NOTICE of PRIVACY PRACTICES
Paiute Indian Tribe of Utah
Community Health Centers

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 the information in this Notice, please contact Allen Pitts, our Privacy Official, at (435) 586-1112 ext. 405.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that your medical information is personal and sensitive, and we are committed to protecting it. We create a record of the care and services you receive from us to provide you with quality medical care and to comply with any legal or regulatory requirements. This Notice applies to all of the records generated by this practice, whether made by your personal doctor or others working in this office. This Notice will tell you the ways in which we may use or disclose your medical information. This Notice also describes your rights to access your medical information, and describes certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that your medical information is kept private;
- Notify you in the event that we (or a Business Associate) discover that there has been a breach of your unsecured medical information;
- Make available this Notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose your medical information. For each category, we explain what we mean and give you some examples; however, we cannot list every possible use or disclosure. If you have questions about the categories or examples, please contact Allen Pitts, our Privacy Official, at (435) 586-1112 ext. 405.

For Treatment. We use your medical information to understand your health condition and to provide you with the best possible treatment. We share (disclose and receive) your medical information with the doctors, nurses, technicians, health students, and other personnel who are involved in taking care of you. They may work at our offices, our 340b or Surescripts pharmacy programs and the Utah Statewide Immunization Information System. We may also share your medical information with a hospital, another doctor's office, lab, pharmacy, or other healthcare provider to whom we may refer you for tests or treatments. For example, a doctor outside our clinic who is treating you for a broken leg would need to know if you have other medical problems because these could impact the ability of your body to heal your broken leg. We may also disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

For Payment: We use your medical information so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, a state Medicaid agency or a third party. For example, we may need to give your health insurance plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may submit (or may already have submitted at a past visit) your personally identifiable information to the Utah Medicaid eligibility database and the Children's Health Insurance Program eligibility database to determine if you are enrolled in or eligible for either program.

For Healthcare Operations: We use your medical information to improve the quality of operations at our healthcare practice. For example, we may use your medical records to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine parts of your medical records that do not identify you personally with similar information from other patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, and to compare how we are doing with other healthcare practices.

Appointment Reminders: We may use and disclose your medical information to contact you as a reminder that you have an appointment by telephone, text, mail or email. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different phone, email or address to contact you for this purpose. Please let the front desk staff know the best method to reach you for reminder calls, or if you do not wish to receive reminder calls.

Research. We may use or share your information for health research.

AS REQUIRED BY LAW. We will disclose your medical information when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces or veteran, we may release your medical information as required by military command authorities or the Department of Veterans Affairs, as applicable.

Workers' Compensation. We may release your medical information for workers' compensation if you are injured or become ill at work and are claiming benefits under the Workers' Compensation program.

Public Health. We may disclose your medical information to public health authorities to report communicable diseases, traumatic injuries or birth defects, or to report vital statistics, such as a baby's birth.

FDA Safety Monitoring. We may disclose your medical information to a medical device manufacturer, as required by the FDA, to monitor the safety of a medical device.

State Authorities. We may disclose your medical information to notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence when required or authorized by law.

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

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court order or valid subpoena.

Law Enforcement. We may release your medical information to a law enforcement official:

- in reporting certain injuries as required by law, i.e., gunshot wounds, burns, injuries to perpetrators of crimes;
- in response to a court order, subpoena, warrant, summons or similar legal process;
- to identify or locate a suspect, fugitive, material witness, or missing person; in these circumstances, the released information would only include your name and address, date and place of birth, Social Security number, ABO blood type and Rh factor, type of injury (if applicable), date and time of treatment (if applicable), date and time of death (if applicable), and a description of your distinguishing physical characteristics;
- to respond to a request for medical information about you as the victim of a crime, if you agree to disclosure or under certain limited circumstances where we are unable to obtain your agreement;
- to alert law enforcement about a death we believe may be the result of criminal conduct;
- to report an instance of criminal conduct at our facility;
- to report a crime during a medical emergency; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Such releases of information will be made only after we have verified the identity and authority of the law enforcement personnel.

Coroners, Health Examiners and Funeral Directors. We may release your medical information to a coroner or health examiner to identify a deceased person or determine the cause of death. We may also release your medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose your medical information to authorized federal officials so they may protect the President, other authorized persons or foreign heads of State, or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official as needed: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION
You have the following rights regarding your medical information:

Right to Inspect and Copy: You have certain rights to inspect and/or obtain a copy of your medical information. Usually, this includes health and billing records. This does not include psychotherapy notes, information that we compile for use in or reasonable anticipation of a legal proceeding, and certain laboratory information.

To inspect and/or obtain a copy of your medical information, you must submit your request in writing on a form that we will provide you. If you request a copy of your medical information, we may charge you a cost-based fee for copying, mailing and other supplies and services associated with your request.

You may request that a copy of your medical information be sent directly to another agency by submitting your request in writing on a form that we will provide you, or that is provided by the receiving agency

Right to Amend. If you feel that your medical records are incorrect or incomplete, you may ask us to amend the information in them. You have the right to request an amendment for as long as we keep your medical information. To request an amendment, you must submit your request in writing and include a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for our practice;
- Is not part of the medical information which you would be permitted to inspect and/or copy; or
- Is accurate and complete.

If you request an amendment to your medical information, we will notify you in writing of our decision. If we deny your request, you may submit a statement of disagreement that will be placed in your medical records. Any amendment we make to your medical information will be disclosed to those with whom we disclose information as previously specified in this Notice.

Right to an Accounting of Disclosures. You have the right to request an accounting of any disclosures of your medical information we have made, except for its use and disclosure for treatment, payment, health care operations, and as required by law, as previously described.

To request an accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be more than six years prior to the date of your request. The first accounting that you request within a 12-month period will be free. For additional lists within the same 12-month period, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date should not exceed a total of 60 days from the date you made the request.

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, such as a family member or friend. For example, you could ask that we not disclose information to your spouse about a surgery you had.

We are not required to agree to your request for restrictions if we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to the Privacy Official. In your request, you must tell us what information you want to limit and to whom you want the limits to apply; for example, you do not want us to disclose a specific surgery to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Approve Certain Disclosures. We will not use or disclose your medical information for any other purpose not described in this Notice without your approval. You are not required to approve any of these disclosures if you do not wish to do so, and the healthcare you receive from us will not change whether or not you approve them.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health 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 in our facility. The Notice will contain its current revision date at the bottom of the each page. In addition, each time you register for treatment or health care services, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. To file a complaint with us, fill out a Consumer Relation form located at the front desk, or contact Allen Pitts, the Privacy Official, at (435) 586-1112 ext. 405. All complaints must be submitted in writing.

OTHER USES OF YOUR MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this Notice or by the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your medical information for such a purpose, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or disclose your medical information for that purpose. You understand that we are unable to take back any uses or disclosures that we may have already made when we had your permission to do so, and that we would still be required to retain the records of the healthcare that we provided to you.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

We request that you sign at the bottom of this notice acknowledging that you have received a copy of this Notice. If you choose not to or are not able to sign, a staff member will sign their name and indicate the date that you received the copy of this Notice. This acknowledgement will be filed with your records.

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Signature of patient or parent/guardian

I, (print name) **____, do acknowledge that I have received a copy of the "Notice of Privacy Practices".**

Signed ____ Date ______________________________

Relationship to patient _____________________________________