

# Tohono O'odham Nation Health Care - Notice of Privacy Practices



## Your Information. Your Rights. Our Responsibilities

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.

# **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Receive notification of a breach of your unsecured protected health information.
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information and raise funds

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the laws
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other Government requests
- Respond to lawsuits and legal actions

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

## Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually no later than 30 days of your request.

# Receive notification of a breach of your unsecured protected health information

• If your information is breached, generally, an impermissible use or disclosure under the Privacy Rule, we will notify you.

# Ask us to correct your medical record

• You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home, or office phone) or to send mail to a different address
- We will say "yes" to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### Get a list of those with whom we've shared information

• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

 We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make)

# Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you
have agreed to receive the notice electronically. We will provide
you with a paper copy promptly.

## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- If you believe your privacy rights have been violated, you may file a complaint with the:
- Privacy Officer
   Tohono O'odham Nation Health Care Sells Hospital
   PO Box 548
   Sells, AZ 85634 (520) 383-7420
- You can file a complaint by sending a letter to:

  U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775,
- or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

   We will not retaliate against you for filing a complaint.

### **Your Choices**

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in your care
- Include your information in a hospital directory



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If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we will never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### **Our Uses and Disclosures**

How do we typically use or share your health information? We typically use or share your health information in the following ways.

## Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

# **Run our organization**

We can use and share your health information to operate our practice, improve your care, and contact you when necessary. Examples: We use health information about you to develop better services for you, provide customer service, resolve patient complaints, patient advocacy, conduct activities to improve patient's health, assist in the coordination and continuity of health care.

# Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay Tohono O'odham Nation Health Care for your services.

# How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more

information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

## Help with public health and safety issues

We can share health about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research

We may use or share your information for health research.

## Comply with the law

We will share information about you if Federal or Tribal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

# Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

#### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when a person passes on.

# Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

## Respond to lawsuits and legal actions

We can share health information about you in response to a valid court or administrative order, or in response to a valid subpoena.

**Health Information Exchange (HIE).** The TONHC HIE may make your health information available electronically through an information exchange network to other providers involved in your care who request your electronic health information. Participation in the

national eHealth Exchange network is voluntary. If you want your health information to be accessible to authorized health care providers through the HIE to the national eHealth Exchange, you must authorize this use and disclosure.

**Personal Health Record**. The Personal Health Record (PHR) is a secure web based application that provides patient access to their health care information. The PHR is accessible to any patient receives care at any of our facilities and requests a PHR account.

**Direct**. The TONHC may share your health information between providers and between healthcare providers, patients and/or patients' authorized representatives, using the DIRECT secure, webbased messaging service

# **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

#### For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

# **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.

#### **Other Instructions for Notice**

- Revised date of this Notice: February 21, 2017
- TONHC will never market or sell your personal information
- Tohono O'odham Nation Health Care includes Sells Hospital, San Xavier Health Center, Santa Rosa Health Center and San Simon Health Center