



Notice of Privacy Practices

Klamath Tribal Health & Family Services

Effective date: **March 16, 2026**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE [NAME OR TITLE] AT [PHONE NUMBER] AND [EMAIL] IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.

SUMMARY OF YOUR PRIVACY RIGHTS

I. UNDERSTAND YOUR HEALTH RECORD/INFORMATION.

Individually identifiable information, maintained by Klamath Tribal Health & Family Services (KTHFS) in a designated record set, about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). KTHFS substance use disorder (SUD) treatment programs are subject to the confidentiality requirements of 42 C.F.R. Part 2 (Part 2), and SUD treatment information refers to those records protected by Part 2. Each time you visit a 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; and
- Legal document that describes the care you receive.

II. PATIENT RIGHTS REGARDING PHI.

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

Right to Inspect and Copy. You have the right to inspect and copy most of your PHI. 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 PHI, 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 PHI 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 PHI 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 PHI.

Right to Request an Amendment. 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 KTHFS Privacy Officer, along with the reason(s) supporting your request. We may deny your request for an amendment in certain specific situations. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have.

Right to a List of Disclosures. You have the right to receive an accounting of disclosures of your PHI made by the KTHFS. This does not include disclosures made: to carry out treatment; payment and healthcare operations; to you, to family, friends, or others involved in your care; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or disclosures made prior to the HIPAA compliance date of April 14, 2003. Such request must be made in writing. The first list you request within a 12-month period will be provided free of charge. A reasonable, cost-based fee shall be imposed for each subsequent request (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 that we limit use or disclosure of your PHI (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 for restriction, except when the health care item or service has been paid in full, out of pocket, then we must honor your request to restrict information from being disclosed to a health plan for purposes of payment or health care operations unless required otherwise by law. If we do agree to a requested restriction, we will honor it unless the information is needed to provide you with emergency services.

Right to Request Conditions on Providing Confidential Communications. You have a right to ask that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you on a specific telephone number. We must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you. 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 and/or an electronic copy by email upon request. 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.

Right to Discuss this Notice. You have the right to discuss this Notice with the Privacy Officer at 541-882-1487 or Compliance@klamathtribalhealth.org

III. KTHFS' DUTIES.

KTHFS uses or discloses PHI of its patients for a variety of reasons. We have the right to use or disclose your PHI for purpose of treatment, payment, and health care operations, except for SUD information, for which we must have your written authorization. For other uses or disclosures (including psychotherapy notes and SUD counseling notes), we must have your written authorization unless the law permits or requires us to make some uses or disclosures without your consent or authorization. KTHFS is required by applicable law to:

- Maintain the privacy and security of your PHI;
- Notify you of any breaches of unsecured PHI;
- Inform you about our privacy practices regarding PHI we collect and maintain about you; and
- Honor the terms of this Notice or any subsequent revisions of this Notice.

IV. USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS.

KTHFS will not use or disclose your PHI without your permission, except as described in this Notice and as provided in the KTHFS policies and procedures. The following categories describe how we may use and disclose your PHI:

For Treatment. We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. 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 PHI 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 PHI to others (health care professionals, personal representative, etc.) to assist in your treatment.

For Payment. We may use and disclose your PHI to collect payment for your health care services. 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 you are referred to another health care provider, KTHFS may disclose your PHI with that provider for health care payment purposes.

For Health Care Operations. We may use and disclose your PHI for health care operations. For example, we may use your PHI to evaluate your care and treatment outcomes. 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.

Substance Use Disorder (SUD) Treatment Information. We must have your written consent to use or disclose your SUD treatment information for treatment, payment, and health care operations purposes. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operation purposes. Records that are disclosed to a federally assisted SUD program, covered entity, or business associate based on your written consent for treatment, payment, and health care operations may be further disclosed by that program, covered entity, or business associate without your prior written consent, to the extent the KTHFS policies and procedures and applicable law permit such disclosure.

Redisclosure of Part 2 Information. When your written consent permits disclosure of your substance use disorder treatment information for treatment, payment, and health care operations, recipients that are subject to HIPAA may further use and disclose the information as permitted by HIPAA.

V. USES AND DISCLOSURES OF PHI NOT REQUIRING AUTHORIZATION:

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

To Business Associates. KTHFS provides some healthcare services and related functions through the use of contracts with business associates (also called “qualified service organizations” when related to our SUD program). Examples include: podiatry medicine, radiology, laboratory tests, and medical transcription. KTHFS may disclose your PHI to business associates so that they can perform their jobs. KTHFS requires its business associates to protect and safeguard your PHI in accordance with all applicable

federal laws.

Notifications. KTHFS may use or disclose your PHI 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.

Communications To Family and Persons Involved in Your Care. KTHFS health providers may use or disclose your PHI to others involved with and/or responsible for your care unless you object. For example, KTHFS health providers may provide your family members, other relatives, close personal friends, or any other person you identify, with limited PHI that is relevant to that person's involvement with your care or payment for such 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.

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.

Research. KTHFS may, under very limited circumstances, use your PHI for research purposes. Before we use or disclose any of your PHI for such research purposes, the project will be subject to an extensive approval process to ensure the privacy of your PHI. We may also use or disclose your medical information for research purposes based on your written authorization.

Tissue and Eye Donation. Consistent with applicable laws, KTHFS may disclose your PHI to organ donation and procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs for the purpose of facilitating organ, eye, or tissue donation and transplant.

- **About Decedents.** When an individual is deceased, KTHFS may disclose PHI 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 PHI 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 (such as finding people who received products that were recalled or withdrawn).

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

Public Health. KTHFS may use or disclose your PHI 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).

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, KTHFS may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of other individuals; (3) for the safety and security of the correctional institution.

Law Enforcement. KTHFS may use or disclose your PHI for law enforcement activities, as required or authorized by applicable law.

Legal Proceedings and Court Orders. We can share PHI about you in response to a court or administrative order, or in response to a subpoena. KTHFS will not use or share your SUD treatment information or provide testimony about your SUD treatment information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order. We will only respond to a court order to use or share your SUD treatment information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply. We will only use or share your SUD treatment information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice. We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You may have the right to seek to overturn or change the court order after you learn about it.

Health Oversight Authorities. KTHFS may disclose your PHI to health oversight agencies for activities authorized by applicable law. These oversight activities may include: monitoring, investigations, audits, inspections and licensure.

Military and Veterans. If you are military personnel or a veteran, KTHFS may use or disclose your PHI in certain situations as authorized by applicable law.

Compelling Circumstances. KTHFS may use or disclose your PHI 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 PHI as we believe is necessary to prevent or lessen a serious and imminent threat of harm, as authorized by applicable law.
- KTHFS may use or disclose your PHI during a disaster and for disaster relief purposes.
- KTHFS may release PHI 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 PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

Authorization Required. KTHFS will use or disclose your PHI 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 PHI 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 PHI.

Non-Violation of this Notice. KTHFS is not in violation of this Notice if any of its employees or business associates discloses PHI under the following circumstances:

1. Disclosures by Whistleblowers. If a KTHFS employee or 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 business associate or hired by the workforce member or 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.
- We may only disclose SUD treatment information to law enforcement when the patient commits a crime on the premises of the SUD treatment program or against the program staff or threatens to commit a crime.

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.

VI. CHANGES.

KTHFS reserves the right to change its privacy practices and to make the new provisions effective for all PHI 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. This Notice is also available at <https://www.klamathtribalhealth.org/compliance-hipaa/>.

VII. QUESTIONS OR COMPLAINTS.

If you believe your rights as set forth in this Notice have been violated and you wish to complain, or if you wish to ask for more information, or to report a problem, contact the Privacy Officer at Klamath Tribal Health & Family Services at:

**Klamath Tribal Health & Family Services
2949 S. 6th Street
Klamath Falls, OR 97603
(541) 882-1487**

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by sending a letter to U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington D.C. 20201, calling 877-696-6775, or visiting <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.