



Notice of Privacy Practices - How Your Medical Information Is Used

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.

K'IMA:W MEDICAL CENTER (KMC) will use and distribute this Notice as their Notice of Privacy Practices and follow the information practices described in this Notice when using or disclosing records and information. KMC will share your health information with others health care entities, as necessary, to carry out treatment, payment, or health care operations as described in this Notice.

Understanding Your Health Information

Each time you visit a hospital, clinic, physician, or other health care provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination and test results, diagnosis, treatment, care plan, insurance, billing, and employment information. This health information, often referred to as your personal health (PHI) record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by insurance companies and other third-party payers to verify the appropriateness of billed services.

Our Responsibilities

We are required by law to:

- Maintain the privacy of your health information.
- Provide you with an additional current copy of our Notice upon request.
- Abide by the terms of our current Notice.

We will not use or disclose your health information without your written authorization, except as described in this Notice. Such authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it.

Examples of Using Health Information for Treatment, Payment and Health Care Operations

We will use and disclose your health information for treatment purposes

For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the Electronic Health Record (EHR) to coordinate care provided. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you in the future.

We will use and disclose your health information for payment purposes

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose health information about you to other qualified parties for their payment purposes. For example, if you are brought in by ambulance, we may disclose your health information to the ambulance provider for its billing purposes.

We will use and disclose your health information for health care operations

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of health care we provide. In some cases, we will furnish your health information to other qualified parties for their health care operations. The ambulance company, for example, may

want information regarding your condition to help them know whether they have done an effective job of stabilizing your condition.

Health Information Exchange

We may make your protected health information available electronically through an information exchange service to other health care providers, health plans and health care clearinghouses that request your information. Participation in information exchange services also lets us see their information about you.

Teaching

Even though KMC is not considered a teaching institution, we do provide training and use students in medicine, dentistry, nursing, and allied health, and they may be assisting with your care under the supervision of a licensed health care provider and at the approval of the patient, as a part of their professional health care training program.

Other Uses and Disclosures of Your Health Information

Notification

We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

Communication with Family and Others

KMC may disclose relevant health information to a family member, friend, or other person involved in your care. We will only disclose this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

As a covered entity, KMC is now permitted to disclose a decedent's personal health information to family members and others who were involved in the care or payment for care of a decedent prior to death, unless doing so is inconsistent with any prior expressed individual preference.

KMC can disclose proof of immunization to a school where a state or other law requires it prior to admitting a student. Written authorization is no longer required, but an agreement must still be obtained, which can be oral.

Directory

Unless you notify us that you object, or we are otherwise prohibited by law, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and, except for religious affiliation, to other people who ask for you by name.

Business Associates

There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, we require the business associate to appropriately safeguard your information.

Appointment Reminders

We may contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives

We may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising

We may contact you in an effort to raise money for clinical programs, research and education. If you do not want us to contact you for fundraising efforts, you must notify the Human Resources at 535 Airport Road, K'ima: w Medical Center, Hoopa, California 95546. (530)- 625 - 4261.

Public Health

We may disclose health information about you for public health activities. These activities may include disclosures:

To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability;

- To appropriate authorities authorized to receive reports of abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Workers' Compensation

We may disclose health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Correctional Institutions

If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose to the correctional institution, its agents or the law enforcement official your health information necessary for your health or the health and safety of other individuals.

Law Enforcement

We may disclose health information if asked to do so by a law enforcement official as required or permitted by law or in response to a subpoena.

Health Oversight Activities

We may disclose health information for health oversight activities authorized by law. For example, oversight activities include 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.

Threats to Health or Safety

Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialized Government Functions

We may disclose your information for national security and intelligence activities authorized by law, for protective services of the president; or if you are a military member, to the military under limited circumstances.

As Required by Law

We will use or disclose your health information as required by federal, State or local law.

Lawsuits and Administrative Proceedings

We may release your health information in response to a court or administrative order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Funeral Directors, Medical Examiners, and Coroners

We may disclose your health information to funeral directors, medical examiners, and coroners consistent with applicable law to carry out their duties.

Organ Procurement Organizations

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Incidental Uses and Disclosures

There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, after a visit or a procedure the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Your Health Information Rights

You have the following rights regarding your health information:

Right to Inspect and Copy

You may request to look at your medical and billing records and obtain a copy. You must submit your medical records request to the Medical Records Department. Contact the office listed on your billing statement to request a copy of your billing record. If we maintain an electronic health record about you, you have the right to request your copy in electronic format.

Right to Request Amendment

You may request that your health information be amended if you feel that the

information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to the Medical Records Department. We may deny your request, and will notify you of our decision in writing.

Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared (does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations, and in certain other cases).

To request an accounting of disclosures, you must send a written request to the Medical Records Department. Your request must state a time period and reason that the information is needed. In the event of sensitive information, the Release must also state specifically what information is needed. You must have had received services in the prior seven years, or in the event of a child not before seven years past the date of maturity.

Right to Request Restrictions

You may request restrictions on how your health information is used for treatment, payment or health care operations, or to certain family members or others who are involved in your care. We may deny your request with one exception. We must approve your request if you have paid out-of-pocket in full for all expenses for a particular item or service. If we agree to a restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment.

To request a restriction, you must send a written request to the Medical Records Department, specifying what information you wish to restrict and to whom the restriction applies. You will receive a written response to your request.

Right to Request Private Communications

You may request that we communicate with you in a certain way in a certain location. You must make your request in writing to the patient registration area and explain how or where you wish to be contacted.

Right to a Paper Copy of this Notice

You may request an additional paper copy of this Notice at any time from any patient registration area.

You may contact the Medical Records Department at:

535 Airport Road, K'IMA: W MEDICAL CENTER

Hoopa, California 95546

Phone: 530-625-4261 ext. 0204

Hours: 8:00 a.m. – 5:00 p.m. Pacific Time

Changes to this Notice

We reserve the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain. We will post a current Notice in patient registration areas and on our websites.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact the Medical Record Department. If you believe your privacy rights have been violated, you may file a complaint with the Compliance/HIPAA and Privacy Department or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

You may contact the Compliance/HIPAA and Privacy Department at:

535 Airport Road K'IMA: W MEDICAL CENTER

Hoopa, California, 95546

Phone: 530-625-4261 ext. 0 225

Hours: 8:30 a.m. - 5:00 p.m. Pacific Time

You have the right to file a HIPAA Complaint with the Office of Civil Rights if you feel there was a HIPAA Violation:

Office for Civil Rights, Region IX

U.S. Department of Health and Human Services

50 United Nations Plaza, Room 322

San Francisco, CA. 94102

Voice Phone (415)437-8310

Fax (415)437-8329

TDD (415) 437-8311

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