

Notice Of Privacy Practices



Your Information. Your Rights. Our Responsibilities.

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.

As part of our responsibilities, all employees and patients of the Redding Rancheria Tribal Health System will follow this notice.

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. RRTHS requires this request to be in written form.

REC Form002RRTHS – Authorization for Release of Information

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
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Your Rights *continued*

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay out of your own pocket for a health care service or item, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list of the times we have shared your health information for six (6) years prior to the date you ask, who we shared it with, and why. We will also tell you if we were legally required to without your express consent. Examples of why we would do this are for the California Department of Public Health, or other licensing body, and for the purpose of reviewing patient files to review quality or care and compliance with the law.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). The first request in a year is free, but we may charge a fair fee based on our cost if you make another request within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy as soon as possible.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have failed to protect your rights by contacting us using the information on page 5.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights one of three ways
 1. Mail: 200 Independence Avenue, S.W., Washington, D.C. 20201
 2. Phone: 1-877-696-6775
 3. Online: www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us what you want to share.

You can tell us how you want us to share your information in the situations described below. Let us know what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Take away this consent at any time. This can be done by telling us verbally or in writing.
- Share information in a disaster relief situation.
- **Health Information Exchange** – We can share your data with a Health Information Exchange Organization (HIO). Your data will be made available by the HIO to others involved in your health care. Unless you choose not to allow them access. You can do this by filling out the Opt-out form found on the SACVALLEY MEDSHARE website: <https://sacvalleymms.org/>

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to help with a serious and imminent threat to health or safety.

We never share your information unless you give us written permission:

- Most psychotherapy notes
- HIV status
- Substance use

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you (Treatment)

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health.

Run our health centers (Operations)

- We can use and share your health information to run our health centers, improve your care, and contact you when needed.

Example: We use health information about you to manage your treatment and services.

Bill for your services (Payment)

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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| Help with public health and safety issues | <ul style="list-style-type: none">• We can share health information about you for certain reasons such as:<ul style="list-style-type: none">○ Preventing disease○ Helping with product recalls○ Reporting adverse reactions to medications○ Reporting suspected abuse, neglect, or domestic violence○ Preventing or reducing a serious threat to anyone’s health or safety |
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| Business associates | <ul style="list-style-type: none">• A business associate is a person or group of people that do jobs or tasks that involve the use or sharing of protected health information (PHI) for a covered entity. RRTHS is a covered entity. These business associates are held to the following standards:<ul style="list-style-type: none">○ All HIPAA (Health Information Portability and Accountability Act) security administrative safeguards○ Physical and technical safeguards○ Security policies, procedures and documentation requirements. |
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| Do research | <ul style="list-style-type: none">• We can use or share your information for health research. |
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| Follow the law | <ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to see that we are following federal privacy laws. |
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| Respond to organ and tissue donation requests | <ul style="list-style-type: none">• We can share health information about you with organ collection organizations. |
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| Work with a medical examiner or funeral director | <ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director if you pass away. |
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| Address workers’ compensation, law enforcement, and other government requests | <ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">○ For workers’ compensation claims○ For law enforcement purposes or with a law enforcement official○ With health oversight agencies for activities authorized by law○ For special government functions such as military, national security, and presidential protective services |
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| Respond to lawsuits and legal actions | <ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena. |
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know right away if a breach occurs that may have compromised the privacy or security of your information.
- RRTHS is including HITECH (Health Information Technology for Economic and Clinical Health) Act provisions to its Notice as follows:

Under HITECH, RRTHS is required to notify you if your PHI has been breached. This notice has to be made by certified mail within 15 days of the event. A breach occurs when an unauthorized use or disclosure that compromised the privacy or security of PHI poses a significant risk for financial, reputational or other harm to the individual. In other words, a breach is when someone gains access to or shares your PHI without consent. This could put you at greater risk for fraud, harm your identity, or could impact you in other harmful ways. This notice must:

1. Give details of what happened, including the date of the breach and the date of discovery
 2. Have the steps that you should take to protect yourself from any harm that might result from the breach
 3. Give details of what RRTHS is doing to investigate the breach, reduce losses, and to protect against further breaches
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
 - We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.
 - For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site: <https://www.rrths.org/>

Other Instructions for this Notice

This notice is effective April 1, 2023.

For questions regarding this notice, contact:

Privacy Officer
1441 Liberty Street
Redding, CA 96001
Phone: (530) 226-1712