



Sonoma County Indian Health Project, Inc.
144 Stony Point Road
Santa Rosa, Ca. 95401
Corporate Compliance Officer: 707-521-4525
Compliance Hotline: 707-565-1018

Notice of Privacy Practices

Revised Date: April 20, 2013.

Compliant with HIPAA Omnibus Privacy Rules

Original Effective Date: April 14, 2003

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 regarding this notice, please contact the Corporate Compliance Officer by mail or phone. Our contact information is listed above.

Who Will Follow This Notice

Sonoma County Indian Health Project, Inc. (SCIHP) is required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. This Notice describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI). This Notice also describes your rights to access and control your protected health information. "Protected Health Information or PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

Our Pledge and Our Responsibilities

SCIHP understands that health information is personal. We are committed to protecting your health information. We create a record of the care and services you receive so that we can provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care and records related to payment for that care, generated or maintained by SCIHP, whether made by SCIHP personnel or by a SCIHP provider.

This Notice informs you about the ways in which SCIHP may use and disclose health information about you, as well as your rights and certain obligations we have regarding the used and disclosure of health information.

How we May Use and Disclose Your Protected Health Information

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care to third parties. For example, your protected health information may be provided to a physician to whom you have been referred so that the physician has the necessary information to diagnose or treat you. SCIHP will

abide by a patient's request not to disclose PHI to a health plan for services which the patient has paid out of pocket and requests the restriction.

Payment: Your protected health information will be used, as needed, to obtain payment from health plans or other entities. *Example: We provide relevant protected health information to your health insurance plan for payment of services. We give information to the Indian Health Service, as required under our contract with that agency.*

Healthcare Operations: We may use or disclose, as needed your protected health information to support the business activities of SCIHP, improve your care, and contact you when necessary. These activities include, but are not limited to, quality assessment, employee review, training of medical staff or students, licensing, and conducting or arranging for other business activities. *Example: We use health information about you to manage your treatment and services and to evaluate the quality of care provided to SCIHP patients.*

We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses and Disclosures That Require Your Authorization

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. The same authorization/restrictions that were used while you are alive will remain in place for up to 50 years after your death. Without your authorizations, we are expressly prohibited to use or disclose Your protected health information for marketing purposes. We will not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

Disclosure of Protected Health Information without Authorization

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

Emergencies. We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent.

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 the health and safety of the public or another person

Comply with the law: We may share information about you if state or federal laws require it, including with the Department of Health and Human Services.

Respond to lawsuits and legal actions: We can share health information about you in response to a subpoena, a court or administrative order.

Communication Barriers. We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers and we believe you would want us to treat you if we could communicate with you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care and we also may give information to someone who helps pay for your care, unless you object and ask us not to provide this information to specific individuals, in writing. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

E-mail Use E-mail will only be used for communications in accordance with this organization's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

Special Situations

Respond to organ and tissue donation requests: If you are an organ donor, we may release health information to organizations that handle organ, eye, and tissue procurement as necessary to facilitate donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities

Work with a Coroners, Medical Examiner or Funeral Director: We can release health information to a coroner, medical examiner, or funeral director as necessary to carry out their duties.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs.

Public Health Risk: We may disclose medical information about you for public health activities. These activities generally include the following, to prevent or control disease, injury or disability. To report births or deaths. To report child abuse or neglect. To report reactions to medications, problems with products or for recalls of products they may be using. Notification of exposure to a disease or if at risk for contracting or spreading a disease or condition. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, accreditation 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 involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Efforts must have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process. For the purpose of identify or locate a suspect, fugitive, material witness, or missing person. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement. About a death that may be believed to be the result of criminal conduct. About criminal conduct at Provider. In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime. In the case of National Security to Authorized Federal Officials for special investigations.

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.

Your Rights

The following are statements of your rights with respect to your protected Health Information.

Access, Inspect, and Copy: Pursuant to your written request you have the right to inspect or have a copy of your protected health information whether in paper or electronic format. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or another person, or information that was obtained under a promise of confidentiality.

SCIHP may deny your request to inspect and copy health information in certain very limited circumstances. If you are denied access to medical information, in some cases you may request that the denial be reviewed by another licensed health care professional chosen by SCIHP to review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Patient Requesting Health Records Copies: There may be fees associated with requesting copies of health records.

You have the right to request a restriction of your protected health information: You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Right to Amend: You may ask us to correct health information about you that you think is incorrect or incomplete. We may say no to your request, but we will tell you why in writing within 60 days.

Request Confidential Communications:

You may 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 not ask you the reason for your request, we will accommodate all reasonable requests.

Request an Accounting of Certain Disclosures: You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations, required by law for up to six years prior to the date of the request.

Receive a copy of this privacy notice: You have the right to obtain a paper copy of this Notice from SCIHP even if you have agreed to receive the Notice electronically. We reserve the right to change the terms of this notice, we will make copies available of our new Notice.

Receive Notice of a Breach: SCIHP will notify you of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach, by first class mail or by e-mail (if we offered and you have indicated a preference to receive information by e-mail).

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.

File a complaint if you feel your rights are violated: You will not be penalized for filing a complaint. You may call the SCIHP Compliance/Privacy Hotline at 707-565-1018. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

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

Other Uses of Medical Information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to you will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, SCIHP will no longer use or disclose health information about you for the reasons covered by your written authorization. Please understand that previously authorized disclosures cannot be taken back, and that we are required to retain our records of that care we provide you.

Organized Healthcare Arrangement (OHCA)

SCIHP, the independent contractor members of its, medical staff (including your physician), and other healthcare providers affiliated with SCIHP have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or healthcare operations, enabling us to better address your healthcare needs.