



NATIVE AMERICAN COMMUNITY CLINIC

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Notice of Privacy Practices

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NACC HIPAA Privacy Officer's Contact:

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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 ("HIPAA") is a federal program that requires that all medical, dental, and 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. "HIPAA" provides penalties for covered entities that misuse person health information.

As required by "HIPAA", 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. Your health information at NACC may consist of medical, dental, and/or mental health records at it relates to this Notice of Privacy Practices.

Native American Community Clinic 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 Native American Community Clinic OCHIN supplies information technology and related services Native American Community Clinic 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 Native American Community Clinic 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.

Uses and Disclosures PHI for Treatment, Payment, and Healthcare Operations (TPO): We typically use or share your health information in the following ways. We need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency, and we are unable to obtain your consent due to your condition or the nature of the medical emergency.

- **Treatment:** means providing, coordinating, or managing health care and related services by one or more health care providers. A doctor treating you for an injury asks another doctor about your overall health condition.
- **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 your visit to your insurance company for payment for your treatment and services.
- **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 to evaluate and enhance NACC's healthcare services.

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.

Other Uses and Disclosures Protected Health Information (PHI): NACC is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Public Health and Safety: 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 if you do not object.

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.

Organ and Tissue Donation: We can share health information about you with organ procurement organizations only with your consent.

Medical Examiner: We can share health information with a coroner and medical examiner when an individual dies. We need consent to share information with a funeral director

Workers' Compensation, Law Enforcement, and Government: We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official with your consent, unless required by law
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services with your consent, unless required by law.

Respond to Legal Actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena with the appropriate authorization.

Appointment Reminders: 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.

Other Uses and Disclosures of PHI: 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.

Other Minnesota State Law: In Minnesota, we need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency, and we are unable to obtain your consent.

Your Rights: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Copy of Medical Record: You have a right to receive an electronic or paper copy of your medical record.

- You can ask to see or copy 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 within a reasonable time.
- If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee.
- If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees

Request to Amend Medical Record: You have a right to ask NACC to correct your 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 have a right to request NACC to contact you confidentially.

- 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.

Request to Limit the Use and Sharing of TPO:

- You can ask us not to use or share certain health information for treatment, payment, or our operations (TPO). 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.

List of Those with Whom NACC has Shared your Information:

- You can ask for a list (accounting) 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.

Copy of this Notice of Privacy Practice: 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.

File a Complaint: You have recourse if you feel that your privacy protections have been violated. We will not retaliate against you for filing a complaint.

- You can complain if you feel we have violated your rights by contacting us using the information on page 1 of this Notice.
- 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/
- We will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can tell us your choices about what we share.

Request NACC not to Share: If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us NOT 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 go ahead and 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.

Will Never Share without Permission: In these cases, we will never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising: In the case of fundraising,

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

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

Inform of a Data Breach:

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Follow Notice of Privacy Practices:

- We must 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 this Notice:

- 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.
- The new notice will be available upon request, in our office, and on our web site and you may request a written copy of a revised Notice of Privacy Practices from this office.