

Notice of Privacy Practices Changes

Nimiipuu Health reserves the right to make revisions to this Notice. If we change or revise any part of this Notice, we will post a current Notice in the Nimiipuu Health reception area and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with our office or with the Secretary of the Department of Health and Human Services at:

**Region X, Office of Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue, Suite 900
Seattle, WA 98121-1831**

To file a written complaint with Nimiipuu Health, please address your complaint to:

Nimiipuu Health HIPAA Privacy Officer

Contact Information

**Nimiipuu Health
PO Drawer 367
Lapwai, ID 83540
PH: 208 843-2271**

**Nimiipuu Health
PO Box 1108
Kamiah, ID 83536
PH: 208 935-0733**

Nimiipuu Health Notice of Privacy Practices

Revised: 11-10-15



This notice is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it.

This notice applies to the information and records we have about you, your health status, and the health information created and received at Nimiipuu Health which may be in the form of written or electronic records.

We may use and disclose health information for the following purposes:

- **For Treatment** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.
- **For Payment** We may use or disclose your information to obtain payment for services provided to you. We may disclose information to your health insurance company or other payer to obtain preauthorization or payment for treatment.
- **For Health Care Operations** We may use or disclose your information for certain activities that are necessary to operate Nimiipuu Health and ensure that our patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you and to assist us in deciding what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Other Uses or Disclosures of Health Information

We may use or disclose your health information for the following purposes, subject to all applicable legal requirements and limitations:

- To avert a serious threat to your health and safety or the health and safety of others.

- When required by State, Federal or local law, such as abuse, neglect, violence or other reportable events.
- For research purposes subject to special approval process.
- Military, Veterans, National Security and Intelligence as required by Military command authorities.
- As authorized by and to comply with Worker's Compensation laws and other similar legally-established programs.
- For Public Health reasons in order to prevent or control disease, injury or disability; report suspected abuse or neglect.
- For Health Oversight activities such as audits, investigations, inspections or licensure purposes.
- In response to certain requests by law enforcement to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- For an inmate or person in the custody of law enforcement, we may disclose protected health information if necessary for healthcare and for the health and safety of others.
- Health professionals may disclose health information to your family members or friends or other persons involved in your healthcare or payment of your health care or if we give you an opportunity to object to such a disclosure and you do not raise an objection.
- We may disclose health information, such as final diagnosis, to funeral directors consistent with applicable law in order for them to carry out their duties.

Other Uses and disclosures of Health Information

We will not use or disclose your health information for the following purposes without your specific, written authorization.

- Psychotherapy notes

These are the notes recorded by your behavioral health provider which are not stored with your medical record. If you authorize us to use or disclose health information about you, you may revoke the authorization in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you. We cannot take back any uses or disclosures already made with your

permission. In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as psychotherapy notes, HIV, substance abuse or mental health for the purposes such as treatment, payment or healthcare operations.

Your rights regarding health information about you

You have the following rights regarding your health information:

- Right to request an "accounting of disclosures". This applies to disclosures made for purposes other than treatment, payment or health operations. Your request must be in writing and must state a time period, which may not be longer than six years.
- Right to receive or request a copy of the notice of privacy practices.
- Right to request restrictions on your health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to a requested restriction.
- Right to request, in writing, an amendment to your health information if you believe it is incorrect or incomplete. While we will accept requests for amendment, we are not required to agree to the amendment.
- Right to inspect or obtain a copy of your health information. You must submit a written request in order to inspect or to obtain a copy of your health information. If you request a copy, we may charge a fee for the cost of copying, mailing or other associated costs. We may deny your request if you seek psychotherapy notes, information compiled in anticipation of legal proceedings, information that is protected by applicable law or information that may result in substantial harm to you or others, if disclosed.
- Right to request confidential communications using alternative means or location. For example: to contact you at work, email or by phone. We will accommodate all reasonable requests.
- Right to be notified upon a breach of any of your unsecured health information.