

Cherokee Nation Health Services Notice of Health Information Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit a Cherokee Nation Health Services facility, a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

Your Health Information Rights

The information which is contained in your health record belongs to you. However, the actual file itself and the medium it is written on, belong to the Cherokee Nation Health Services.

You have the right to request a restriction on certain uses and disclosures of your information and to receive confidential communications concerning your medical condition and treatment.

You have a right to obtain a paper copy of this notice of information practices.

You have a right to inspect and receive a copy of your health record (excluding some records such as behavioral health and abuse records which are exempt from disclosure).

You also may correct inaccuracies or amend your health record and obtain an accounting of disclosures of your health information.

You have a right to request communications of your health information by alternative means or at alternative locations and to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

If you request a restriction to your medical records, we must notify you if we are unable to agree to the requested restriction.

We must accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in laws or regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

Information in your health record may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Information may be provided to pharmacists about other drugs you are taking to identify potential interactions.

You may be required to sign-in for services and your name may be called in the waiting room or over the loudspeaker in order to let you know that the staff member is ready to see you.

We will use your health information for payment.

Your health information may be used to seek payment from Medicare, Medicaid, grant programs (such as the CDC Breast and Cervical Cancer Detection Program), Cherokee Nation sponsored programs, private insurance or other sources of coverage such as an automobile insurer, or a person you are suing for injuries. These payers may request and receive information on dates of service, the services provided, and the medical condition being treated.

We will use your health information for regular health operations.

Your health information may be used as necessary to support the day-to-day activities and management of Cherokee Nation Health Services. For example, information on the services you receive may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

We may disclose your health information to medical students working within our facilities and to business associates who perform services for us, such as an outside laboratory that performs certain tests for our patients.

We may disclose your health information to internal and external auditors, accreditation surveyors, and tribal, state and federal employees acting within the scope of their official duties.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Correctional institution: If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Criminal Activity and Other Reports to Law Enforcement:

We may disclose health information for law enforcement purposes as required by law or in response to a valid court order. For example, we must report drug overdoses, gunshot wounds, knife wounds, child abuse and elder abuse.

Under federal and state laws, we may disclose your health information if we believe that its 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 a fugitive, suspect, or material witness.

When a healthcare worker is a victim of a crime or when a crime occurs on our premises, or in an emergency, we may disclose information to law enforcement to assist in identifying and locating the perpetrator.

We may also report circumstances pertaining to victims of a crime, medical emergencies and death from criminal conduct.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Funeral directors, medical examiners and coroners: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Homeland Security: We may disclose health information as required by the Homeland Security Act.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Public health: Your health information may be disclosed to public health agencies as required to by law. For example, we may disclose information regarding communicable diseases to public health agencies such as the state health department. We may also disclose immunization information to schools and daycare.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation.

Additional Uses of Information

Appointment reminders and patient recall. Your health information will be used by our staff to remind you of an appointment or to contact you if you need to return earlier than scheduled. We may send you a postcard or letter, or may leave a message on your home answering machine or with your emergency contact or message phone.

Information about treatments. Your health information may be used to send you information that you may find interesting on treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Other Uses and Disclosures

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Requests to Inspect Protected Health Information

You may generally inspect or receive a copy of the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the medical records department. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Federal Privacy Laws

This Notice of Information Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws which also apply including the Freedom of Information Act, the Privacy Act, and the Alcohol, Drug Abuse, and Mental Health Administration Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you may do so by sending a letter outlining your concerns to:

Cherokee Nation Health Services
ATTN: Privacy Officer
PO Box 1069
Tahlequah, OK 74465

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You may also file a complaint with the Senior Director of the facility where your record is kept, or with the Health Executive Director.

You will not be penalized or otherwise retaliated against for filing a complaint.

Effective Date

This notice is effective April 13, 2003.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the Health Privacy and Compliance Officer at (918) 456-0671 extension 2529.