



FALLON PAIUTE-SHOSHONE TRIBE
FALLON TRIBAL HEALTH CENTER

1001 Rio Vista Drive • Fallon, Nevada 89406-5463
Tel 775-423-3634 • Fax 775-423-2287 • www.ftncv.com

NOTICE OF PRIVACY PRACTICES

Patient Registration Form 300-3 (Rev. Apr 2023)

PATIENT NAME (FULL LEGAL NAME)

HEALTH RECORD NUMBER (HRN)

This notice describes how health/medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

LEGAL DUTY

The Fallon Tribal Health Center (“FTHC”) is required by law to maintain the privacy of health information about you that can be identified with you (“protected health information” or “PHI”) that we use or receive. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We will follow the privacy practices described in this Notice while they are in effect. This Notice provides you with the following information:

- How we may use and disclose your PHI;
- Your privacy rights regarding your PHI; and
- Our obligations concerning the use and disclosure of your PHI.

We reserve the right to change our privacy practices and the terms of this Notice at any time. Any revision or amendment will be effective for all information held by us. A copy of this Notice will be posted in the waiting room of all FTHC healthcare facilities, and you may request a copy of this Notice at any time.

USE AND DISCLOSURE OF HEALTH INFORMATION

We may receive or maintain your PHI for treatment and payment purposes. We may also hire business associates to help us in providing services to you. Our business associates may use your PHI for our healthcare operations and payment, if applicable.

Treatment. We may use or disclose your PHI to provide, coordinate, or manage your health care and any related services, including coordinating or managing your care with other health care providers.

Uses for Payment. If applicable, we may use and disclose your PHI to obtain payment for your health care services. For example, obtaining approval for payment of services from your health plan may require that your PHI be shared with your health plan. We may also provide your PHI to our business associates such as billing companies, collection agencies, and vendors who mail billing statements.

Uses for Healthcare Operations. We may use your PHI to improve our health care operations. “Health care operations” are certain administrative, financial, legal, and quality improvement activities necessary to run the FTHC’s programs and services and make sure all patients receive quality care. For example, we may use your PHI to evaluate the performance of our staff or to evaluate the services provided.

To You or Your Authorized Representative. We must provide your PHI to you upon request. We will disclose your PHI to an individual designated as your personal representative, attorney-in-fact, guardian, etc., so long as we receive

documentation of that person's authority to act on your behalf. We can refuse to disclose information to your personal representative if we have a reasonable belief that:

- You have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
- Treating such person as your personal representative could endanger you; and
- In our professional judgment, it is not in your best interest to treat the person as your personal representative.

Permitted by Law. We may use or disclose your PHI where permitted by law. For example, we may disclose information for the following purposes:

- **Assist with public health and safety issues:** We can share your PHI for certain situations such as:
 - preventing disease;
 - reporting suspected abuse, neglect or domestic violence;
 - preventing or reducing a serious threat to anyone's health or safety; or
 - assisting law enforcement officials in their law enforcement duties.
- **Research:** We do not share your PHI for research purposes.
- **Comply with the law:** We will share your PHI if laws require it, including sharing information with the U.S. Department of Health and Human Services (including the Indian Health Service) if it wants to see that we are complying with federal privacy laws.
- **Address workers' compensation, law enforcement and other government requests:** We can use or share your PHI:
 - for workers' compensation claims;
 - for law enforcement purposes or with a law enforcement official;
 - with health oversight agencies for activities authorized by law; or
 - for special government functions such as military or national security.
- **Respond to lawsuits and legal actions:** We can share your PHI in response to a court or administrative order, or in response to a subpoena.
- **Organ and Tissue Donation:** If you are an organ donor, we can share your PHI for organ, eye or tissue donation purposes; provided we follow applicable laws.
- **Coroners, Medical Examiners and Funeral Directors:** We can share your PHI with coroners, medical examiners or funeral directors to carry out their duties.
- **Inmates:** We can share your PHI to a correctional institution having lawful custody of you that is necessary for your health and the health and safety of other individuals.

Individuals Involved in Your Care or Payment for Your Care. We may share your PHI with a friend, family member, or another person you identify who is involved in your care or payment for care if you do not object to the disclosure or you agree to share your information with them. If, for some reason such as a medical emergency, you are not able to agree or disagree, we may use our professional judgment to decide whether sharing your information is in your best interest. This includes sharing information about your location and general condition. We may also share information about you to an organization assisting in a disaster relief effort so they can notify your family about your condition, status, and location.

Uses and Disclosures That Require Your Authorization. Other than the uses and disclosures described above, information will be used or disclosed only as allowed or required by law, or with your written authorization. Uses and disclosures such as the release of psychotherapy notes (except in very limited circumstances), uses for marketing and the sale of protected health information require your prior written authorization. In some situations, applicable

law may provide special protections for sharing specific kinds of PHI and require authorization from you before we can share that specially protected medical information. For example, information about treatment for alcohol or drug abuse, HIV/AIDS and sexually transmitted diseases, and mental health may be specially protected. In these situations, and for any other purpose, we will contact you for the necessary authorization. If you give us authorization, you may later revoke it in writing at any time.

SPECIAL RULES FOR DRUG AND ALCOHOL TREATMENT INFORMATION

If you receive alcohol and/or drug prevention and treatment services, the records that identify you as receiving these services are protected by HIPAA and 42 CFR Part 2. Except as described below, the FTHC must obtain your written consent before disclosing information identifying you as a patient of an alcohol and/or drug prevention and treatment program, including before releasing information to a patient's spouse or parent. However, there are exceptions to this rule. The FTHC may disclose these records without your written consent in the following circumstances:

- When allowed by a court order;
- To medical personnel in a medical emergency;
- For research, audit, or program evaluation;
- To prevent multiple enrollments in detoxification and maintenance treatment programs;
- To report a crime against FTHC or Fallon Paiute-Shoshone Tribe employees or on such property, or a threat to commit a crime;
- If the disclosure is made to members of the criminal justice system who referred a patient, when the participation in the program is a condition of any criminal proceeding against the patient, the patient's sentence, parole, or other release from custody; and
- To report suspected child abuse or neglect to appropriate authorities, or to respond to a request for information by an authorized law enforcement/social services agency when investigating suspected child abuse or neglect.

YOUR RIGHTS TO YOUR HEALTH INFORMATION

We may maintain records containing your PHI. In some cases, our business associates will possess the information that is responsive to any of the individualized requests detailed in this section. You may contact the business associate to review that information and they are obligated to provide you with the same rights as those described in this Notice. You have the following rights regarding your PHI:

- **Access.** With limited exceptions, you have the right to review or obtain copies of your PHI in electronic or paper format. We will provide a copy or summary of your PHI, usually within 30 days. You also have the right to request that we send your PHI to another person. Your request must be in writing and include the name and address of the person who is to receive the records. If we do not maintain the information that you request, but we know where the information is maintained, we will let you know where to send your request.
- **Disclosure Accounting.** You have the right to receive a list of instances in which we, or our business associates, have disclosed your PHI for purposes other than treatment, payment, healthcare operations, or where you have provided us with an authorization for disclosure. You may request this list for any disclosures made in the previous 6 years.
- **Request Restrictions.** You have the right to request that we place additional restrictions on our use or disclosure of your PHI, including restricting uses and disclosures to family members, relatives, friends, or other persons you have identified who are involved in your care or payment for your care. We are not required to agree to these additional restrictions except where, if applicable, you have paid for medical services out-of-pocket in full and have requested that we not disclose your PHI to a health insurance plan for payment or health care operations purposes. In that case, we will agree to the restriction unless a law requires us to share that information.

- **Alternative Communications.** You have the right to request in writing that we communicate with you about your PHI by alternative means or at an alternative location. Your request must specify the alternative location. For example, you can ask that we only contact you at work or by mail.
- **Amendments.** You have the right to request that we amend your PHI contained in our records. Your written request must explain why the information should be amended. We may deny your request under certain circumstances.
- **Electronic Notice.** If you receive this Notice in electronic form, you have the right to request a paper copy of this Notice at any time. We will promptly provide you with a paper copy.
- **Privacy Breach Notice.** You have the right to receive a notice if we or a business associate discover a breach of your unsecured PHI and determine through an investigation that notice is required.

QUESTIONS AND COMPLAINTS

The Clinical Compliance Officer will collect all complaints and grievances associated with our uses and disclosures of your PHI and will coordinate with the appropriate FTHC management personnel. If you have any questions or want more information about our privacy practices or to file a complaint, please contact:

Clinical Compliance Officer
 ATTN: *Privacy Practices*
 Fallon Tribal Health Center
 1001 Rio Vista Drive
 Fallon, NV 89406
 Tel: 775-423-3634
 Email: ftthccompoofficer@fpst.org

If you are concerned that we may have violated your privacy rights, or you disagree with a decision made about access to your PHI, or in response to a request you made related to the health information as contained in this form, you should contact the Medical Records Clerk. You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights, via:

Mail 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 to:
OCRCComplaint@hhs.gov

Online via:
 Complaint Portal Assistant
<https://ocrportal.hhs.gov/ocr/>

We support your right to the privacy of your health information. We will not retaliate in any way if you file a complaint with us or with the Office for Civil Rights of the U.S. Department of Health and Human Services.

PATIENT/CLIENT ACKNOWLEDGEMENT

I hereby certify that I have read all of the provisions of the FTHC's Privacy Practices, have had it explained to me to my satisfaction, and have received a copy of this Notice of Privacy Practices. I further certify that I am the patient or legally authorized by the patient to accept the terms of this form, and I know and understand the contents thereof.



 SIGNATURE OF PATIENT, PARENT, OR LEGAL GUARDIAN

 DATE SIGNED