



## **Notice of Privacy Practices**

Effective Date: September 1, 2024

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

The Chickasaw Nation Department of Health (CNDH) and the Department of Family Services (CNDFS), where applicable, its medical staff and other health care providers, are part of a clinically integrated care setting that constitutes an organized healthcare arrangement under the Health Insurance Portability and Accountability Act of 1996 as amended (HIPAA). This arrangement involves participation of legally separate entities in which no entity will be responsible for the healthcare judgment or patient care provided by the other entities in the arrangement. Sharing information allows us to enhance the delivery of quality care to our patients. All entities, however, have agreed to abide by this Notice of Privacy Practices (NPP) while working in the clinical setting. You may receive another NPP from each health care provider upon your first encounter in their office, which may be different from this NPP and which will govern the protected health information (PHI) maintained by that provider. These health care providers will be able to access and use your PHI to carry out treatment, payment or healthcare operations.

This organized healthcare arrangement creates a record of the care and services you receive from its facilities. Your health records and billing information are systematically created and retained on a variety of media which may include computers, paper and films. That information is accessible to facility personnel and treatment providers. Proper safeguards are in place to prevent and discourage improper use or access. We are required by law to protect your privacy and the confidentiality of your personal information and PHI. This notice describes your rights and our legal duties regarding your PHI. The entities covered by this notice include the facilities and all health care providers.

**Definitions:** You, at times, may see or hear new terms in relation to this notice. Some of the terms you may hear and their definitions are:

**Protected Health Information or PHI** is your personal and PHI that we use to render care to you and possibly bill for services provided.

**Privacy and Security Officer** is the individual in the facility who is responsible for developing and implementing all policies and procedures concerning your PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI.

**Business Associate** is an individual or business independent of the facilities and who work to provide the facilities or you with services necessary for operational issues. A subcontractor is also any individual or business that contractually maintains or transmits or comes into contact with PHI on behalf of a business associate.

**Authorization:** We will obtain an authorization from you giving us permission to use or disclose your PHI for purposes other than for your treatment, to obtain payment of your bills and for healthcare operations of this organized healthcare arrangement.

**Organized healthcare arrangement:** The healthcare facilities and the independent health care professionals who have been granted privileges to practice are part of a clinically integrated care setting in which your PHI will be shared for purposes of treatment, payment and healthcare operations as described below. This organized healthcare arrangement may use and disclose your PHI without your authorization for the following:

**Treatment.** We may use your PHI to provide you with treatment or services. We may disclose your PHI to doctors, nurses, technicians, therapists, students or other authorized personnel who are involved in taking care of you. For example, a surgeon treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the surgeon may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We may tell your primary care physician about

your hospital stay if you do not object. You may also be referred to an outside health care provider for treatment in which case your PHI may be disclosed to the outside health care provider.

**Payment.** We may use and disclose your PHI so that the treatment and services you receive at the facilities may be billed to and payment may be collected from an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. Approval or non-approval by your health plan will not be a determining factor for your receiving services. We may also provide your hospital physicians or their billing agents with information so they can send bills to your insurance company or to you.

**Healthcare operations.** We may use and disclose your PHI for healthcare operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care. For example, we may use your PHI concerning your high blood pressure to review our treatment and services, to evaluate the performance of our staff in caring for you and to train health professionals. We may also combine your PHI with many patients to decide what additional services the facility should offer, what services are not needed and whether certain new treatments are effective. We may also combine PHI we have with PHI from other healthcare facilities to compare how we are doing and see where we can make improvements in the care and services we offer.

**Health Information Exchange.** We may participate in a health information exchange (HIE). Generally, an HIE is a system in which health care providers exchange patient information in order to facilitate healthcare to avoid duplication of services (such as tests) and to reduce the likelihood that a medical error will occur. By participating in an HIE, we may share your health information with other health care providers that participate in the HIE or participants of other HIEs. If you do not want your health information to be available through the HIE, you must request a restriction as outlined below. Care, treatment or services provided by a substance use program (as defined by 42 CFR Part 2) are excluded from data transmission. Psychotherapy records are excluded from transmission to the HIE.

**Business Associates.** We may disclose your PHI to business associates who provide services on our behalf. However, we will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your privacy and the confidentiality of your PHI through a contractual arrangement. For example, we may contract with a company outside of the facility to provide medical transcription services.

**Appointment reminders.** We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or healthcare services at the facility. This may be done through an automated system or authorized personnel. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone. If you object to this method, you must tell us the method we are to use to contact you.

**Health-related benefits and services.** Inclusion is optional. Notify your health care provider if you do not desire to participate in these services or benefits. We may use and disclose your PHI to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.

**Hospital directory.** Inclusion in the hospital directory is optional. Notify admissions, your nurse or health care provider if you wish your information to be confidential. Otherwise, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation and may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

**Individuals involved in your care and in disaster relief situations.** You have the right and choice to tell the CNDH and/or CNDFS to:

- Share or not share PHI with family, close friends or others involved in your care
- Share or not share PHI in a disaster relief situation

If you are not able to tell CNDH and/or CNDFS your preference, for example, you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest or a legal document is

produced specifying your desire. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their PHI. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific healthcare needs, so long as the PHI they review does not leave the facility.

**As required by law.** We will disclose PHI about you when required to do so by applicable federal, state or local law. For example, all births and deaths that occur in the hospital are reported to the Oklahoma Department of Health.

**To avert a serious threat to health or safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and tissue donations.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Workers compensation.** We may release PHI about you for worker's compensation or similar programs as authorized by applicable laws. These programs provide benefits for work-related injuries or illness.

**Public health reporting.** We may disclose PHI about you for public health activities to, for example:

- prevent or control disease, injury or disability;
- report birth defects or infant eye infections;
- report cancer diagnoses and tumors;
- report child abuse or neglect or a child born with alcohol or other substances in its system;
- report reactions to medications or problems with products;
- notify people of recalls of products they may be using;
- notify the appropriate government authority that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, syphilis or other sexually transmitted diseases;
- notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.

**Health oversight activities.** We may disclose PHI to a health oversight agency for activities necessary for the government to monitor the healthcare system, government programs and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.

**Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we shall disclose PHI about you in response to a court or administrative order which has jurisdictional authority. We shall also disclose PHI about you in response to a court of competent jurisdiction's subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law enforcement.** Except where excluded by law, we may release PHI if asked to do so by a law enforcement official:

- in response to a court of competent jurisdiction's order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;

- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct on the premises of the facilities; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, medical examiners and funeral directors.** We shall release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients of the facility to funeral directors as necessary to carry out their duties.

**National security and intelligence activities.** We shall release PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective services for the president and others.** We shall disclose PHI about you to authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we shall release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the correctional institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Psychotherapy notes.** Psychotherapy notes have special protections. We never share your PHI that contains psychotherapy notes without proper authorization. This information requires a separate authorization and review prior to sharing PHI with psychotherapy notes.

#### **YOUR RIGHTS REGARDING PHI ABOUT YOU.**

You have the following rights regarding PHI we maintain about you:

**Right to inspect and copy.** You have the right to inspect and request a copy of your PHI, except as prohibited by law. For PHI for which you have a right of access, you have the right to access and receive your PHI in an electronic format if it is readily producible in such format, and to direct CNDH and/or CNDFS to transmit a copy to an entity or person you designate, provided such designation is clear, conspicuous and specific.

To inspect and/or request a copy of your PHI that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee of 25 cents a page to offset the costs associated with the request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by CNDH and/or CNDFS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for CNDH and/or CNDFS. To request an amendment, your request must be made in writing stating the reason for the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the PHI kept by or for the CNDH and/or CNDFS;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an accounting of disclosures.** You have the right to request one free accounting every 12 months of the disclosures we made of PHI about you. To request this list, you must submit your request in writing. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). For additional lists, we may charge you for the costs of providing the list. We will notify you of

the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to request restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You can request a restriction if you do not want us to disclose your health information to the HIE.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to request confidential communications.** You have the right to request that we communicate with you about health-related matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail or by email.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a paper copy of this notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**Right to restrict release of information for certain services-** You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out-of-pocket basis. We will say “yes” unless a law requires us to share this information.

**Right to breach notification-** You have the right to be notified of any breach of your unsecured healthcare information, unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

**Other uses and disclosures of PHI.** For purposes not described above, including uses and disclosures of PHI for marketing purposes and disclosures that would constitute a sale of PHI, we will ask for patient authorization before using or disclosing PHI. If you signed an authorization form, you may revoke it, in writing, at any time, except to the extent that action has been taken in reliance on the authorization. For any fundraising events, you have the right to opt out of such notifications. Any contact by the facilities for fundraising purposes would require a separate use and disclosure from the patient, and you (the patient) also have the right to opt out of receiving such notifications.

To obtain a paper copy of this notice, contact:

Privacy and Security Officer  
Chickasaw Nation Department of Health  
1921 Stonecipher Boulevard  
Ada, OK 74820  
(580) 272-2706

You may obtain a copy of this notice at our web site, [www.chickasawnationhealth.net](http://www.chickasawnationhealth.net).

#### **CHANGES TO THIS NOTICE.**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, near the top, the effective date. In addition, each time you register for treatment or healthcare services we will make available to you a copy of the current notice in effect.

**AUTHORIZATION FOR OTHER USES OF PROTECTED HEALTH INFORMATION.**

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. Your health information may indicate that you have a communicable or non-communicable disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea or the human immunodeficiency virus (HIV), also known as Acquired Immune Deficiency Syndrome (AIDS). You further understand that your health information may indicate that you have or have been treated for psychological or psychiatric conditions or substance use. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the care that we provided to you.

**COMPLAINTS.**

If you believe your health information privacy rights or another violation of the Privacy or Security Rules have been violated, you may file a written complaint with the CNDH and/or CNDFS, or you can file a complaint with the Office for Civil Rights (OCR) secretary of the U.S. Department of Health and Human Services. There is no retaliation against you for filing a complaint. To file a complaint, write:

Privacy and Security Officer  
Chickasaw Nation Department of Health  
1921 Stonecipher Boulevard  
Ada, OK 74820  
(580) 272-2706

To file a complaint with OCR, write or contact:

Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 106  
Dallas, TX 75202  
Voice Phone (800) 368-1019  
Fax (202) 619-3818  
TDD (800) 537-7697  
Email [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

The complaint to the CNDH, CNDFS and/or OCR must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the standards. **You will not be penalized for filing a complaint. If you have further questions, you can visit OCR's website [www.hhs.gov/hipaa](http://www.hhs.gov/hipaa) or call OCR @ 1-800-368-1019; or call the privacy and security officer at 580-272-2706.**



*the*  
**Chickasaw**  
**Nation**

**Department of Health**

1921 Stonecipher Boulevard / Ada, OK 74820 / (580)421-4596

**Bill Anoatubby**  
Governor

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

A complete description of how your health information will be used and disclosed by the Chickasaw Nation Department of Health and the Department of Family Services is in our NOTICE OF PRIVACY PRACTICES. The notice is posted throughout our facilities and you will be given a copy for your personal use.

I have received a copy of the Notice of Privacy Practices dated September 1, 2024.

\_\_\_\_\_  
Patient or representative

\_\_\_\_\_  
Legal authority of representative

\_\_\_\_\_  
Date signed

**Basis for refusal, if refused:**

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\_\_\_\_\_

Patient Identification