

# HIPAA

Health Insurance Portability and Accountability Act  
Privacy Rule

## 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 IT CAREFULLY.**

**I. Understanding Your Health Record/Information.** Each time you visit LVDHC facility for services, a record of your visit is made. If you are referred by your LVDHC provider to an outside facility LVDHC also receives and retains a record of your visit from the outside facility. Typically, this record contains your symptoms, examination, test results, diagnoses, 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, Medicaid 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 health record and how the information is used helps you to:

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

**II. Your Health Information Rights. Although your health record is the physical property of LVDHC, the information belongs to you.** You have the right to:

- **Inspect your record** via the Patient Portal remotely or in person at LVDHC under the supervision of the Privacy Officer without restriction in accordance with the 21<sup>st</sup> Century Cures Act.
- **Get an electronic or paper copy of your medical records.** You can get an electronic or paper copy of your medical record and other health information. The request must be made in writing. LVDHC will provide a copy or summary of your health information, usually within 30 days of your request. The LVDHC will charge a reasonable, cost-based fee.
- **Request a restriction** on certain uses and disclosures of your health information. For example, you may ask that we not disclose your health information and or treatment to a family member. We will comply with your request unless the information is needed to provide you with emergency services. Or request we restrict information from going to your health insurance company, however, all services must be

paid in full.

- **Request a correction/amendment to your health record** if you believe the health information we have about you is incorrect or incomplete; we may amend your record or include your statement of disagreement. Requests must be made in writing and approved by the provider that rendered the service. The LVDHC will respond to your request within 60 days.
- **Request confidential communications about your health information.** You may ask that we communicate with you at a location other than your home or by a different means of communication (for example cell phone, text message, email, etc).
- **Request and receive a list of the times the LVDHC shared your health information** for six (6) years prior to the date of your request, who the LVDHC shared your health information with, and why. The LVDHC will provide all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). the LVDHC will provide one (1) list a year for free but will charge a reasonable, cost-based fee if another list is requested within 12 months.
- **Adult Health records are maintained for 10 years** after the patient's last visit.
- **A minor patient's record is maintained for seven (7) years** beyond date of age of 18 if the patient is no longer an active patient of the clinic. If the patient is still an active patient the records will be maintained until 10 years after the patient's last visit.
- **Revoke your written authorization to use or disclose health information.** This does not apply to health information already disclosed or used in circumstances where we have acted on your authorization, or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy or the policy itself.
- **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.
- **Obtain a paper copy of the LVDHC Notice of Privacy Practices upon request.**
- **File a complaint if you feel your rights have been violated.** You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

III. **LVDHC Responsibilities.** The Lac Vieux Desert Health Clinic is required by law to:

- Maintain the privacy of your health information.
- Inform you about our privacy practices regarding health information we collect and maintain about you.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

- Honor the terms of this notice or any subsequent revisions of this notice.

LVDHC reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. If LVDHC makes any significant changes to this Notice, LVDHC will send you a copy within 60 days. LVDHC also will post any revised Notice of Privacy Practices at public places in its health care facilities and on the web site.

LVDHC understands that health information about you is personal and is committed to protecting your health information. **LVDHC will not use or disclose your health information without your permission, except as described in this notice and as permitted by the HIPAA Privacy Rule.**

IV. **LVDHC authorized uses and disclosures of health information about you.** The following categories describe how we may use and disclose health information about you:

- **We will use and disclose your health information to provide your treatment:**

**For example:** Your personal information will be recorded in your health record and used to determine the course of treatment for you. Your health care provider will document in your health record her/his instructions to members of your healthcare team. The actions taken and the observations made by the members of your healthcare team will be recorded in your health record so your healthcare provider will know how you are responding to treatment.

If LVDHC refers you to another health care facility, LVDHC may disclose your health information to that health care provider for treatment decisions.

If you are transferred to another facility for further care and treatment, LVDHC may disclose information to the facility to enable them to know the extent of treatment you have received and other information about your condition.

If LVDHC refers you to another health care provider under the PRC program, LVDHC may disclose your health information with that provider for health care payment purposes.

Your healthcare provider(s) may give copies of your health information to other healthcare entities to assist in your treatment.

- **We will use and disclose your health information for payment purposes.**

**For example:** If you have private insurance, Medicare, or Medicaid coverage, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures and supplies used for your treatment.

- **We will use and disclose your health information for health care operations.**

**For example:** We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide. This includes health care services provided under PRC program.

**Business Associates:** LVDHC provides some healthcare services and related functions through the use of contracts with business associates. For example, LVDHC may have contracts for medical testing. When these services are contracted, LVDHC may disclose your health information to business associates so that they can perform their jobs. We require our business associates to protect and safeguard your health information in accordance with all HIPAA Privacy Rule requirements.

**Notification:** LVDHC may use or disclose your health information to notify or assist in the notification of a family member, personal representative, or other authorized person(s) responsible for your care, if you authorize a release of information to those designated persons.

**Communication with Family:** LVDHC health providers may use or disclose your health information to others responsible for your care unless you object. For example, LVDHC may provide your family members, other relatives, close personal friends, or any other person you identify with health information which is relevant to that person's involvement with your care or payment for such care.

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

**V. LVDHC may also use or share your information in the following ways:**

- **Uses and Disclosures about Decedents:** LVDHC may use or disclose health information about decedents to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. LVDHC also may disclose health information to funeral directors consistent with applicable law as necessary to carry out their duties. In addition, LVDHC may disclose protected health information about decedents where required under the Freedom of Information Act or otherwise required by law.
- **Organ Procurement Organizations:** LVDHC may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating organ, eye or tissue donation and transplant.
- **Treatment Alternatives and Other Health-related Benefits and Services:** LVDHC may contact you to provide information about treatment alternatives or other types of health-related benefits and services that may be of interest to you. For example: we may contact you about the availability of a new treatment or services for diabetes through mail or automated forms of communications.
- **Appointment Reminders:** LVDHC will contact you via an automated phone system via text, e-mail, and/or phone call and/or a personal phone call with a reminder that you have an appointment at LVDHC facility or to advise you of a missed appointment.
- **Closure of facility or department:** LVDHC will contact you via an automated phone system via text, e-mail, and/or phone call, depending on your preferred contact method, to inform you the facility/department will be closed. Examples would include but are not limited to, holidays, staff training, provider out of the office, or weather-related closures.

- **Food and Drug Administration (FDA):** LVDHC may use or disclose your health information to the FDA in connection with an FDA-regulated product or activity. For example: we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects or problems, and information needed to track FDA-regulated products or to conduct product recalls, repairs, replacement, or look backs (including locating people who have received products that have been recalled or withdrawn), or post marketing surveillance.
- **Workers Compensation:** LVDHC may use or disclose your health information for workers compensation purposes as authorized or required by law.
- **Public Health:** LVDHC may use or disclose your health information to public health or other appropriate government authorities as follows: (1) LVDHC may use or disclose your health information to government authorities that are authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions; (2) LVDHC may disclose your health information to government authorities that are authorized by law to receive reports of child abuse or neglect, and (3) LVDHC may disclose your health information to government authorities that are authorized by law to receive reports of other abuse, neglect, or domestic violence as required by law, or as authorized by law if LVDHC believes it is necessary to prevent serious harm. Where authorized by law, LVDHC may disclose your health information to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. In some situations (for example, if you are employed by LVDHC or another component of the Department of Health and Human Services, or if necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public), LVDHC may disclose to your employer health information concerning a work-related illness or injury or a workplace-related medical surveillance.
- **Correctional Institution:** If you are an inmate of a correctional institution, LVDHC may use or disclose to the institution, health information necessary for your health and the health and safety of other individuals such as officers or employees or other inmates.
- **Law Enforcement:** LVDHC may use or disclose your health information for law enforcement activities as authorized by law or in response to an order from a court of competent jurisdiction.
- **Members of the Military:** If you are a member of the military including the Commissioned Corps of the United States Public Health Service, LVDHC may use or disclose your health information if necessary to the appropriate military command authorities as authorized by law.
- **Health Oversight Authorities:** LVDHC may use or disclose your health information to health oversight agencies for activities authorized by law. These oversight activities include investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights laws for which health information is necessary to determine compliance. LVDHC is required by law to disclose protected health information to the Secretary of HHS to investigate or determine compliance with the HIPAA privacy standards.
- **Compelling Circumstances:** LVDHC may use or disclose your health information in certain other

situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances: (1) we may disclose limited protected health information where requested by a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; (2) if you are believed to be a victim of a crime, a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests; (3) we may use or disclose protected health information as we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person; (4) we may use or disclose protected health information in the course of judiciary and administrative proceedings if required or authorized by law; (5) we may use or disclose protected health information to report a crime committed on LVDHC facility premises or when LVDHC is providing emergency health care; and (6) we may make any other disclosures that are required by law.

**VI. Non-Violation of this Notice:** LVDHC is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (business associates) discloses protected health information under the following circumstances:

- **Disclosures by Whistle Blowers Communication with Compliance officer:** If a LVDHC employee or contractor (business associate) in good faith believes that LVDHC has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by LVDHC has the potential of endangering one or more patients or members of the workplace or the public and discloses such information to:
  - A Public Health Authority or Health Oversight Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by LVDHC; or
  - An attorney on behalf of the workforce member, or contractor (business associate) or hired by the workforce member or contractor (business associate) for the purpose of determining their legal options regarding the suspected violation.

**Any other uses and disclosures will be made only with your written authorization, which you may revoke at any time in writing. Note, such revocation would not apply where health information already has been disclosed or used or in circumstances where LVDHC has acted in reliance on your authorization, or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has legal right to contest a claim under the policy or the policy itself.**

To exercise your rights under this Notice, to ask for more information, or to report a problem contact the LVDHC Health Administrator or Certified HIPAA Privacy Officer at: (906)-358-4588.

- If you believe your privacy rights have been violated, you may file a written complaint with LVDHC or the Department of Health and Human Services, Office of Civil Rights You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). There will be no retaliation for any individual filing a complaint.