

NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. If you need a copy of this notice, please request one from the front desk.

Your Rights

You have the right to:

- **Get a copy of your paper or electronic medical record**
 - You may ask to view or receive an electronic or paper copy of your medical record and other health information we have about you.
 - A copy or a summary of your health information will be provided to you, usually within 30 days of your request. NHBP may charge a reasonable, cost-based fee.
- **Correct your paper or electronic medical record**
 - You may ask NHBP to correct health information that you believe is incorrect or incomplete.
 - A request may be denied, but a proper explanation in writing within 60 days will be provided to you.
- **Request confidential communication**
 - You may request us to contact you in a specific way, such as home, office phone number, or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- **Ask us to limit the information we share**
 - You may ask NHBP not to use or share certain health information for treatment, payment or operations. We are not required to agree to your request and may say “no” if it affects your care.
 - If a service is paid in full or a health care item is paid out-of-pocket, you may request that information will not be shared for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared your information**
 - You may ask for a list (accounting of disclosure) of the times we’ve shared your health information for six years prior to the date you ask, who we have shared it with and why.
 - All the disclosures except for those about treatment, payment, health care operations and certain other disclosures, such as any you requested us to make will be included.
 - NHBP will provide one accounting disclosure per year for free but will charge a reasonable, cost-based fee if you request another one within 12 months.
- **Get a copy of this privacy notice**
 - A paper copy of this notice may be requested at any time, even if you have agreed to receive the notice electronically. NHBP will provide you with a paper copy promptly.
- **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.
 - NHBP will make sure the person has this authority and can act for you before any action is taken.
- **File a complaint if you believe your privacy rights have been violated**
 - NHBP values your feedback. Complaints can be made if you feel we have violated your rights by contacting the Health and Human Services Department Compliance Officer at:
O: 269.704.8599 **C:** 269.223.2286
E: tpefok@nhbp.org
 - Call the compliance hotline at 269.223.2286
 - Complete a service complaint form in the front desk area and place it in the drop box
- **File a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:**
 - Sending a letter to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, D.C. 20201
E: OCRcomplaint@hhs.gov
 - Call 1.877.696.6775
 - Visit: www.hhs.gov/hipaa/filing-a-complaint/index.html

We will not retaliate against you for filing a complaint.

Your Choices

- **You have some choices in the way we use and share your information, you have both the right and choice to tell us to:**
 - Share information with your family, close friends or others involved in your care
 - Share information in a disaster relief situation

If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

In the following cases we will **never** share your information unless you give us written permission:

- Mental health care
- Marketing our services and selling your information
- Raising funds
- We may contact you for fundraising efforts, but you can tell us not to contact you again

Our Uses and Disclosures

NHBP may use and share your information as we:

- **Treat you**
 - NHBP can use your health information and share it with other professionals who are treating you.
 - Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **Run our organization**
 - NHBP can use and share your health information to run our practice, improve your care and contact you when necessary.
 - Example: We use health information about you to manage your treatment and services.*
- **Bill for your services**
 - NHBP can use and share your health information with insurance companies, health plans or other health plans to bill and collect payments.
 - Example: We give information about you to your health insurance plan to ensure payment of your services.*
 - We can use and share your health information with clearinghouses, collection agencies and other subcontractors engaged in obtaining payment for care.
- **Help with public health and safety issues**
 - NHBP can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
- **Do research**
 - NHBP can use or share your information for health research.
- **Comply with the law**
 - NHBP will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we’re complying with federal privacy law.
- **Respond to organ and tissue donation requests**
 - We are permitted to share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director**
 - NHBP can share health information with a coroner, medical examiner or funeral director when an individual dies.
- **Address workers’ compensation, law enforcement and other government requests**
 - NHBP may use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security and presidential protective services
- **Respond to lawsuits and legal actions**
 - NHBP may share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will follow the duties and privacy practices described in this notice and supply you with a copy.
- We will not use or share your information other than as described here unless given written permission by you. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

NHBP may change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Revised June 2018



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A FEDERALLY RECOGNIZED TRIBAL GOVERNMENT