

**KENAITZE INDIAN TRIBE**  
**NOTICE OF PRIVACY RIGHTS**  
**AMENDED AND RESTATED NOVEMBER 1, 2017**

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

The Kenaitze Indian Tribe (the Tribe) operates a fully integrated Medical, Dental, Wellness and Behavioral Health program and maintains a record of the health care that we provide. The Tribe respects your privacy, and the laws regarding confidentiality of health care we provide to you.

The Tribe makes a record of the care and services you receive that is called “protected health information” (PHI). This information includes your symptoms, test results, diagnosis, treatment, health information from other health care providers, and billing and payment information related to those services. We will not disclose your information to others unless you authorize us to do so, or unless the law authorizes or requires us to do so.

This privacy notice will tell you about: the way that we may use and disclose health information about you; your privacy rights; special rules for patients of the Tribe’s alcohol and/or drug prevention and treatment programs; and the Tribe’s responsibilities in using and disclosing your health information.

This Notice applies to your records maintained at all of the Tribe’s facilities and anywhere else the Tribe keeps health information about you.

**How the Tribe May Use or Disclose  
Your Medical Information**

**Treatment:** The Tribe uses your medical information for treatment. The Tribe may share this information with other providers to help make decisions about what care is appropriate for you. For example, a doctor at the Tribe might ask if you have high blood pressure. This information lets the doctor avoid giving you medicine that could make your blood pressure worse. The Tribe may share this information with nurses, pharmacists, and other providers to avoid treatment that might make your blood pressure worse.

**Payment:** The Tribe uses your medical information for payment purposes. The Tribe sends bills to Medicaid, other government programs, and private insurance. For example, insurance companies often need information about services you received in order to authorize payment. In addition, if someone else is responsible for your health care costs, we may disclose information to that person when we seek payment.

**Health Care Operations:** The Tribe uses your medical information to improve our health care operations. Health care operations are certain administrative, financial, legal, and quality improvement activities necessary to run the Tribe’s health programs and make sure all patients receive quality care. For example, we may use health information about you to evaluate the performance of our staff or to evaluate the services provided.

**Business Associate Agreements:** The Tribe may use your health information and disclose it to individuals and organizations that assist the Tribe with treatment, health care operations, payment purposes, or compliance. The Tribe enters into agreements with these individuals or organizations under which they agree to maintain the confidentiality of any health information shared with them. For example, we may share your information with an organization that evaluates the quality of the Tribe’s health care.

**Organized Health Care Arrangement:** The Tribe might share your health information with other providers when the Tribe is part of an organized health care arrangement with them. The purpose of these arrangements is to make it easier to exchange information about patients when two providers are treating the same person.

**Appointment Reminders:** The Tribe may use and disclose your medical information to contact you as a reminder of an appointment. We may use or disclose health care information during the reminder call, but the infor-



mation will be kept to what is necessary to remind you of the appointment.

**Electronic Health Information Systems:** The Tribe uses electronic health information systems, including an integrated multi-facility electronic health information system with a patient service communications network that permits providers involved in your care at other tribal health care facilities and the Indian Health Service to access health information accumulated about you at our facilities. Once information is entered into any of these electronic systems, it cannot be removed. Once a user is authorized to have access to your information contained in some of these systems, the user will continue to have such access until we determine otherwise. We may make your protected health information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for their treatment and payment purposes. Participation in an electronic health information exchange also lets us see their information about you for our treatment and payment and health care operation purposes. You are permitted to request and review documentation regarding who has accessed your information through the electronic health information exchange. Your provider will have information on how to make this request, or you may find the information on our website, once we begin participating in the exchange.

Some laws require the Tribe to report some kinds of health information to certain entities or individuals. Even if you do not agree, the Tribe must release health information in accordance with applicable law to individuals, agencies, and in circumstances including:

- To notify authorities about the outbreak of a contagious disease;
- Injuries caused by guns, knives, and beatings, and other injuries commonly caused by violent crime;
- To government authorities conducting public health surveillance, public health investigations, and public health interventions;
- To the Food and Drug Administration (FDA) for the purposes of ensuring the quality, safety or effectiveness of an FDA-regulated product or activity;
- To a health oversight agency for oversight activities

authorized by law;

- To organ procurement organizations or other entities engaged in organ procurement, banking, or transplantation;
- To the police or other law enforcement officials for medical or criminal emergencies;
- Bad reactions to medicines or defective medical equipment;
- Notifying people of product recalls related to their health care;
- Notifying a person that they may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To disaster relief agencies to assist in notification of your condition to family or others;
- When a judge orders the Tribe to produce information;
- To a medical provider or insurance company that needs to know if you are enrolled in one of our programs;
- To workers' compensation, for work-related claims of injury or illness;
- To vital statistics to report births and deaths;
- To military command authorities if you are a member of the armed forces;
- To the federal government when they are investigating national security concerns;
- To the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligation to protect the privacy of your health information;
- To coroners, medical examiners, or funeral directors, when someone has died;
- To appropriate agencies to report abuse, neglect, or domestic violence;
- Information for research purposes consistent with applicable rules;
- When disclosure is required by any other applicable law not specifically listed here.

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

**Other Treatments and/or Health Products:** The Tribe may use and disclose health care information to tell you about or recommend possible treatment options or alter-



natives that may be of interest to you, or about health-related products or services that may be of interest to you.

**Notification of Family and Others:** Unless you object, we may release health information about you to a friend or family member who is involved in your health care while you are receiving services. We may also give information to someone who helps pay for your care. If you would like to restrict the information provided to family or friends, please contact the number at the end of this notice. If you want a family member or friend to be able to access information about you or assist in arranging your health care, such as scheduling or checking on appointment times, please make sure that an authorization is on file for that person to access your records. This will be required for individuals to assist you in this manner.

**Uses and Disclosures That Require Your Authorization:** Other than the uses and disclosures described above, information will be used or disclosed only as allowed or required by law, or with your written authorization. Uses and disclosures such as the release of psychotherapy notes, uses for marketing and the sale of protected health information require your prior written authorization. If you provide us with written authorization, you have the right to revoke that authorization at any time unless the disclosure is required by law or in circumstances where we have otherwise relied on the authorization or the law prohibits revocation. If the Tribe has already shared information or otherwise taken action based on your consent, the Tribe does not have to try to get that information back.

**Health and Safety:** We may also use and disclose your information to enhance health care services, to protect patient safety, to safeguard public health, and to ensure that the Tribe and providers comply with government or accreditation standards. We provide notices to appropriate individuals when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm to an individual.

**Correctional Institutions:** If you are in jail or prison, we may disclose health care information to the Department of Corrections for your health and the health and safety of others.

## Special Rules for Drug and Alcohol Treatment Information

If you receive alcohol and/or drug prevention and treatment services, the records that identify you as receiving these services are protected by HIPAA and 42 C.F.R. Part 2. Except as described below, the Tribe must obtain your written consent before disclosing information identifying you as a patient of an alcohol and/or drug prevention and treatment program, including before releasing information to a patient's spouse or parent. However, there are exceptions to this rule. The Tribe may disclose these records without your written consent in the following circumstances:

- When allowed by a court order;
- To medical personnel in a medical emergency;
- For research, audit, or program evaluation;
- To prevent multiple enrollment in detoxification and maintenance treatment programs;
- To report a crime against Tribal employees or on Tribal property, or a threat to commit a crime;
- If the disclosure is made to members of the criminal justice system who referred a patient, when the participation in the program is a condition of any criminal proceeding against the patient, the patient's sentence, parole, or other release from custody;
- To report suspected child abuse or neglect to appropriate authorities, or to respond to a request for information by the Office of Children's Services when investigating suspected child abuse or neglect;
- Pursuant to a qualified service organization or business associate agreement, when an outside entity provides certain medical or health care operation services to the Tribe.

Violation of the federal law and regulations governing the confidentiality of this information is a crime punishable by fine. Suspected violations may be reported to the United States Attorney. Violations by methadone programs may also be reported to a regional office of the Food and Drug Administration or to the Tribe's Privacy Officer. The Tribe's Privacy Officer can also assist you in determining the appropriate recipient of your complaint.

## Your Health Information Rights

You may have many rights concerning your health care



information at the Tribe:

- You may have a paper copy of this Notice.
- **Right to Request Inspection or a Copy:** You may request to see or get a copy of your health records. You do not have a right to see psychotherapy notes, any information prepared for a legal proceeding, or any information that might have other legal restrictions against disclosure. You might be asked to pay a small amount for copying or postage costs. If the Tribe refuses to give you certain records, you can appeal this decision to the Privacy Officer. If your record is in electronic format, you may request that your copy also be in electronic format.
- **Right to Request Restricted Use:** You have a right to ask the Tribe to limit certain uses and disclosures. If you want to limit use and disclosure you must submit a written request. The Tribe is not required to grant the request except under special circumstances, such as a restriction on information provided to a third-party payer for services paid by you out of pocket.
- **Right to Request Changes to Your Record:** You have the right to request changes or amendments to your health care information. Such requests must be in writing and directed to the Tribe's Privacy Officer. The Tribe may deny this request. If the Tribe denies the request, we will explain why. When you receive the Tribe's denial, you may appeal to the Privacy Officer by submitting a written statement disagreeing with denial. If we agree to change the record it will be done by adding an amendment to your record.
- **Right to Accounting of Disclosures:** You have a right to request a list of disclosures of health information made by the Tribe or its business associates for paper record PHI for the six years prior to the date on which the accounting is requested; and for electronic health records for the three years prior to the date on which the accounting is requested. There are certain exceptions to the type of information that the Tribe is required to disclose in an accounting and these exceptions vary depending upon whether the Tribe uses an electronic health record for your health information. In general, an accounting of disclosure will not include disclosures made subject to your right of access, incident to a permissible use or disclosure,

for the Tribe's directory or to individuals involved in your care, for national security purposes, to correctional institutions or to law enforcement for some purposes, or if an organization such as a health care oversight agency has requested a temporary suspension to the right of accounting.

- **Right to Confidential Communications:** You may request that your health information be given or sent to you by another means or at another location. These requests must be made in writing and we have a form available for this type of request.
- **Revoke or Cancel Prior Authorizations:** If you provided us authorization to use or disclose your health information, you may revoke your authorization in writing at any time. Once you revoke your authorization, we will no longer use or disclose health information for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission, and if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

## Our Responsibilities

**Policy Changes:** You may keep this Notice. The Tribe is required by law to abide by the terms of this Notice and to make the new provisions effective for all protected health information that it maintains. A copy of the new Notice will be provided to all patients of the Tribe when they seek treatment at our facilities.

**Questions, Comments, and Complaints:** You may talk to the Tribe's Privacy Officer if you have any questions, complaints, or if the Tribe has refused to do something that you requested. The Privacy Officer is located at the Dena'ina Wellness Center, 508 Upland Street, Kenai, AK, 99611, (907) 335-7500. You can also file a complaint with the U.S. Secretary of Health and Human Services. Please contact our Privacy Officer for information on doing so. Your health care will not be affected by any complaints that you make to the Privacy Officer or to the federal government. The Tribe will not retaliate against you or anyone else if you make a complaint.

