

# Notice of Privacy Practices

YOUR INFORMATION.  
YOUR RIGHTS.  
OUR RESPONSIBILITIES.



Northern Valley  
Indian Health

YOUR HEALTH. OUR MISSION.

[www.nvih.org](http://www.nvih.org)



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

## **YOUR RIGHTS**

*See "Your Health Information Rights" on page 4 for more details.*

You have the right to:

- Inspect and copy certain health information
- An electronic copy of electronic records
- A notice of breach
- Request a restriction on how your information is used or disclosed
- Request an amendment
- Request confidential communications
- A list of disclosures
- Obtain a paper copy of the NVIH Notice of Privacy Practices
- Choose someone to act on your behalf
- File a complaint if you feel your rights are violated

## **OUR RESPONSIBILITIES**

*See "NVIH's Responsibilities" on page 5 for more details.*

NVIH is required by law to:

- Maintain the privacy of your health information
- Inform you about our privacy practices
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests for alternate communications
- Honor the terms of this notice or any subsequent revision

## **OUR USES AND DISCLOSURES**

*See "How NVIH May Use and Disclose Health Information About You" on page 6 for more details.*

We may use and share your information:

- For your treatment
- For payment purposes
- For health care operations
- With NVIH's Business Associates
- With your personal representative or legal guardian
- For interpretation services
- To respond to organ procurement requests
- For appointment reminders and other health-related benefits and services
- For worker's compensation purposes
- To assist with public health activities
- To comply with law enforcement activities
- For activities conducted by health oversight agencies
- For data breach notification that is legally-required
- For other activities, per your authorization

## UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit a Northern Valley Indian Health (NVIH) facility for services, a record of your visit is made. If you are referred by NVIH through the Purchased Referred Care (PRC) program, NVIH also keeps a record of your PRC visit.

Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your 'health record,' serves as a:

- Plan for your care and treatment, and as a communication source between health care professionals.
- Tool we can use to check results and continually work to improve care.
- Means by which Medicare, Medicaid, or private insurance payers can verify the services billed.
- Tool for education of health care professionals.
- Source of information for public health authorities charged with improving health.
- Source of data for medical research, facility planning, and marketing.
- Legal document that describes your care.

Understanding what is in your health record and how the information is used helps you to:

- Ensure its accuracy.
- Better understand why others may review your health information.
- Make an informed decision when authorizing disclosures.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of NVIH, the information belongs to you. You have the right to:

**Inspect and Copy** certain health information. If you request a copy of the information, we may, as permitted by applicable law, charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information you may, with limited exceptions, request that the denial be reviewed by submitting a written request to the HIPAA Privacy Officer.

**Electronic Records** if your health information is maintained in an electronic form. We will make every effort to provide access to your health information in the form or format you request.

**Notice of Breach** if there was unauthorized access to or disclosure of your health information.

**Request a Restriction** on information we use or disclose about you: (1) for treatment, payment, or health care operations; or (2) to someone who is involved

in your care, such as a family member or friend. NVIH is not required to agree to your request, but if we do we will comply with your request unless the information is needed to provide you with emergency services. Also, if you paid out-of-pocket in full for a specific item or service, you may ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Request Amendment** if you feel that the health information we have about you is incorrect or incomplete. We may deny your request for an amendment in certain limited situations. If we deny your request, you have the right to file a statement of disagreement with us.

**Request Confidential Communications** in a different manner or at a different place (for example, you may ask that we communicate with you at a location other than your home or by a different means of communications such as telephone or mail).

**A List of Disclosures** made by NVIH of your health information. The first list you request within a 12-month period will be provided free of charge, but subsequent requests within the same period may be subject to a fee.

**Obtain a Paper Copy of the NVIH Notice of Privacy Practices** upon request, even if you have agreed to receive this Notice electronically.

**Choose Someone to Act for You** if you have given someone medical power of attorney or if someone is your legal guardian. We will make sure the person has the authority to exercise your rights and make choices about your health information before we take any action.

**File a Complaint if You Feel Your Rights are Violated.** You can complain if you feel we have violated your rights by contacting us using the information on the last page of this booklet. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## **NVIH'S RESPONSIBILITIES**

NVIH is required by law to:

- Maintain the privacy of your health information.
- Inform you about our legal duties and privacy practices with respect to protected health information
- Honor the terms of this Notice or any subsequent revisions of this Notice. NVIH reserves the right to change its privacy practices and to make the new provisions effective for all health information it maintains. NVIH will post any revised Notice of Privacy Practices at public places in its health care facilities and on its web site at [www.nvih.org](http://www.nvih.org).



## HOW NVIH MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information without your permission to facilitate your medical treatment, payment of medical treatment, other health care operations, and as allowed or required by applicable law. We must obtain your written authorization for any other use and disclosure of your health information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given. The following categories describe how we may use and disclose health information about you:

**For Treatment.** We will use and disclose your health information to provide medical treatment or help other providers to treat you. For example:

- Your personal information will be recorded in your health record and used to determine the course of treatment for you. Your health care provider will document in your health record his/her instructions to members of your healthcare team. The actions taken and the observations made by the members of your healthcare team will be recorded in your health record so your health care provider will know how you are responding to treatment.

**For Payment Purposes.** We will use and disclose your health information for payment purposes. For example:

- If you have private insurance, Medicare, or Medicaid coverage, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment.

**For Health Care Operations.** We will use and disclose your health information for health care operations. For example:

- We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide. .

**Health Information Exchange (HIE)** NVIH may participate in HIE services. You can authorize NVIH to make your health information available electronically through an information exchange network to other providers involved in your care who request your health information. More information is available at <http://www.ihs.gov/hie/>



**Personal Health Record.** NVIH offers the ability for you to access to your Personal Health Record (PHR) electronically through the Patient Portal. PHR is a secure web based application that provides patient access to their health care information.

**Direct.** NVIH may share your health information, as allowed, using the Provider-to-Provider communication network.

**To Business Associates:** NVIH provides some healthcare services and related functions through the use of contracts with business associates. For example, NVIH may have contracts for medical transcription. When these services are contracted, NVIH may disclose your health information to business associates so that they can perform their jobs. We require our business associates to protect and safeguard your health information in accordance with all applicable federal laws.

**To Persons Involved in Your Care:** NVIH may notify your family of your location or general condition. NVIH may also provide your health information to a person involved in your care or who helps pay for your care, such as a family member or friend, unless you notify us that you object, or when you are incapacitated or in an emergency. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. We may also make similar professional judgments about your best interests that allow another person to pick up such things as your filled prescriptions, medical supplies, and x-rays. There may also be circumstances when we can assume, based on our professional judgment, that you would not object, such as when your spouse comes with you into an exam room during treatment.

**Adults and Emancipated Minors With Personal Representatives or Legal Guardians:** NVIH shall treat a personal representative or legal guardian of an individual who has been declared incompetent due to physical or mental incapacity by a court of competent jurisdiction, as the individual for the purposes of the use and disclosure of the individual's health information.

**Interpreters:** In order to provide you proper care and services, NVIH may use the services of an interpreter. This may require the use or disclosure of your personal health information to the interpreter.

**Medical Transcription:** To improve clinical documentation, you may authorize NVIH to record audio and other data during your healthcare encounter. Information is transcribed, stored in your patient record, and referenced for your treatment.

**Research:** NVIH may use or disclose your health information for research purposes approved by an NVIH Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. NVIH may also use or disclose your health information for research purposes based on your written authorization.

**Uses and Disclosures about Decedents:** When an individual is deceased, NVIH may disclose health information about the decedent when required by applicable law, and to the following categories of individuals:

- A family member, personal representative, or other authorized person(s) responsible for the decedent's care, as relevant to his or her responsibility for such care, unless we know that doing so would be inconsistent with the decedent's prior-expressed preferences.
- A coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- Funeral directors consistent with applicable law as necessary to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable laws, NVIH may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating organ, eye, or tissue donation and transplant.

**Appointment Reminders, Treatment Alternatives and Other Health-related Benefits and Services:** We may contact you for appointment reminders, to discuss a missed appointment, and to provide information about treatment alternatives or other health-related benefits and services that may interest you.

**Food and Drug Administration (FDA):** NVIH may use or disclose your health information to the FDA in connection with an FDA-regulated product or activity. For example, we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects or problems, and information needed to track FDA-regulated products, or to conduct product recalls, repairs, replacements, lookbacks (including locating people who have received products that have been recalled or withdrawn), or post marketing surveillance.

**Worker's Compensation:** NVIH may use or disclose your health information for workers compensation purposes as authorized or required by applicable law.



**Public Health:** NVIH may use or disclose your health information to a public health authority or other government authority authorized for public health activities as follows:

- To prevent or control disease, injury, or disability, or conduct public health surveillance, investigations, and interventions.
- For reporting of child abuse or neglect.
- For reporting of other abuse, neglect, or domestic violence (other than child abuse).
- To an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, where authorized by applicable law.
- To the individual's employer, concerning a work-related illness or injury or a workplace-related medical surveillance, or as otherwise required or permitted by applicable law.
- To the individual's school or prospective school for proof of immunization, if such proof is required by applicable law, and we obtain the agreement of either a parent, guardian, or other person legally responsible for the individual (or from the individual if he or she is an adult or emancipated minor).

**Correctional Institution:** If you are an inmate of a correctional institution, NVIH may use or disclose to the institution health information necessary for your health and the health and safety of other individuals.

**Law Enforcement:** NVIH may use or disclose your health information for law enforcement activities as required or authorized by applicable law. Such situations include the following:

- To report certain types of wounds or injuries.
- In response to a court order, subpoena, warrant, or other similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- If you are believed to be a victim of a crime and a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency and if we determine that such disclosure would be in your best interests.
- About a death we believe may have been the result of criminal conduct.
- To report a crime committed on NVIH premises.
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description, or location of the person who committed the crime.

**Military and Veterans:** If you are a member of the armed forces, NVIH may use or disclose your health information, if necessary, to the appropriate military command authorities or to determine eligibility for benefits, as authorized by applicable law.

**Health Oversight Authorities:** NVIH may use or disclose your health information to health oversight agencies for activities authorized by applicable law. These oversight activities include: investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system and government benefit programs, among other requirements. NVIH is required by applicable law to disclose health information to the Secretary of HHS to investigate or determine compliance with the HIPAA privacy standards.

**Compelling Circumstances:** NVIH may use or disclose your health information in certain other situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances:

- We may disclose health information we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person.
- We may use or disclose health information in the course of judiciary and administrative proceedings if required or authorized by applicable law.
- We may use or disclose health information during a disaster and for disaster relief purposes.
- We may make any other disclosures that are required by applicable law.

**For Data Breach Notification Purposes.** We may use or disclose your health information to provide legally-required notices of unauthorized access to or disclosure of your health information.

**Authorization Required.** NVIH will use or disclose your health information only with your written authorization in the following circumstances:

- Any use or disclosure of your psychotherapy notes; except that we do not need your written authorization to use such notes for treatment, payment, or health care operations, nor in other limited circumstances required or permitted by applicable law.
- Any use or disclosure of your health information for marketing; except that we do not need your written authorization for face-to-face communications or to give you promotional gifts with nominal value.
- The sale of your health information.

**Non-Violation of this Notice:** NVIH is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (business associates) discloses protected health information under the following circumstances:

- *Disclosures by Whistleblowers to:*
  - A Public Health Authority or Health Oversight Authority authorized by applicable law to investigate or otherwise oversee the relevant conduct, conditions, or suspected violations, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by NVIH; or

– An attorney on behalf of the workforce member, or contractor (business associate), or hired by the workforce member or contractor (business associate) for the purpose of determining their legal options regarding the suspected violation.

- *Disclosure by Workforce Member Crime Victims:* Under certain circumstances, a NVIH workforce member (either an employee or contractor) who is a victim of a crime, on or off the NVIH premises, may disclose information about the suspect to law enforcement official provided that the information disclosed is about the suspect who committed the criminal act and the information disclosed is limited to identifying and locating the suspect.

Any other uses and disclosures not described in this Notice will be made only with your written authorization, which you may later revoke in writing at any time. To revoke your authorization, deliver a written revocation to HIPAA Privacy Officer. If you revoke your authorization, we will no longer use or disclose your health information as allowed by your written authorization, except to the extent we have already used or disclosed your health information in reliance on your authorization, or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy or the policy itself. To exercise your rights under this Notice, to ask for more information, or to report a problem contact the HIPAA Privacy Officer at:

**HIPAA Privacy Officer**

257 N Butte Street  
Willows, CA 95988  
(530) 330-8800

If you believe your privacy rights have been violated, you may file a written complaint with the above individual(s) or the Secretary of Health and Human Services, U.S. Department of Health and Human Services, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

# EIGHT LOCATIONS TO SERVE YOU

● MEDICAL ● BEHAVIORAL HEALTH ● DENTAL

## CHICO

Chico – Cohasset Road ● ● ●

DENTAL AND WOMEN'S HEALTH CENTER

500 Cohasset Road, Suite 15 | (530) 433-2500

Chico – Concord Ave ● ●

1990 Concord Ave. | (530) 809-3300

Chico – East Ave ● ● ●

845 W. East Ave. | (530) 896-9400

Chico – Springfield Drive ● ●

CHILDREN'S HEALTH CENTER

1515 Springfield Drive #175 | (530) 781-1440

Mobile Dental Clinic ●

(530) 520-6913

## RED BLUFF

Red Bluff ●

2500 N. Main St. | (530) 529-2567

## WILLOWS

Willows ● ● ●

207 N. Butte St. | (530) 934-4641

## WOODLAND

Woodland – Court Street ● ●

175 W. Court St. | (530) 661-4400

Woodland – Gibson Road ● ●

1280 E. Gibson Rd. | (530) 650-4500

*This guide is provided by Northern Valley Indian Health, Inc.*



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