



the
Chickasaw Nation
Division of Family Resources
Department of Family Services
231 Seabrook Road / Ada, OK 74820 / (580) 436-1222
EFFECTIVE DATE: May 2013

Bill Anoatubby
Governor

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The division of family resources (DFR) employs mental health professionals and support staff, many of whom are licensed by the state of Oklahoma to perform mental health services. As such, they are required to comply with applicable federal, tribal and state law, including provisions of the Oklahoma Mental Health Law (43A O.S. 1-101) and the various statutes governing professions and occupations in Oklahoma (59 O.S. 15.1 et seq.). Information about your health care, including payment, is protected by state and federal law¹. This notice concerns your rights and our legal duties regarding your protected health information. Protected health information (PHI) is your personal and protected health information we use to render care to you and bill for services needed.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Treatment: We use health information about you to provide your care. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating or managing your health care treatment and related services. Examples could include consultation with clinical supervisors or other treatment team members.

Payment: We may use or disclose your PHI to bill for and/or receive payment for the treatment services provided to you. Examples of payment-related activities could include making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity or undertaking utilization review activities.

Health care operations: We may use or disclose your PHI to support our business activities, improve your care or contact you when necessary. For example, we may contact you to remind you of appointments.

Without authorization: Uses or disclosures by the DFR of your PHI without your authorization will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when we request your PHI from another health care provider, health plan or health care clearinghouse, we will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, the minimum necessary standard does not apply to disclosures to or requests by a health care provider for treatment purposes because health care providers need complete access to information to provide quality care. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/html

Types of uses and disclosures permitted by HIPAA without your authorization include, but are not limited to:

- Abuse and neglect issues
- Coroner/funeral director
- National security
- Judicial and administrative proceedings
- Preventing disease
- Public safety (duty to warn) issues
- Health research
- Federal, state or tribal law
- Organ procurement entities

¹ The Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 and 164, and the Confidentiality of Records, 42 U.S.C § 290dd-2, 42 C.F.R. Part 2.

With authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your authorization, which you may revoke in writing. Upon your preference, these may include sharing information:

- with your family, close friends, or others involved in your care
- in disaster relief situations
- in a clinic directory
- for marketing/sale of information purposes (written authorization required)
- from most of your psychotherapy notes (written authorization required)
- for fundraising efforts (if contacted for fundraising efforts, but may request no future contact be made)

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your personal PHI maintained by DFR. To exercise any of these rights, please submit your request in writing to the DFR privacy officer at the address listed above.

- **Right of Access to Inspect and Copy.** You have the right to inspect and request an electronic or paper copy of your PHI, not including your psychotherapy notes and restricted only in those situations where there is compelling evidence that access would cause serious harm to you or as prohibited by law. Usually within 30 days of your written request, you may inspect and/or receive a copy of your PHI.
- **Right to Amend.** If you feel PHI we have about you is incorrect/incomplete, you may ask us to amend the information. Although we are not required to agree to the amendment, you will receive our response within 60 days.
- **Right to an Accounting of Disclosures.** You have the right to request, including applicable dates within a six-year range beginning on the date of your first visit, an accounting of certain disclosures we make of your PHI, not including disclosures regarding treatment, payment or health care operations.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment or health care operations. We are not required to agree to your request if it affects your care. For services or health care you pay for out-of-pocket, you have the right to request a restriction on information shared for the purpose of payment or operations with your health insurer, unless the law requires it.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain and reasonable way or at a certain location.
- **Right to Choose a Delegate:** You have the right to choose someone to make choices about your health information provided they have the authority to do so (e.g. medical power of attorney, legal guardian).
- **Right to a Copy of this Notice.** You have the right to an electronic and/or paper copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you may file a complaint without fear of retaliation with the DFR privacy officer, 231 Seabrook Road, Ada, OK 74820, HIPAA Hotline 580.272.9599 or with the secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, at 1301 Young Street, Suite 1169, Dallas, Texas 75202, 1.877.696.6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. The complaint must name this entity and the acts or omissions believed to be violations of these standards.

YOUR RIGHT TO BREACH NOTIFICATION

You will be notified no later than 60 days after discovery of a breach to the secured PHI access. Such notification will include the surrounding circumstances of the breach and the actions taken to mitigate the harm by DFR and actions you can take to mitigate any harm.

CHANGES TO THE NOTICE

The right to revise or change this notice for protection of PHI is reserved by DFR. A copy of this notice is posted in our facilities and will have the latest effective date on the top of the first page. Each time you register for services, you are entitled to a copy of the current notice in effect upon your request.

Nothing contained herein shall be construed to waive the sovereign rights of the Chickasaw Nation, its officers, employees or agents.