



NATIVE AMERICAN COMMUNITY CLINIC

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Notice of Privacy Practices

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

Please review carefully.

The Health Insurance Portability & Accountability Act of 1996 (“HIPPA”) is a federal program that requires that all medical/mental health records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally are kept properly confidential. This act gives you, the patient, rights to understand and control how your health information is used. “HIPPA” provides penalties for covered entities that misuse person health information.

As required by “HIPPA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical/mental health records only for each of the following purposes: Treatment, payment and health care operations.

Treatment: means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination or mental health intake.

Payment: means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for you visit to your insurance company for payment.

Healthcare Operations: Include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would be an internal quality assessment review.

We may make your protected health information available electronically through an electronic health information exchange to other health care providers that request your information for their treatment and payment purposes. Participation in an electronic health information exchange also lets us see their information about you for our treatment, payment, and healthcare operation purposes. You are permitted to request and review documentation regarding who has accessed your information through the electronic health information exchange. Your provider will have information on how to make this request, or you may find information at www.koble-MN.org. We may also create and distribute de-identified health information by removing all references to individually identifiable information.

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.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by the written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Medical Director.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide it unless you agree in writing to remove it.
- The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy with respect to protected health information.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact NACC at the above address for more information.

For more information about HIPPA or to file a complaint:

The US Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue S.W
Washington, D.C 20201
(202) 619-0257
Toll Free: 1-877-696-6775