumstances such as the following:

- Any use or disclosure of your psychotherapy notes, except that we do not need your written authorization to use such notes for certain treatment, payment, health care operations, or when we are otherwise permitted or required by law, such as a disclosure to a health oversight agency with respect to the oversight of whoever prepared the psychotherapy notes.
- Any use or disclosure of your health information for marketing, except that we do not need your written authorization for face-to-face communications or to give you promotional gifts with nominal value.
- The sale of your health information.

**As Required by Law.** We may make any disclosures that are required by applicable Tribal, federal or state law.

**Substance Use Disorder Treatment Information.** A special law protects information about substance use disorder treatment and describes when we must obtain your consent to share such records and what other people must do if they want to see the records. KTHFS will follow the requirements of this law.

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

1. Disclosures by Whistleblowers: If a KTHFS employee or contractor (business associate) in good faith believes that KTHFS has engaged in conduct that is unlawful or otherwise violates clinical and professional standards, or that the care or services provided by KTHFS has the potential of endangering one or more patients or members of the workplace or the public and discloses such information to:
  - A Public Health Authority or Health Oversight Authority authorized by applicable 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 KTHFS; or
  - 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, a KTHFS workforce member (either an employee or contractor) who is a victim of a crime on or off the KTHFS premises may disclose information about the suspect to a law enforcement official provided that:
  - The information disclosed is about the suspect who committed the criminal act.
  - The information disclosed is limited to identifying and locating the suspect.

**Any other uses and disclosures not described in this Notice will be made only with your written authorization, which you may later revoke in writing at any time.** To revoke your authorization, deliver a written revocation to the KTHFS Privacy Officer. If you revoke your authorization, we will no longer use or disclose your health information as allowed by your written authorization, except to the extent we have already used or disclosed your health information 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.

## **V. Changes.**



KTHFS reserves the right to change its privacy practices and to make the new provisions effective for all health information it maintains. If KTHFS makes any material change to this Notice, KTHFS will promptly distribute a new copy to you, and will post it at public places within its health care facilities.

## **VI. Questions or Complaints.**

**To exercise your rights under this Notice, to ask for more information, or to report a problem, contact the Privacy Officer at Klamath Tribal Health & Family Services at (541) 882-1487.** If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer and/or the Secretary, U.S. Department of Health and Human Services: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>. There will be no retaliation for filing a complaint. Please contact the Privacy Officer for more information.