CHAPA-DE
INDIAN HEALTH

Notice of Privacy Practices

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.

If you have any questions about this Notice, please contact our Compliance Officer at 530.887-2800. Ext. 2892

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all records of your care generated by the clinic.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of your protected health information and to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy. You may request a revised copy by calling our clinic and asking that one be sent to you in the mail, email, or by asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose medical information.

For Treatment. We may use and disclose your protected health information to provide, coordinate and manage your health care and any related services. This may involve disclosing your information to physicians, nurses and other personnel who provide you with healthcare services or are involved in your care who do not work in our clinic.

For example, when we refer you to a specialist, we will share your health information with them. We will send this information whether you see the specialist (for example, a surgeon) or not (for example, if we send a specimen to a laboratory for analysis). That specialist will have a privacy and confidentiality policy like this one.

At Chapa-De we share information about you between different departments.

For example, there may be times when your Dentist at Chapa-De may need to access your medical information to determine your blood pressure, or what medications you are currently taking.

If you don't object, we may also release medical information about you to a friend or family member who is involved in your medical care or in the payment of your health care. If you are unable to agree or object, to such a disclosure, we may disclose the information if we determine, based on professional judgment, it is in your best interest.

For example, your family member may be involved in helping care for you and would need updates about your condition.

At Chapa De we also share your medical information in group classes with all other participants. To participate in group classes, you must accept that your medical information will be shared.

For example, if you participate in a Diabetes group class, the other participants in the class will learn that you are Diabetic.

For Payment. Your protected health information will be used as needed to obtain payment for your health care services.

For example, the information on or accompanying the bill to your insurance company may include information that identifies you, as well as your diagnosis, services received and supplies used. This information may also be sent to the individual identified as the one responsible for payment of your services.

For Health Care Operations. We may use or disclose your protected health information in order to support the business activities of the agency. These activities include, but are not limited to quality assessment, licensing, funding justification, employee review activities and conducting other business activities.

For example, we use your medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We will share your protected health information with third party "Business Associates" that perform activities (financial audits, billing) for the agency. Whenever an arrangement between our clinic and a business associate involves the use of your protected health information, we will have a written contract that holds the associate accountable for protecting the privacy of your protected health information.

Marketing:
We may use or disclose your protected health information to provide you with information about treatment alternatives or other health related benefits that may be of interest to you. We may use and disclose your protected health information for other marketing activities. For example, we may use your name and address to send you our newsletter or to send you information about products and services that we believe may be beneficial to you. You may contact our Compliance Director to request that these materials not be sent to you.

We will not disclose your information to another entity for the purposes of marketing.

We will not contact you to help raise funds or release your information to anyone else to do so.

Appointment Reminders:
We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or to schedule an appointment for care. You will be notified by phone, mail, or email.

2. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR PERMISSION OR OPPORTUNITY TO OBJECT.

We may use or disclose your protected health information in the following situations without your authorization.

Required by Law: We will disclose medical information about you when required to do so by federal, state or local law.

Public Health: We may disclose protected health information about you for public health. These agencies will be permitted by law to receive such disclosures. The disclosure will be made for the purpose of controlling disease, injury or disability.

Communicable Diseases: We may disclose protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose medical information to health oversight agencies for activities authorized by law. These oversight activities include audits, investigations, inspections, licensure and accreditation. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. Consistent with applicable state and federal laws, if we believe you have been the victim of abuse, we may disclose your protected health information to the agency authorized to receive such information.

Legal Proceedings: We may disclose protected health information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena or other lawful process.

Food and Drug Administration: We may disclose protected health information to a person or company required to report adverse events, product defects or problems as required by the Food and Drug Administration.

Law Enforcement: We may also disclose protected health information so long as applicable legal requirements are met, for law enforcement purposes. Law enforcement purposes may include disclosures to prevent or lessen an immediate, serious threat to the health or safety of an identified person

Coroners, Medical Examiners: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Organ Donation: We may release medical information to an organ procurement organization or tissue bank to help with an organ donation or transplantation.

Business Associates: We may release medical information to businesses that perform a function on behalf of Chapa-De Indian Health Program. As stated above, *we will have a written contract that holds the associate accountable for protecting the privacy of your protected health information*.

Worker's Compensation: We may disclose your protected health information as authorized to comply with worker's compensation laws and other similar programs.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release may be necessary for the institution to provide you with health care, to protect your safety and the safety of others, or for the safety and security of the correctional institution.

Emergencies: We may use or disclose your protected health information in an emergency situation. If this happens, we will try to obtain your consent as soon as reasonably possible.

Disaster Coordination: We may also give information to an authorized public or private entity to assist in disaster relief efforts primarily to coordinate uses and disclosures to others involved in your health care.

3. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN PERMISSION

All other uses and disclosures of your protected health information not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law. We also acknowledge that your permission is required for the sale of your medical information. It is also our policy not to use or disclose your psychotherapy notes without your written authorization.

You may revoke any authorizations to release medical information at any time, in writing, except to the extent that the clinic has taken an action in reliance on the use or disclosure indicated in the authorization. Forward all requests to the Compliance Officer.

4. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that is maintained in a designated record set and may be used to make decisions about your care. This included medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Chapa-De Indian Health Program using the *Patient Access to PHI Request Form*. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. Depending on the situation, a decision to deny access may be reviewable. In this case you may request that the denial be reviewed. Another licensed health care professional, who is not the person who denied your request, will be chosen by Chapa-De to review your request and the denial. Chapa-De will comply with the outcome of their review.

Right to Amend: If you feel that the medical information we maintain about you in a designated record set is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we maintain the information.

To request an amendment, your request must be made in writing using the *Request for Correction Form* and must be submitted to our Compliance Director. In addition, you must provide a reason that supports your request.

In certain situations we may deny your request if you ask us to amend information that:

1.) Was not created by us, unless the person or entity that created it is no longer available to make the amendment
2.) Is not part of the medical information kept by Chapa-De
3.) Is not part of the designated record set
4.) Is complete, timely, and accurate

Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures for purposes other than treatment, payment or health care operations as described above in this notice. This list excludes those disclosures made with your authorization, to you or to friends and family involved in your care.

To request this list you must submit your request in writing to our Compliance Officer. You may receive this information for disclosures that occurred after April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care as described in this notice.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing and submit it to our Compliance Officer. In your request you must tell us:

1. What information you want to limit
2. Whether you want to limit our use, disclosure or both
3. To whom you want the restrictions to apply, for example, disclosures to a family member

Right to Request a Disclosure Restriction to your Health Plan: You have the right to restrict the disclosure of medical information to your health plan if all of the following criteria are met:

1. If you make a written request before the visit
2. If you make a written request at each visit you wish to have restricted from your health plan.
3. If you pay for the entire visit at the time of check in, with Cash
4. If no other third party is responsible for covering any part of the visit or reducing its' cost.

If you are willing to meet all these requirements, please let registration or reception know and they will provide you a form to make your written request.

Right to Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail.

To request confidential communications, you must make your request in writing and submit it to our Compliance Officer. Your request must specify how or where you wish to be contacted. We will not ask you

the reason for your request, although we may condition this accommodation by asking you for information as to how payment will be handled. *We are not required to agree to your request*, however we will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: Even if you have agreed to accept this Notice of Privacy Practices electronically, you have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice by requesting one from our Registration Department or from our Compliance Officer.

Right to Notification of Privacy Breach of Medical Information: You have the right to be notified by us that the privacy of your medical information has been breached. We will notify you within 5 working days should any such breach occur.

5. CHANGES TO THIS NOTICE

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice of Privacy Practices in the clinic. The Notice will contain on the first page, in the bottom left corner, the effective date.

6. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Chapa-De Indian Health Program, Inc. or with the Secretary of the Department of Health and Human Services. For further information on the complaint process, please contact our **Compliance Officer at (530) 887-2800. Ext. 2892**

You will not be penalized for filing a complaint.

This notice becomes effective on April 14, 2003

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By signing this form, you acknowledge receipt of our Notice of Privacy Practices.

_____ _____
Patient Name Date of Birth

_____ _____
Signature Date

_____
Relationship to Patient

For Patients Unable to Acknowledge Receipt

The patient was unable to acknowledge receipt of Chapa-De's Notice of Privacy Practices because:

_____ _____
Staff Signature Date

_____
Medical Record Number

Effective April 14, 2003
Rev: 09/08