



**WINSLOW INDIAN HEALTH CARE CENTER**  
**500 N. Indiana Avenue**  
**Winslow, Arizona 86047**

## **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 THIS NOTICE CAREFULLY.**

***Original Effective Date 4-14-2003/Revised Date 8-6-2013***

We are committed to protecting the confidentiality of your protected health information, and are required by law to do so. This notice describes how we may use your protected health information within the facilities, providing Purchased Referred Care (PRC) and how we may disclose it to others outside WIHCC facilities. This notice also describes the rights you have concerning your own protected health information. Please review it carefully and let us know if you have questions.

### **UNDERSTANDING YOUR HEALTH RECORD AND PROTECTED HEALTH INFORMATION:**

Each time you visit Winslow Indian Health Care Center (WIHCC) for services, a record of your visit is made. If you are referred by WIHCC through the Purchased Referred Care (PRC) program, WIHCC also keeps a record of your PRC visit. Typically, this record contains your symptoms, diagnosis, treatment and a plan for future care. This information, often referred to as your health record, serves as a:

- Plan for your care and treatment;
- Communication source between health care professionals;
- Tool with which we can check results and continually work to improve the care we provide;
- Means by which Medicare, AHCCCS, or private insurance payers can verify the services billed;
- Tool for education of health care professionals;
- Source of information for public health authorities charged with improving the health of the people;
- Source of data for medical research, facility planning and marketing;
- Legal document that describes the care you receive.

### **UNDERSTANDING WHAT IS IN YOUR PROTECTED HEALTH RECORD AND HOW THE INFORMATION IS USED HELPS YOU TO:**

- Ensure its accuracy;
- Better understand why others may review your protected health information;
- Make an informed decision when authorizing disclosures.

### **HOW WILL WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION?**

**Treatment:** We may use your Protected Health Information (PHI) to provide you with medical service and supplies. We may also disclose your PHI to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care at WIHCC facilities and referrals through the PRC program. For example, we will allow your physician to have access to your WIHCC protected health record to assist in your treatment and for follow-up care.

We also may use and disclose your PHI to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Family Members and Others Involved in Your Care:** We may disclose your protected health information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your protected health information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want WIHCC to disclose your protected health information to family members or others who will visit you, please submit this request in writing. WIHCC is not required to comply with your request; but if we do, we will comply with your request unless the information is needed to provide you with emergency services.

**Payment:** We may use and disclose your protected health information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment. After your insurance pays, you will not be billed by WIHCC. If you paid "out-of-pocket" for medical services, you may request that this information to not be released to the insurance company.

**WIHCC Operations:** We may use and disclose your protected health information if it is necessary to improve the quality of care we provide to patients or to run the facilities.

**Business Associates:** We may use or disclose your PHI to an outside company that assists us in operating our health system. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

**Abuse or Neglect:** We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

**Workers' Compensation:** We will disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.

**Interpreters:** In order to provide you proper care and services, WIHCC may use the services of an interpreter. This may require the use or disclosure of your personal protected health information for interpreting.

**Research:** We may use or disclose your protected health information for research projects that has been approved by an I.H.S. Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. WIHCC may also use or disclose your protected health information for research purposes based on your written authorization.

**Required by Law:** Federal, state, or local laws sometimes require us to disclose patients' protected health information.

**Public Health:** We also may report certain protected health information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State of Arizona. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

**Public Safety:** We may disclose protected health information for public safety purposes in limited circumstances. We may disclose protected health information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose protected health information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at WIHCC clinics. We also may disclose your protected health information to law enforcement officials and others to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may disclose protected health information to a tribal or government agency that oversees the WIHCC or its personnel, such as the Indian Health Service Navajo Nation, Arizona Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need protected health information to monitor WIHCC' compliance with state and federal laws.

**Shared Medical Record/Health Information Exchange:** We maintain PHI about our patients in shared electronic medical records that allow the WIHCC associates to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to another facility that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose protected health information concerning deceased patients to Coroners, medical examiners and funeral directors to assist them in carrying their duties.

**Organ and Tissue Donation:** We may disclose protected health information to organizations that handle organ, eye, or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your protected health information as required by military command authorities or to the Department of Veterans Affairs. WIHCC may also disclose protected health information to federal officials for intelligence and national security purposes or for Presidential Protective Services.

**Judicial Proceedings:** WIHCC may disclose protected health information if ordered to do so by a court or if WIHCC receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your protected health information.

**Information with Additional Protection:** Certain types of protected health information have additional protection under state or federal law. For instance, protected health information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of protected health information. For those types of information, WIHCC is required to obtain your permission before disclosing that information to others in many circumstances.

**Other Uses and Disclosures:** Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization.

If WIHCC wishes to use or disclose your Protected Health Information (PHI) for a purpose, unless we have already relied on your permission to use that is not discussed in this Notice, WIHCC will seek your permission. If you give your permission to WIHCC, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify the Health Information Management Services (HIM) in writing.

## **WHAT ARE YOUR RIGHTS?**

**Right of Access to Inspect and Copy:** You have the right to look at your own Protected Health Information (PHI) and to get a copy of that information for as long as we maintain it as required by law. (The law requires us to keep the original record.) This includes your protected health information, your billing record, and other records we use to make decisions about your care. To request your protected health information, contact the Health Information Management department, You will be required to sign a Release of Information form and present your identification card for proof of identity. If you request a copy of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

**Right to Amend:** If you examine your Protected Health Information (PHI) and believe that some of the information is wrong or incomplete, you may ask us to amend your Protected Health Information. Contact the Health Information Management Department and complete necessary forms for approval by the clinical director and provider. The chart will be reviewed by the medical provider for accuracy and completeness. Your request may be denied if information is accurate.

**Right to Get a List of Certain Disclosures of Your Medical Information:** With some exceptions, you have the right to request a list of the disclosures we make of your medical information. If you would like to receive such a list, contact the Health Information Management department. You will be required to complete the "Request for An Accounting of Disclosure," form and present your identification card for proof of identity.

**Right to Request Restrictions on How WIHCC Will Use or Disclose Your Protected Health Information for Treatment, Payment, or Health Care Operations:** You have the right to ask us not to make uses or disclosures of your Protected Health Information to treat you, to seek payment for care, or to operate the clinics. We are not required to agree to your request, but if we do agree, we will comply with that agreement. But if WIHCC agrees to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. A request for restriction should be made in writing. Contact the Health Information Management department to complete the necessary "Restrictions" form for approval/disapproval by the WIHCC's CEO.

**Right to Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. Contact the Health Information Management department to complete: "Request For Confidential Communication by Alternate Means or Alternate Location." You can also ask to speak with your health care providers in private outside the presence of other patients—just ask them!

**Right to be Notified of a Breach:** You have the right to be notified in the event that we (or one of our Business Associates) discovers a breach of unsecured protected health information involving your medical information.

**Right to a Paper Copy:** If you have received this notice electronically, you have the right to a paper copy at any time. You may obtain a paper copy of the notice at each WIHCC clinic location, including Dental, Optometry/Physical Therapy, Main Clinic, Leupp and Dilkon.

## **WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?**

This Notice of Privacy Practices applies to WIHCC and its personnel, volunteers, students, business associates and trainees. The notice also applies to other health care providers that come to WIHCC to care for patients, such as physicians, physician assistants, therapists, other health care providers not employed by WIHCC, emergency service providers, community health representatives, Medical transportation companies and medical equipment and suppliers who come to WIHCC. WIHCC may share your medical information with these providers for treatment purposes, to get paid for treatment, or to conduct health care operations. These health care providers will follow this notice for information they receive about you from WIHCC. These other health care providers may follow different practices at their own offices or facilities offices or facilities.

## **CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or disclose patient Protected Health Information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time from any WIHCC clinic facility or staff member.

## **DO YOU HAVE CONCERNS OR COMPLAINTS?**

Please tell us about any problems or concerns you have with your privacy rights or how the Winslow Indian Health Care Center uses or discloses your protected health information. If you have a concern, complaint, or need additional information, please contact:

Privacy Officer or Director of Health Information Management  
Winslow Indian Health Care Center, 500 N. Indiana Ave., Winslow, AZ 86047 (928) 289-8068

If for some reason the WIHCC cannot resolve your concern, you may also file a complaint with the federal government:

Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
Washington, D.C. 20201  
(202) 401-2337

We will not penalize you or retaliate against you in any way for filing a complaint with the Federal Government.

## **DO YOU HAVE QUESTIONS?**

WIHCC is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how WIHCC may use and disclose your protected health information, please contact The Director of Health Information Management or Privacy Office.