CITIZEN POTAWATOMI NATION HEALTH SERVICES
2307 S. GORDON COOPER DR., SHAWNEE, OK 74801
PHONE 405-273-5236 FAX 405-273-8322

PRIVACY PRACTICES NOTICE

The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 require that you, our patient, be informed about how your protected health information (PHI) is used and disclosed by the CPNHS, and how you can get access to your individually identifiable health information (IIHI). PLEASE READ THIS NOTICE CAREFULLY!

The CPNHS/CPN West Commitment to Protecting your Privacy

CPNHS employees protect the privacy of your IIHI. In the normal course of providing your care we create records regarding you and the nature of your visits. We are required by law and bound by professional ethics to keep information about you confidential and private. This statement describes our obligations to you and the privacy practices we employ to protect your IIHI. We are ethically and legally bound to observe the terms of this notice or of subsequent Privacy Practices Notices which might replace it. We reserve the right to change this Privacy Practices Notice and any revision or amendment will be applicable to all records we create or maintain concerning you in the future. A copy of the current Notice will be posted in the reception area and you are welcome to a copy of your own. **If you have questions about this Notice, please contact the Privacy Officer by mail at 2307 S. Gordon Cooper Dr., Shawnee, OK 74801.**

CPNHS/CPN West uses and disclosures of your IIHI

TREATMENT. Information gained from examinations and diagnostic tests will be used to diagnose and treat you. For example, we may ask you to have an X-ray made, and we may use the results to diagnose your injury or illness. We may disclose this information to others who are involved in your care and treatment including family members.

PAYMENT. We may use and disclose information about you in order to bill and collect payments from public and private healthcare insurers and payers for services rendered to you. For example, if you have health insurance, we may exchange information about your visits with your insurer in order to obtain reimbursement from them.

HEALTHCARE OPERATIONS. We may use and disclose data concerning you during the routine performance of functions related to our practice of medicine, dentistry, and public health activities. These functions include the peer review and quality assurance programs, practice management activities, financial management actions, and case management processes. For example, we may use information about you to call and remind you of an appointment, and we may discuss your IIHI to establish treatment plans and therapy options.

Special Circumstances Involving your IIHI

Under a limited number of specific circumstances, we may use or disclose your protected health information without your consent. These circumstances include:

PUBLIC HEALTH RISKS. The CPNHS may disclose your IIHI to public health authorities allowed by law to have the information for (a) maintaining vital records; (b) reporting cases of abuse, neglect, and abandonment; (c) preventing or controlling disease, injury, or disability; (d) notifying individuals of potential exposure to a communicable disease; (e) reporting adverse reactions to drugs or medical devices; (f) communicating with your employer concerning workplace-related illness or medical surveillance.

HEALTH OVERSIGHT ACTIVITIES. The CPNHS may disclose your IIHI to a health oversight agency with a legal right to have it. Oversight activities include (a) investigations; (b) inspections; (c) audits; (d) licensure and disciplinary actions; (e) civil, administrative, and criminal proceedings; and (f) activities necessary for monitoring government-sponsored programs, and (g) compliance with civil rights laws.

LAWSUITS AND SIMILAR PROCEEDINGS. The CPNHS may use and disclose your IIHI in response to court or administrative orders and subpoenas. We will always try to notify you of the request so that you can take whatever actions you deem appropriate. We may disclose your IIHI if asked to do so by a law enforcement official in connection with (a) a crime victim; (b) a death resulting from criminal conduct; (c) criminal conduct occurring at the CPNHS/CPN West facility; (d) identifying or locating a suspect, material witness, fugitive, or missing person; or (e) in an emergency to report a crime.

THREATS TO HEALTH OR SAFETY. The CPNHS may disclose or use your IIHI to reduce or prevent threats to your health or safety or the health and safety of another person or the general public.

MILITARY OR NATIONAL SECURITY. The CPNHS may disclose your IIHI if you are a member of the U.S. or foreign military forces if asked to do so by the appropriate authorities. We may also divulge your IIHI to federal officials for reasons related to the security of the nation, the protection of the President or other officials or foreign heads of state.

INCARCERATION. The CPNHS may disclose your IIHI to corrections officials if you are incarcerated (a) to assist the institution to provide health services to you; (b) for the safety of the institution; and to (c) protect the health and safety of other individuals in the institution.

WORKERS' COMPENSATION. The CPNHS may disclose IIHI to workers' compensation officials.

Your Rights Regarding your IIHI

You have the following rights regarding the IIHI the CPNHS produces or maintains about you:

CONFIDENTIAL COMMUNICATION. You may request the CPNHS communicate with you in a particular manner or a specific location. For example, you may ask that we contact you at work rather than at home. You needn't give a reason for your request, and we will give you a CPNHS Form 700-9b for expressing your wishes. We will honor reasonable requests but you may have to pay if there are costs associated with your request.

RESTRICTIONS. You may request the CPNHS restrict the use or disclosure of your IIHI for treatment, payment, or other operations. For example, you can request that your IIHI not be released to certain individuals. Your request must be in writing and you can use the CPNHS Form 700-9b or a letter for your request. **We do not have to agree with your request,** but if we do agree, we will abide by our agreement.

RECORD COPIES AND INSPECTION. You have the right to view and obtain copies of your IIHI **except for psychotherapy notes.** Your request must be written and we ask that you use the CPNHS Form 700-4 to request a review of your records and the Form 700-3 to request copies. If we deny you access, you can ask for a review of the denial by a licensed healthcare professional of our choosing.

AMEND RECORDS. You may ask the CPNHS to amend your IIHI if you believe it is incorrect or incomplete. You must request the amendment in writing and we ask that you use the CPNHS Form 700-5 for this purpose. We may deny your request to amend your record if (a) the record is accurate and complete; (b) we don't have the records you want amended; (c) the record you want amended is not available for your review (i.e. psychotherapy notes); or (d) the record was not created by the CPNHS (unless the author is no longer available to amend the record).

DISCLOSURE EXPLANATION. You have the right to an accounting of certain non-routine disclosures the CPNHS has made of your IIHI for purposes other than treatment, payment, or other related operations. We are not required to document uses of your IIHI for routine patient care purposes. You must submit your request in writing and specify a time period not longer than six (6) years from the date of the disclosure and not earlier that April 14, 2003. One accounting is provided at no cost but we may charge you for additional requests during any 12-month period. We will inform you of the cost before we comply with your request and you may authorize us to continue or you may withdraw the request.

PERSONAL NOTICE. You have the right to a personal copy of this Notice. Ask the receptionist in the central reception area for a copy and it will be provided at no cost.

COMPLAINT. If you believe your privacy rights have been violated, you may complain to the Director, CPNHS or to the Secretary of the Department of Health and Human Services. Complaints to the CPNHS must be submitted in writing to the Privacy Officer, 2307 S. Gordon Cooper Drive, Shawnee, OK 74801. **You will not be penalized for filing a complaint.**

AUTHORIZATION. The CPNHS will obtain your written authorization for uses and disclosures of your IIHI which are not addressed by this Notice or permitted by law. You can revoke any authorization you give us at any time by submitting the revocation in writing to the CPNHS Privacy Officer.

OFFICE USE Chart _____

PRIVACY PRACTICE ACKNOWLEDGEMENT OF PRIVACY PRACTICES NOTICE RECEIPT S NOTICE

I have received and read a copy of the Citizen Potawatomi Nation Health Services **Privacy Practices Notice** outlining how my personal health information will be used and safeguarded, and my rights regarding the protection of my personal data.

I understand that the CPNHS **Privacy Practices Notice** was provided to me in accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996, and that if I have any questions about the content of the **Notice** I can contact the CPNHS Privacy Officer by mail at 2307 S. Gordon Cooper Dr, Shawnee, Ok 74801.

I have been told that if I decline to sign this acknowledgement, my refusal will have no bearing on my eligibility for treatment at the Citizen Potawatomi Nation Health Services facilities. I will continue to be treated based on my eligibility for benefits extended by the CPNHS.

_____ _____

Print Name of Patient Date of Birth

_____ _____

Signature of Patient, Parent, Legal Guardian Date

Print signers name if other than self _____

Check one ☐ Father ☐ Mother ☐ Legal Guardian

☐ Other with Minor Consent on file Relationship to patient _____

1st Endorsement

Patient declined to sign the Acknowledgement of Privacy Practices Notice Receipt.

_____ _____

CPNHS Employee Date