

## ONEIDA NATION HEALTH SERVICES

**Oneida Nation Health Department**  
2 Territory Road  
Oneida, NY 13421

**Oneida Nation Family Services**  
RR #2, Box 477  
Oneida, NY 13421

**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.**

### NOTICE OF PRIVACY PRACTICES

**This Notice of Privacy Practices describes how Oneida Nation Health Services, comprised of both Oneida Nation Health Department and Oneida Nation Family Services, may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes. It also describes your right to access and control your protected health information. “Protected health information” is information about you that may identify you and that relates to your past, present or future physical or mental health and related health care services or the payment for the provision of health care to you.**

#### **I. Understanding Your Health Record Information (including medical, dental and mental health information)**

Each time you visit a clinic, or visit a health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical/health record, serves as the following:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care that you received
- Means by which you or a third-party payer can verify that you actually received the services billed for
- Tool in medical education
- Source of information for public health officials charged with improving the health of the regions they serve
- Tool to assess the appropriateness and quality of care that you received
- Tool to improve the quality of health care and achieve better patient outcomes

Understanding what is in your health records and how your health information is used helps you to --

- Ensure its accuracy and completeness
- Understand who, what, where, why, and how others may access your health information
- Make informed decisions about authorizing disclosure to others
- Better understand the health information rights detailed below

## **II. Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked by your health care provider to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your health care provider will use or disclose your protected health information as described in this section.

Following are examples of the types of uses and disclosures of your protected health information that Oneida Nation Health Services are permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe types of uses and disclosures that may be made by Oneida Nation Health Services once you have provided consent.

### **Examples of Disclosures for Treatment, Payment, and Health Operations**

- *We will use your health information for treatment.*

Example: A physician, a nurse practitioner, a therapist or a counselor, a nurse, or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We will also provide your physician, other health care professionals, or a subsequent health care provider copies of your records to assist them in treating you once we are no longer treating you.

- *We will use your health information for payment.*

Example: We may send a bill to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

- *We will use your health information for health operations.*

Example: Members of the medical staff, the quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.

## **III. Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Oneida Nation Health Services has taken an action in reliance on the use or disclosure indicated in the authorization.

- *We will release your health information per your written authorization.*

Example: We will release your health information to your personal attorney for a personal injury action.

#### **IV. Other Permitted and Required Uses and Disclosures that May Be Made WITH Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your healthcare provider may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed.

- *Communication with family:* Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify, health information relevant to that person's involvement in your care or payment related to your care. An example of this is when a client is not following physician directions, and, in doing so creates a life-threatening situation for himself or herself. Family members may be notified to help correct this situation and preserve the client's life.
- *Notification:* We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, your location, and general condition.
- ? *Emergencies:* We may use or disclose your protected health information in an emergency treatment situation. If this happens, your healthcare provider shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.
- *Communication Barriers:* We may use and disclose your protected health information if your healthcare provider or other healthcare provider within Oneida Nation Health Services attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the healthcare provider determines, using professional judgement, that you intend to consent to use or disclosure under the circumstances.

#### **V. Other Permitted and Required Uses and Disclosures that May be Made WITHOUT Your Consent**

? *Required by Law:* We may use or disclose your protected health information to the extent that the use or disclosure is required by law.

- *Research:* We may disclose information to researchers when their research has been approved by an Indian Health Services (IHS) review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- *Funeral directors/Coroners/Medical Examiners:* We may disclose health information to these persons consistent with applicable law to enable them to carry out their duties.
- *Public Information/continuity of care:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- *Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.
- *Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

- *Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- *Correctional institution:* If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- *Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- *Health oversight agencies and public health authorities:* If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.
- *The federal Department of Health and Human Services (“DHHS”):* Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards

## **VI. Your Rights under the Federal Privacy Standard**

Although your health records are the physical property of the health care facility where completed, you have the following rights with regard to the information contained therein:

- Obtain a copy of this Notice of Privacy Practices. Although we have posted a copy in prominent locations throughout the facility, you have a right to a hard copy upon request.
- Inspect and copy your health information upon request. You have the right to inspect and receive a copy of your health information, including billing records. However, this right is not absolute. If we deny you access, we will give you reasons for the denial.

In some situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

- o A licensed healthcare professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- o Protected health information makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- o The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If the denial is based on other reviewable grounds, you may be entitled to a review of the denial by a medical records access review committee. If we deny you access, we will explain why and what your rights are. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable fee for making copies.

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:

- o We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
- o The record is reasonably accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of non-routine uses and disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment and health care operations. In addition we do not need to provide an accounting for the following disclosures:
  - o To you for disclosures of protected health information regarding your healthcare.
  - o For persons involved in your care or for other notification purposes as provided in 42 CFR § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object including notification to family members, personal representatives, or other persons responsible for your care, of the your location, general condition, or death)
  - o For national security or intelligence purposes under 42 CFR § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
  - o To correctional institutions or law enforcement officials under 42 CFR § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
  - o That occurred before April 14, 2003.
  - o Disclosures made pursuant to your written authorization.

We must provide the accounting within 60 days. The accounting must include the following information:

- o Date of each disclosure.
- o Name and address of the organization or person who received the protected health information.
- o Brief description of the information disclosed.
- o Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Restrictions of Your Protected Health Information: This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. Oneida Nation Health Services is not required to agree to a restriction that you may request. You may request a restriction by contacting the Health Information Manager at the number listed in this notice.
- Confidential Communications: This means you have the right to receive confidential communications from us by alternate means or at an alternate location. We will

accommodate reasonable requests. Please make this request in writing to: Health Information Manager.

### **Our Responsibilities under the Federal Privacy Standard**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you
- Abide by the terms of this notice
- Train our personnel concerning privacy and confidentiality
- Implement a sanction policy to discipline those who breach privacy/ confidentiality or our policies with regard thereto
- Mitigate (lessen the harm of) any breach of privacy/confidentiality

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

### **How to Get More Information or to Report a Problem**

If you have questions and/or would like additional information, you may contact the Health Information Manager at 315/829-8700 ext. 8710, Oneida Nation Health Department, Health Information Manager, 2 Territory Road, Oneida, New York 13421. You may complain to us or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Health Director. We will not retaliate against you for filing a complaint.

WE RESERVE THE RIGHT TO CHANGE OUR PRIVACY PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN. IF WE CHANGE OUR PRIVACY PRACTICES OR PROCEDURES, WE WILL REVISE OUR NOTICE OF PRIVACY PRACTICES TO REFLECT THE CHANGES AND WE WILL POST THE REVISED NOTICE IN OUR CLINICS. WE WILL PROVIDE YOU WITH A COPY OF THE REVISED NOTICE UPON REQUEST.

Effective date: February 28, 2003 until revised or rescinded.

### **ONEIDA NATION HEALTH SERVICES**

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Health Director

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Medical Director

Oneida Nation Health Department  
2 Territory Road, Oneida, New York 13421

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Family Services Director

Oneida Nation Family Services  
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