How the Native American Health Center (NAHC) May Use or Disclose Your Health Information

The health record is the property of NAHC, but the information in the health record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use health information about you to provide your health care. We disclose health information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or health care providers who will provide services that we do not provide or we may share your information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also share health information to members of your family or others who can help you when you are sick or injured, or following your death.

2. Payment. We use and disclose health information about you to obtain payment for the services we provide. For example, we may use or disclose information about you to your health plan to authorize services or referrals. We may use or disclose this information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations. We use and disclose health information about you to operate our organization. For example, we may use this information to review the quality of care we provide, or the competence or qualifications of our professional staff. We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information to review the quality of care we provide, or the competence or qualifications of our professional staff. We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information to review the quality of care we provide, or the competence or qualifications of our professional staff. We may use and disclose this information to get your health plan to authorize services or referrals.

4. Appointment Reminders. We may use and disclose health information to contact and remind you about appointments. If you are not home, we may leave this information at the telephone number that you have provided for this purpose.

5. Sign-in Sheet. We may use and disclose health information about you by having your family or friends who arrive at our office. We may also call out your name when we are ready to see you.

6. Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member or other person responsible for your care about your location, your general condition or, unless you have instructed us otherwise, in the event of a disaster. We may disclose information to a family member or other person involved with your care or who can help you with your care. If you are available and able to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency. In the event that you revoke that authorization, we will stop any future marketing activity to the extent that you revoke that authorization.

7. Marketing. We do not receive any payment for making these communications, we may contact you to encourage you to purchase or use products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by our organization and tell you which health plans we participate in. If you are a member of our health plan, we may be required to provide you with a “good faith estimate” of the costs for your care.

8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information. If you do not authorize us to sell it, we will stop any future sales of your information to the extent that you revoke that authorization.

9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or to respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. We may also disclose your health information to coroners, if your objections have been resolved by a court or other lawful process if reasonable efforts have been made to resolve your objection, or if your objections have been resolved by a court or other lawful process.

11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to resolve your objection.

13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes related to: identifying a suspect, locating a suspect, or the general public.

14. Conquetors. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in the event of a serious and imminent threat to the health or safety of a particular person or the general public.

17. Proof of Immunization. We will disclose proof of immunization to a school where the law requires the student to have such information prior to admitting a student.

18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to coroners, if your objections have been resolved by a court or other lawful process if reasonable efforts have been made to resolve your objection, or if your objections have been resolved by a court or other lawful process.

19. Worker’s Compensation. We may disclose your health information as necessary to comply with worker’s compensation laws. For example, to the extent your care is covered by workers’ compensation, we will make informing a personal representative we believe is responsible for the abuse or harm.
periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

20. Change of Ownership. In the event that our organization is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

21. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current mailing address, we may use written communication by mail to provide information related to the breach. In some circumstances, our business associate may provide the notification. We may also provide notification by other methods as appropriate.

22. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization, except as provided by law. In your treatment, (1) for our treatment or payment, (2) for training our staff, students and other trainees, (3) to defend ourselves if you sue us or bring some other legal proceeding, (4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, (5) in response to health oversight activities concerning your psychotherapy, (6) to avert a serious threat to health or safety, or (7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to disclose your psychotherapy notes, we will stop using or disclosing these notes.

23. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

24. Funding. We may use or disclose your demographic information, the dates that you received treatment, the department of service, your treating physician, outcome information, the dates that you received treatment, the dates of treatment, and you will have the right to request that we make this amendment, if you believe that your health information is inaccurate or incomplete. We are not required to correct your health information and will provide you with information about our organization's denial and how you can dispute the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. We also have the right to request that we add to your record a statement of your disagreement with the decision, and we will abide by your request, unless we must disband the record that contains that information. You have the right to request restrictions on certain uses and disclosures of your health information in a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your employer or workers' compensation insurer, we will not disclose information except as provided by law, or the disclosures to a health oversight agency or law enforcement official that is permitted to access your psychotherapy notes. We may disclose your health information to a coroner or medical examiner.

When the Native American Health Center May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize our organization to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your employer or workers' compensation insurer, we will not disclose information except as provided by law, or the disclosures to a health oversight agency or law enforcement official that is permitted to access your psychotherapy notes. We may disclose your health information to a coroner or medical examiner.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your health information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested format and if it is readily producible, or we will provide you with an alternative form you find acceptable, or if we can’t agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send copies to another person you designate in writing. We will charge a reasonable fee, which covers our costs for labor, supplies, postage, and if requested and agreed to in advance of preparing an explanation or summary, as allowed by federal and California law. We may deny your request under limited circumstances. If we deny your request to access your child’s records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is inaccurate or incomplete. We must comply with your request unless we disagree that the information is inaccurate or incomplete. We are not required to amend your health information, and will provide you with information about our organization’s denial and how you can dispute the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. We also have the right to request that we add to your record a statement of your disagreement with the decision, and we will abide by your request, unless we must disband the record that contains that information. You have the right to request restrictions on certain uses and disclosures of your health information in a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your employer or workers' compensation insurer, we will not disclose information except as provided by law, or the disclosures to a health oversight agency or law enforcement official that is permitted to access your psychotherapy notes. We may disclose your health information to a coroner or medical examiner.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by our organization, except that this organization does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication of family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices. You may request that we provide an accounting for purposes of research or public health which excludes direct patient identifiers, or which are incident to a treatment, payment, or health care operations, or as described in paragraphs 1 (treatment), 2 (payment), and 3 (health care operations), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. We also have the right to request that we add to your record a statement of your disagreement with the decision, and we will abide by your request, unless we must disband the record that contains that information. You have the right to request restrictions on certain uses and disclosures of your health information in a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your employer or workers' compensation insurer, we will not disclose information except as provided by law, or the disclosures to a health oversight agency or law enforcement official that is permitted to access your psychotherapy notes. We may disclose your health information to a coroner or medical examiner.

6. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Contact listed at the top of this Notice of Privacy Practices.