



# CHEROKEE NATION

## NOTICE OF HEALTH INFORMATION PRACTICES

**Effective Date: January 28, 2021**

***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.***

**PURPOSE:** This Notice of Health Information Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or healthcare operations and for other purposes permitted or required by law. “Protected Health Information” is information that may identify you and that relates to your past, present, or future physical or mental health, and may include your name, address, phone numbers, and other identifying information. This notice describes your rights and our legal duties regarding your PHI. The entities covered by this notice include all Cherokee Nation Health Services facilities and this information is accessible to Cherokee Nation Health Services staff.

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your PHI. We are required by law to protect your privacy and the confidentiality of your personal information and PHI. Proper safeguards are in place to discourage improper uses or access.

You will be asked to sign an acknowledgement when you come to a Cherokee Nation facility or program. Our purpose is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. Cherokee Nation Health Services will care for you even if you refuse to sign the acknowledgement. Even if you **REFUSE** to sign the acknowledgement, we **WILL** use and disclose PHI as outlined in this notice.

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 law or regulations. Upon request, we will provide you with the most recently revised Notice at any time. The revised policies and practices will be applied to all PHI we maintain.

### **Federal Privacy Laws**

This Notice 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. These laws have not been superseded and have been taken into consideration in developing our policies and this Notice of how we will use and disclose your PHI.

### **Understanding Your Health Record/Information**

Each time you visit a Cherokee Nation Health Services facility, a record of your visit is made. This record typically contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your medical record or “chart” and includes your billing information. Your medical record or chart is systematically created and retained on a variety of media, which may include computers, paper, and films. If you are referred to another provider through Contract Health Services, a record is also kept of those services.

### **Your medical record is used as a:**

- Basis for planning for your care and treatment;
- Communication source between health care professionals;
- Tool with which we can check results and continually work to improve the care we provide;
- 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 the health of the public;
- Source of data for facility planning
- Legal document that describes the care you receive.

**Understanding what is in your medical record and how the information is used, helps you to:** ensure its accuracy, better understand why others may review your health information, and make an informed decision when authorizing disclosures.

## Your Health Information Rights

The information contained in your health record belongs to you. However, the actual file itself and the paper or other medium it is written on, belong to Cherokee Nation. You have the right to:

- Obtain a paper copy of this Notice of Information Practices;
- Inspect and receive a copy of your health record, except as prohibited by law. Some records such as physical abuse, behavioral health, alcohol and substance abuse records may be exempt from disclosure;
- Request a restriction on certain uses and disclosures of your information. For example, you may ask that we not disclose information to a family member. We are not required to agree to your request, but if we do agree, we will comply with your request unless the information is needed to provide you with emergency services.
- Request confidential communications concerning your medical condition treatment. For example, you may ask that we send mail to you at a different address than your home or by a different means such as a telephone;
- Revoke your written authorization to disclose PHI. This does not apply to information already disclosed, or where we have acted in reliance on your authorization; or when an insurer has a legal right to contest a claim you have filed;
- Request a correction or amendment to your medical record if you believe the information we have about you is incomplete or incorrect;
- Receive a listing of certain disclosures we have made of your PHI. This record of disclosures is maintained for six (6) years.

## Our Responsibilities

- We are required by law to maintain the confidentiality of your PHI and to provide you with this Notice of Information Practices. We are also required to abide by the policies and practices 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.
- Cherokee Nation Health Services will not use or disclose your PHI without your permission, except as described in this Notice.

**Disclosure without Authorization.** Cherokee Nation may use or disclose your PHI without your authorization for the following purposes:

## Treatment and Treatment Alternatives

Information is recorded in your medical record and used to determine the course of treatment for you. We may use and disclose your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, students, or other CNHS personnel who are involved in taking care of you. For example, results of laboratory tests and procedures will be recorded for use by all health professionals who treat you or who are consulted concerning your treatment. The actions taken and observations made by members of your healthcare team will be recorded in your medical record so your provider will know how you are responding to treatment. PHI may be provided to pharmacists about other drugs you are taking to identify potential interactions.

If you are referred or transferred to another health care provider, we may disclose your PHI to that provider for treatment decisions. For example, if you are transferred to another facility, that facility's care team may need to know if you have diabetes because diabetes may slow the healing process and/or require specific types of medications.

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 may contact you to provide information about treatment alternatives, management of your medical condition, or other types of health-related benefits and services that may be of interest to you. For example, we may contact you about availability of a new treatment or services for diabetes.

**Payment.** Your PHI may be used or disclosed to seek payment from Medicare, Medicaid, grant programs (such as the CDC Breast and Cervical Cancer Detection Program and the Diabetes Program), private insurance or other sources of coverage such as an automobile insurer. The PHI on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment. If you are referred to another provider under the Contract Health program, we may disclose PHI to that provider.

***We are not required to obtain your permission to bill your insurance company; Medicare, Medicaid or other persons or entities (such as liability carriers) for your care.*** We may file a lien against any settlement which may compensate you for injuries or illnesses if we provided care to you for the injury or illness. If you receive a settlement for an accident or illness, we may release information to the settling party to obtain reimbursement for care we provided to you related to the injury or illness.

## **Health Care Operations**

Your health information may be used as necessary to support the day-to-day activities and management of Cherokee Nation Health Services such as budgeting and financial reporting, evaluating your care and treatment outcomes and to continually improve the quality and effectiveness of the services we provide.

We may disclose your PHI to internal and external auditors, accreditation surveyors, and tribal, state, and federal employees acting within the scope of their official duties. We may use your PHI to detect, prevent or prosecute fraud, waste and abuse. We may use your PHI to prevent an injury to health care worker or to prevent a crime on Cherokee Nation property.

**Authorization:** We will obtain an authorization from you giving us permission to use or disclosure your PHI for purposes other than for your treatment, to obtain payment, and for matters related to our health care operations.

**Appointment Reminders:** We may use and disclose your PHI 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, use an automated system, leave a message on your home answering machine or message phone, or by one of our staff members. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone at the number you have provided. If you object to this method, you must tell us the method we are to use to contact you, as this is optional.

**Business Associates:** We provide some healthcare services and related functions through the use of contracts with business associates. We may disclose your PHI to these business associates who provide services on our behalf. We may disclose PHI to business associates so they can perform their jobs. We require our business associates to protect and safeguard your privacy and the confidentiality of your PHI in accordance with all applicable laws. For example, we may have contracts for outside lab services and medical transcription.

**Child and Elder Protective Services.** We may use or disclose PHI to public health authority or other government authority authorized by law to receive reports of child or elder abuse or neglect. This includes Indian Child Welfare, Oklahoma Department of Human Services, and Adult Protective Services.

**Correctional Institutions.** If you are an inmate of a correctional institution or jail, we may disclose your PHI to the correctional institution or law enforcement official. This disclosure would be necessary for (1) for the correctional institution to provide you with health care; (2) to protect your health and safety or the health and safety of other individuals; (3) for the safety and security of the correctional institution.

**Coroners, Medical Examiners, Funeral Directors, Decedents.** We may use or disclose PHI to 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. We may also disclose PHI to funeral directors consistent with applicable law as necessary to carry out their duties. We may disclose PHI about decedents where required under the Freedom of Information Act or otherwise required by law.

**Health Information Exchange.** We may share your PHI with outside healthcare organizations such as hospital, doctors' offices, or other health care organizations through a secure health information exchange. The purpose of this exchange is to allow health care professionals to appropriately access and share PHI electronically to provide better treatment and coordination of care. You have the right to opt-out of sharing your PHI through a health information exchange process. If you wish to opt-out, you may contact the Patient Access Management Department at the Cherokee Nation Health Facility in which you receive your health care.

**Directory.** If you are admitted to an in-patient facility, we may use or disclose your name, general condition (e.g., fair, stable, etc.) that does not communicate specific medical information about you, religious affiliation, and location within our facility, for facility directory purposes, unless you notify us that you object to your information being listed. You have the right to restrict PHI or to whom the PHI is disclosed to, or opt-out of being included in the directory. If you wish to opt-out, you may notify a member of your care team. We may provide your religious affiliation only to members of the clergy. The purpose is so your family, friends, and clergy can visit you and generally know how you are doing.

**Disaster.** We may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Family.** Unless you notify us of your objection, we may disclose to another person PHI *relevant to that person's involvement in your care or payment related to your care*. For example, an emergency room doctor may discuss your treatment in front of your friend when you asked that your friend come into the treatment room; the doctor may talk to your sister who is driving you home from the healthcare facility regarding instructions for your care; the doctor may discuss the medications you need to take with your health aide who has come with you to your appointment; if a nurse informs you that she is going to talk to your brother about how you're doing and you object, then the nurse cannot discuss your condition with your brother.

**Food and Drug Administration (FDA).** We may disclose your PHI to the FDA in connection with any FDA-regulated produce or activity. For example, we may disclose to the FDA information concerning adverse events to track FDA-regulated products to conduct

product recalls, replacements, look backs (including locating people who have received products that have been recalled or withdrawn), or post marketing surveillance.

**Foster Care.** For children who are placed in foster care, we may ONLY disclose PHI to the foster parents if the agency or individuals having legal custody authorizes such disclosure.

**Health Oversight Activities.** We may use or disclose PHI to health oversight agencies for activities necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights law for which health information is necessary to determine compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.

**Health Related Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits, or services or recommend possible treatment options or alternatives that may be of interest to you. Inclusion in this is optional. Please notify your nurse or Patient Benefit Coordinator, if you do not desire to participate in these services or benefits.

**Homeland Security.** We may disclose PHI as required by the Homeland Security Act.

**Immunization Information.** We may disclose immunization information to schools and daycare with your authorization and as required by law.

**Interpreters.** If we use interpreters to facilitate your care, this may require the use or disclosure of PHI to the interpreter. We may disclose PHI to your family member, close friend, or any other person identified or authorized by you as your interpreter for a particular healthcare visit.

**Judicial Proceedings.** We may disclose PHI in the course of judiciary and administrative proceedings if required or authorized by law.

**Law Enforcement.** We may use or disclose PHI for law enforcement activities as authorized by law or in response to a court competent jurisdiction order, subpoena, warrant, summons or similar process. We may disclose limited PHI to identify or locate a suspect, fugitive, material witness or missing person.

If we believe you are a victim of a crime and we are unable to obtain your authorization because of incapacity or other emergency circumstances, we may disclose information to law enforcement if we determine such disclosure would be in your best interests and if law enforcement officials represent that the PHI is not intended to be used against the victim, is needed to determine whether another person broke the law, the investigation would be materially and adversely affected by waiting until the victim could agree.

We may disclose PHI to report a crime committed on our premises or when we are providing emergency health care. When a healthcare worker is a victim of a crime, we may disclose information to law enforcement to assist in identifying and locating the perpetrator. We may also report circumstances pertaining to victims of crime, medical emergencies and death from criminal conduct.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute which puts your medical condition at issue, we may disclose PHI in response to a court order or administrative order having jurisdictional authority. We may also disclose PHI about you in response to a court of competent jurisdiction's subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to notify you about the request or to obtain an order protecting the information requested.

**Legal Guardians.** Subject to the limitations outlined below under the heading of "Minors," we may disclose PHI to a legal guardian of any individual who is a minor, or a person who has been declared incompetent due to physical or mental incapacity by a court of competent jurisdiction.

**Military.** If you are a member of the military, we may release PHI about you to the appropriate military command authorities as required by law.

**Minors.** Minors may access and control the PHI of any services which they are eligible to consent to. This includes family planning, alcohol and substance abuse treatment, and diagnosis and treatment of sexually transmitted diseases.

**National Security.** We may release PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Notification.** We may use or disclose PHI to notify or assist in notification of a family member; personal representative or other

authorized person(s) responsible for your care, unless you notify us that you object.

**Organ Procurement.** We may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Parents.** *Custodial and non-custodial* parents have exactly the same rights to PHI concerning minor children, unless otherwise directed by a court order.

**Personal Representatives.** We may disclose PHI to the personal representative designated by you in writing. For example, if an adult son or daughter accompanies you to appointments or assists in your healthcare, you may want to designate them as a personal representative to assure they will always be able to talk with your providers and access your health care information. Designation as a Personal Representative does NOT permit them to make health care decisions.

**Protected Services for the President and Others.** We may disclose PHI to authorized federal officials so they may provide protection to the President and other authorized persons or to conduct special investigations related to such protective services.

**Public Health:** We may disclose your PHI to public health agencies that are authorized to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, or conducting public health surveillance, investigations and interventions. For example, to (1) prevent or control disease, injury, or disability; (2) report birth defects; (3) report cancer diagnosis and tumors; (4) report reactions to medications or problems with products; (5) notify individuals of recalls of products they may be using; or (6) notify the appropriate government authority that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, syphilis, or other sexually transmitted diseases.

**Required by law:** We may disclose PHI when required to do so by applicable federal, tribal, state, or local law. For example, all births and deaths that occur in our facility are reported to the Oklahoma Department of Health.

**Research:** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who receive another, for the same condition. All research projects are subject to a special approval process. Before we use or disclose PHI to researchers, the project will have been approved by an institutional review board (I.R.B.) that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. However, we may disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so as long as the PHI does not leave our CNHS facilities.

**To Avert a Threat to Health or Safety:** We may use or disclose your PHI if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent the threat.

**Whistleblowers:** We are not in violation of this Notice or HIPAA if any of our employees or our contractors disclose PHI to an authority authorized by law to investigate or oversee our activities if the employee or contractor in good faith believe we have engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided has the potential of endangering one or more patients or members of the workforce or the public.

**Workers' Compensation:** We may disclose PHI to your employer for workers' compensation or similar programs that provide benefits concerning a work-related illness or injury or workplace-related medical surveillance. We may disclose PHI to the extent authorized by and to the extent necessary to comply with applicable laws relating to workers' compensation.

### **Disclosures Requiring Your Authorization**

Disclosure of your PHI 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 have the right to inspect or request a copy of the PHI that we maintain, except as prohibited by law. We require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting the medical records department where you received care. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. We must respond to your request within 30 days or notify you in writing why your request cannot be granted.

You have the right to request your PHI in an electronic format. If you request a copy of the information in paper format, we may charge a fee of \$1.00 for the first page and \$.50 for each additional pages, to offset the costs associated with the request. If you request

a copy of the information in an electronic format (CD), we may charge a flat fee of \$5.00 to offset the costs associated with the request.

We may deny your request to inspect and receive a copy of your PHI in certain limited circumstances. If you are denied access to certain protected health information, you may request that the denial be reviewed. Another health care professional designated by CNHS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the results of the review.

### **Your Right to File a Complaint.**

If you believe your privacy rights or another violation of the Privacy or Security Rules have been violated, please submit your complaint in writing to the address below. You will not be penalized for filing a complaint. If you have further questions, you may contact the CNHS Privacy Officer.

**Cherokee Nation Health Services**  
**ATTN: Health Privacy Officer**  
**19600 E. Ross Street**  
**Tahlequah, OK 74464**  
**(539) 234-2973**  
**Email: [carol-masters@cherokee.org](mailto:carol-masters@cherokee.org)**

To file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights, contact:

**U.S. Department of Health and Human Services**  
**200 Independence Avenue, S.W.**  
**Room 509F HHH Bldg.**  
**Washington, D.C. 20201**  
**Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)**

**PROTECTING YOUR**



**-IT'S A TOP PRIORITY!**