



## Notice of Privacy Practices

### THIS NOTICE OF PRIVACY PRACTICES DESCRIBES:

HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED PUYALLUP TRIBAL HEALTH AUTHORITY (PTHA)

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

**Protected health information** is information that identifies you. This may include demographic information, such as address, social security number, health record number, date of birth, and other identifiers. Such information may be related to your past, present, or future physical or mental health or conditions, and related health care services.

We are required by law to maintain the privacy and security of your protected health information and to provide you with this Notice of our legal duties and privacy practices. We must follow the duties and privacy practices described in this Notice and give you a copy upon request. We are required to retain proof that you received this notification and information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We may change the terms of our Notice at any time. The revised Notice will be effective for all protected health information that we maintain at that time. Any change will apply to all protected health information we maintain. The revised Notice will be available upon request, posted in our facility, and available on our website at [www.puyalluptribalhealthauthority.com](http://www.puyalluptribalhealthauthority.com).

---

### Uses and Disclosures of Your Protected Health Information Without Your Authorization

Your protected health information may be used and disclosed by your PTHA health care provider, our office staff, and others outside of our office that are involved in your care and treatment. Your protected health information may also be used and disclosed related to payment of your health care bills and to support PTHA operations.

Following are examples of the types of uses and disclosures of your protected health information for treatment, payment, and operations. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by PTHA without your authorization.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, when necessary, we would disclose your protected health information to another health care provider that provides care to you. In addition, we may disclose your protected health information on occasion to health care providers (specialists, pharmacists, or a laboratory) who we ask to provide assistance with your diagnosis, treatment, or care. For example, your protected health information may be released to a health care provider to whom you have been referred to assure that they have sufficient information to diagnose or treat you. We may Fax this information to expedite your care.

**Payment:** Your protected health information will be used when needed to obtain payment for your health care services. This may include certain activities that PTHA or another health insurance plan may undertake before payment approval for health care services we recommend for you. For example:

- Determining coverage for insurance benefits
- Reviewing services provided to you for medical necessity
- Undertaking utilization review activities
- Obtain approval from your health plan for a hospital admission/stay.

**Healthcare Operations:** We may use or disclose your protected health information in order to support PTHA business activities as needed. These activities include, but are not limited to:

- Quality assessment activities
- Training of medical students
- Marketing or fundraising activities
- Conducting or arranging for other business activities
- Employee review activities
- Licensing

We may use or disclose your protected health information, as necessary, to contact you to remind you of an appointment. We may also page you or call you by name in our waiting rooms when your provider is ready to see you.

We will share your protected health information with third party **business associates** that perform various activities (e.g., accounting, billing, legal, or transcription services) for PTHA. The business associates will also be required to protect your health information.

**Treatment alternatives and health-related services:** We may contact you to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising:** We may contact you for fundraising efforts on behalf of PTHA. You have the right to opt out of receiving fundraising communications. Each fundraising communication will tell you how to opt out and opting out will not affect your treatment or payment.

**Organized Health Care Arrangement:** PTHA is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of Puyallup Tribal Health Authority, OCHIN supplies information technology and related services Puyallup Tribal Health Authority 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 Puyallup Tribal Health Authority 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 of Protected Health Information Needing Your Authorization**

**Psychotherapy Notes:** We will obtain your written authorization for most uses and disclosures of psychotherapy notes, if applicable.

**Marketing:** We will obtain your written authorization to use or disclose your protected health information for marketing purposes, unless the law permits the communication without authorization.

**Sale of Protected Health Information:** We will obtain your written authorization for any disclosure of your protected health information that constitutes a sale of protected health information.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that PTHA has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization, or Opportunity to Object**

We may use and disclose your protected health information as described in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, your health care provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify, or assist in notifying, a family member, personal representative, or any other person that is responsible for your care of your last known location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your health care provider will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If any PTHA health care provider is required by law to treat you and they have attempted to obtain your consent but are unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication Barriers:** We may use and disclose your protected health information if your PTHA health care provider attempts to obtain consent from you but is unable to do so due to substantial communication barriers and they determine, using professional judgment, that you intend to consent to use or disclose your protected health information under the circumstances.

### **Other Permitted and Required Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object**

**Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law and will be limited to the relevant requirements of the law.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Disease:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include Indian Health Service, government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights enforcement agencies.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been the victim of abuse, neglect, or domestic violence to a government agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information when required for notification by the Food and Drug Administration to:

- Report product defects or problems
- Report biologic product deviations
- Make repairs or replacements
- Conduct post marketing surveillance
- Report adverse events
- Track products
- Enable product recalls

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:

- Legal processes and otherwise required by law,
- Limited information requests for identification and location purposes,
- Pertaining to victims of a crime,
- Suspicion that death has occurred as a result of criminal conduct,
- If a crime occurs on PTHA premises, and
- Medical emergency (not on PTHA premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

**Research:** Research conducted in this community must first be approved by PTHA's Administration, after reviewing the research proposal and in accord with established protocols that assure the privacy of your protected health information. We may disclose your protected health information to researchers as

required by law if their research has been approved by the Institutional Review Board at the Northwest Portland Indian Health Board.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel:

- For activities deemed necessary by appropriate military command authorities;
- For the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or
- To foreign military authority if you are a member of that foreign military services.

We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your health care provider created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements.

**Redisclosures:** Please note that in some circumstances, if we disclose your information to someone who is not required to follow HIPAA, your information may no longer be protected by HIPAA and may be redisclosed by the recipient.

### **Confidentiality of Substance Use Disorder (SUD) Records (42 CFR Part 2)**

**More Stringent Rules Apply:** Part 2 is generally more protective than HIPAA. Even if HIPAA would otherwise allow uses and disclosures described in this Notice (including for treatment, payment, and health care operations), those uses and disclosures are materially limited for Part 2 Records and may be made only as permitted by 42 CFR Part 2.

**General Rule; Written Consent Often Required:** We generally may not disclose that you attend a Part 2 program or disclose information identifying you as having a substance use disorder unless permitted by Part 2. Disclosures of Part 2 Records to another health care provider, a health plan, or other third parties generally require your written consent that meets Part 2 requirements, unless Part 2 permits the disclosure without consent.

**Limited Exceptions Without Consent:** Part 2 may permit disclosure in limited circumstances, such as: (i) pursuant to a Part 2 court order; (ii) in a medical emergency; or (iii) to qualified personnel for certain research, audit, or program evaluation activities, as permitted by Part 2.

**Revocation:** You may revoke a written consent for use or disclosure of Part 2 Records as provided by 42 CFR Part 2.

**Single Consent for Future TPO; Potential Redisclosure:** You may provide a single written consent that allows uses and disclosures of Part 2 Records for treatment, payment, and health care operations for future uses or disclosures, as permitted by 42 CFR Part 2. Part 2 Records disclosed pursuant to such a consent may be further disclosed by a Part 2 program, HIPAA covered entity, or business associate without your written consent, to the extent HIPAA permits, unless another law requires additional restrictions.

**Proceedings Against You:** Part 2 Records (and testimony relaying their contents) shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent meeting Part 2 requirements or a Part 2 court order entered after notice and an opportunity to be heard is provided to you or the holder of the record.

**Patient Rights (Part 2 Records):** In addition to the rights described elsewhere in this Notice, if information is a Part 2 Record, additional protections and rights apply under Part 2, including:

- The right to request restrictions on certain disclosures made with your prior consent for treatment, payment, and health care operations;
- The right to request a list of disclosures by an intermediary for the past 3 years, where applicable; and
- The right to discuss this Notice with the contact person identified in this Notice.

You may exercise any of these rights by contacting the PTHA Privacy Officer at (253) 593-0241 or e-mail [privacy@eptha.com](mailto:privacy@eptha.com).

**Part 2 Contact:** For questions about Part 2 Records, contact: the PTHA Privacy Officer at (253) 593-0241 or e-mail [privacy@eptha.com](mailto:privacy@eptha.com).

**Scope:** These Part 2 protections apply only to Part 2 Records maintained by PTHA's Part 2 program(s) and do not apply to PTHA services or records outside the Part 2 program(s).

### **Your Rights Regarding Your Health Information**

You may inspect and obtain a copy of your own protected health information contained in a designated record set. A "designated record set" contains medical and billing records and any other records that your health care providers and PTHA uses for making decisions about you. **We ask you to make this request in writing to obtain the records and to make an appointment with your primary care provider if you wish to review the record.**

Under federal law, however, you may not inspect or obtain a copy of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Please be aware that PTHA may deny your request; **however, you may seek a review of the denial.**

**Right to Request Restrictions:** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.

If PTHA believes that the restriction is not in the best interests of either party or PTHA cannot reasonably accommodate the request, PTHA is not required to agree. However, if you pay for a service or item out of pocket in full, you may ask us not to share information about that service or item with your health plan

for payment or health care operations. We will comply with that request unless a law requires us to share that information. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction at any time, in writing. Please discuss any restriction you wish to request with your health care provider. You may obtain a Request for Restriction form from the Privacy Officer.

**Right to Request Confidential Communications:** You may request that we communicate with you using alternative means or at an alternative location. We will accommodate reasonable requests.

**Right to Request Amendment:** If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment. Please contact our Privacy Officer if you have questions about amending your health record.

**Right to an Accounting of Disclosures:** You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than six years from the date of request. This right excludes disclosures made to you or authorized by you. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

**Right to Obtain a Copy of this Notice:** You have the right to obtain a copy of this Notice from PTHA or you may view it electronically on the PTHA website. To comply with the law, we will ask you to sign a form acknowledging receipt of the Privacy Notice. We may ask you if you have received a copy of our Privacy Notice on your next several visits.

**Complaints and Questions:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by PTHA. You may file a complaint with us by notifying our Privacy Officer. You will not be denied services or suffer any retaliation for filing a complaint.

**You may contact the PTHA Privacy Officer** at (253) 593-0241 or e-mail [privacy@eptha.com](mailto:privacy@eptha.com) for further information about the complaint process or if you have any questions about this Notice.

**[www.puyalluptribalhealthauthority.com](http://www.puyalluptribalhealthauthority.com)**

*Please keep this document with your health files to use for future reference.*

**Puyallup Tribal Health Authority  
2209 East 32nd Street  
Tacoma, WA 98404**