

NOTICE OF PRIVACY PRACTICES

Muscogee (Creek) Nation Department of Health

Effective Date: May 14, 2013

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.

Responsibilities of Muscogee Creek Nation Department of Health

MCNDH is required to protect the privacy of your health information that may identify you. This health information includes health care services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.

MCNDH is required by law to inform you of our legal duties and privacy practices with respect to your health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your past, present, and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice of Privacy Practices*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information that we maintain. Any changes to this *Notice* will be posted on our web site at <http://www.creekhealth.org> and in MCNDH facilities. Copies of any revised *Privacy Notices* will be available to you upon request.

If, at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures and practices, you may contact our Privacy Officer.

Use and Disclosure of Health Information without Authorization

Treatment:

MCNDH may use or disclose your health information, as needed, in order to provide, coordinate, or manage your health care and related services. This includes sharing your health information with other health care providers through a health information exchange, both within and outside the organization regarding your treatment when we need to coordinate and manage your health care or provide timely access of protected health information to emergency room doctors or specialist offices. A MCNDH patient may prevent these disclosures by filling out an opt-out form at patient registration.

Payment for Services:

MCNDH may use and give your health information to other staff and health plans you designate to bill and collect payment for the health care services received by you. We

may share information with your health plan to determine coverage status prior to scheduled services. We will share adequate information with departments that prepare bills and manage client accounts in order to ensure payment for services rendered. We may share your health information with agents of your insurance company or health plan to confirm services that were provided to you. We may also share your health information with facility staff who review client services to make certain you have received appropriate care and treatment.

Health Care Operations:

MCNDH may use or disclose your health information in performing a variety of business activities that we call “health care operations”. These “health care operations” allow us to improve the quality of care we provide to you and our other clients and help us to reduce health care costs. Some examples of the way we may use or disclose your health information for “health care operations” are:

- Review the care you receive here and evaluate the performance of your health care team to ensure you have received quality care.
- Review and evaluate the skills, qualifications and performance of our health care providers that are taking care of you.
- Provide training programs for students, trainees, health care providers or non-health care professionals (such as billing clerks) that allow these professionals to use the skills they have learned.
- Cooperate with outside organizations that review and determine the quality of care that we, and other health care organizations, provide such as Accreditation Association for Ambulatory Health Care (AAHC) and Det Norske Veritas (DNV).
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Assist others who review our activities such as other health care providers, lawyers and others who assist us in complying with specific laws.
- Plan for future operations such as evaluating information about the number of clients that needed a particular x-ray to determine if additional equipment is needed.
- Resolve grievances such as use of health information during an investigation conducted by administration when a staff member within our agency files a grievance, protesting against a particular issue.

Other Circumstances:

MCNDH may use and/or disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities. For example, we may disclose health information to public health authorities if you have a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk such as evidence of your noncompliance with your treatment plan. If

you suffer from a communicable disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this Notice, we will not release any information about your communicable disease except as required to protect public health or the spread of a disease, or at the request of the State or Local Health Director;

- Regarding abuse, neglect or domestic violence;
- For health oversight activities such as licensing of nursing homes;
- For law enforcement purposes unless otherwise prohibited by State or Federal law;
- For court proceedings such as court orders to appear in court with your health information;
- Related to death such as disclosures to a funeral director;
- Related to donation of tissues or organs;
- To avoid a serious threat to the health or safety of a person or the public;
- Related to specialized government activities such as national security;
- To correctional/custodial institutions or other law enforcement officials when you are in their custody; and/or
- For Worker's Compensation in cases pending before the Industrial Commission.

Contacting You

MCNDH may use your health information to contact you to:

- Remind you of upcoming appointments
Example: This agency may contact you through a telephone call about an appointment that you have for treatment or medical care.
- Make you aware of alternative treatment, services, products or health care providers that may be of interest to you
Example: If you are receiving treatment for a particular condition and your health care team learns of new or alternative treatments, we may contact you to inform you of such possibilities.

Use and Disclosure of Health Information That Allows You an Opportunity to Object

There are certain circumstances where we may disclose your health information and you have an opportunity to object. Such circumstances include disclosures to:

- Families, friends, or others involved in your care.
- We may share your health information with the American Red Cross for disaster relief purposes.
- We may disclose your protected health information to an organization, such as a Health Information Exchange Organization, E-prescribing Gateway, or Regional Health Information Organization, that provides data transmission of protected health information.

If you would like to object to disclosure of your health information in any of the above circumstances, please contact our agency's Privacy Officer listed in this *Notice* for consideration of your objection.

Use and Disclosure of Health Information That Requires Your Authorization

MCNDH will not use or disclose your health information without your authorization except as specified in the above examples where use or disclosure of your information is allowed or when required by State or Federal law. For all other uses or disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. Before you sign an authorization you will be fully informed of the exact information you are authorizing to be disclosed.

You may request that your authorization be cancelled by informing our agency Privacy Officer that you do not want any additional health information about you exchanged with a particular person or healthcare provider. You will be asked to sign and date the authorization revocation section of your original authorization. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

If you are a minor who has consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, you have the right to authorize disclosure of your health information.

Use and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization, and other uses and disclosures not described in this *Notice* will be made only with authorization from the individual.

Patient Rights Regarding Protected Health Information

You have the following rights regarding your health information as created and maintained by this agency.

Right to receive a copy of this Notice:

You have a right to receive a copy of MCNDH's *Notice of Privacy Practices*. At your first treatment encounter with this agency, you will be given a copy of this *Notice* and asked to sign acknowledgement that you have received it. In the event of emergency services, you will be provided the *Notice* as soon as possible after emergency services have been rendered. In addition, copies of this *Notice* have been posted on our web site at <http://www.creekhealth.org> and in MCNDH facilities. You have the right to request a paper copy of this *Notice* at any time from MCNDH patient registration department.

Right to request different ways to communicate with you:

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information be sent to your work

address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing.

Right to request to see and copy your health information:

You have the right to request to see and receive a paper or electronic copy of your health information in clinical, billing, and other records that are used to make decisions about you. Your request must be in writing. Instead of providing you with a full copy of the health information, we may give you a summary or explanation of your health information, if you agree in advance to that format of such information. For example, this would include an electronic copy of the protected health information in the format of MS Word or Excel, text, HTML, or text-based PDF, among other formats.

Your request may be denied under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial.

Right to request amendment of your health information:

You have the right to request changes in your health information in clinical, billing, and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing and explain your reasons for the amendment. We must respond to your request within 60 days of receiving your request.

We may deny your request if:

- the information was not created by MCNDH (unless you prove the creator of the information is no longer available to change the information);
- the information is not part of the records used to make decisions about you;
- we believe the information is correct and complete and/or
- you do not have the legal right to see and copy the record.

If we deny your request to change your health information, we will tell you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to change your health information, we will make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

Right to request a listing of disclosures we have made:

You have the right to request and receive a written list of certain disclosures of your health information made after April 14, 2003. You may ask for disclosures we made up to six years before your request. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure.

MCNDH is not required to include on the list disclosures for the following:

- For your treatment;
- For billing and collection of payment for your treatment;

- For our health care operations;
- Requested by you, that you authorized, or which are made to individuals involved in your care; or
- Allowed by law.

Right to request restrictions on uses and disclosures of your health information:

You have the right to request that we limit our use and disclosure of your health information for treatment, payment, and health care operations. You have the right to restrict certain disclosures of protected health information to a health plan where the individual pays out of pocket in full for the health care item or service. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or a friend. For example, you could ask that we not use or disclose the information about a previous condition you had.

We are not **required** to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You or your personal representative may cancel the restrictions at any time. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

Right to be notified following a breach of unsecured protected health information:

You or your personal representative will be informed of your rights to receive notification following a breach of protected health information.

Complaints

If you believe your privacy rights have been violated you may contact our agency Privacy Officer. All complaints should be submitted in writing.

Privacy Officer Contact information is as follows:

MCNDH Privacy Officer
PO Box 400
Okmulgee, Ok 74447
(918) 756-4333

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909

Voice Phone (404) 562-7886
FAX (404) 562-7881
TDD (404) 331-2867

If you file a complaint, we are forbidden by law to take any action against you or change our treatment of you, in any way.