Notice of Privacy Practice

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.**

Your Rights

You have the right to:

- **Get a copy of your paper or electronic medical record** ○ You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. ○ We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Correct your paper or electronic medical record** ○ You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - ○ We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communication**
  - ○ You can 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 say "yes" to all reasonable requests.
- **Ask us to limit the information we share** ○ You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
  - ○ If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information 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 can 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 shared it with, and why. ○ We will include 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). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice**
  - ○ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We 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. ○ We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you believe your privacy rights have been violated** ○ You can complain if you feel we have violated your rights by contacting the HHS Department Compliance/Privacy Officer @ **C: 269-391-4405**

- Call the Compliance hotline @ 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 Bldg.
  Washington, D.C. 20201
  Email: OCRComplaint@hhs.gov

- Calling 1-877-696-6775
- Visiting: https://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 that we use and share information as we:

- Tell family and friends about your condition, 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 health or safety.

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

- Mental health care
- Market our services and sell your information
- Raise funds (We may contact you for fundraising efforts, but you can tell us not to contact you again)

Our Uses and Disclosures

We may use and share your information as we:

- **Treat you**
  - We 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** ○ We 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** ○ We 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 so it will pay for 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**

We 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**
    - ○ We can use or share your information for health research.

- **Comply with the law**
    - ○ We 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 can share health information about you with organ procurement organizations.

- **Work with a medical examiner or funeral director**
    - ○ We 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**

We can 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**
  - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

- **Electronic health record system**
  - NHBP Health and Human Services (HHSD) is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of NHBP HHSD, OCHIN supplies information technology and related services to NHBP HHSD and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by NHBP HHSD with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive. The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

- **SMS**
  - We collect mobile phone numbers to communicate with patients via SMS and/or RCS text messages for purposes such as appointment reminders, billing notifications, and care coordination.

- Your privacy is a priority. Your mobile number will not be sold or shared with third parties or affiliates for marketing or promotional purposes. We will not use your number for unrelated marketing without your express written consent.

- **Terms**

  - NHBP uses text messaging to communicate with patients for purposes such as appointment reminders, billing notifications, and care coordination. You are not required to opt in as a condition of receiving care. Participation is voluntary. However, opting out may prevent us from sending you timely updates regarding your care. Message frequency may vary. Message and data rates may apply. Carriers are not liable for delayed or undelivered messages.

  - Text messages sent via SMS and RCS channels are not fully secure and may not be HIPAA-compliant; however, we take reasonable precautions to safeguard your privacy by restricting the content of these messages to non-sensitive notifications. Any messages containing detailed Protected Health Information (PHI) will be sent via a separate, secure messaging channel.

  - You may opt out of receiving text messages at any time by replying "STOP." You will receive a final confirmation text to verify you have opted out. No further messages will be sent. If you would like to rejoin, you can authorize us to restart by texting "START." For help, reply "HELP" or contact us at hhshs@nhbp-nsn.gov

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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. 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 see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can 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 web site.

References:

HHS.gov (March 2018) https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/modelnotices-privacy-practices/index.html HIS.gov (March 2018) https://www.ihs.gov/foia/includes/themes/responsive2017/display_objects/documents/HIPAAPRIVACYPRACT.pdf
HHS.gov (March 2018) www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.