

**PORT GAMBLE S'KLALLAM  
COMMUNITY HEALTH CENTER**

**Notice of Privacy Practices**

"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."

Port Gamble S'Klallam Community Health Center  
32020 Little Boston RD NE, Kingston, WA 98346  
360-297-2840

## I. Understanding Your Health Record/Information

Each time you visit the Port Gamble S'Klallam Tribal Community Health Center (PGSCHC) for services, a record of your visit is made. 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
- Communication source between healthcare 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 the education of healthcare professionals
- Source of information for public health authorities charged with improving the health of the people
- Source of data for medical research, facility planning, and marketing
- Legal document that describes the care you receive

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

## II. Your Health Information Rights

Although your health record is the physical property of the Port Gamble S'Klallam Community Health Center, the information belongs to you.

You have the right to:

- **Inspect and receive a copy of your health record**
- **Request a restriction** on specific uses and disclosures of your health information. PGSCHC 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. For example, you could ask that we not disclose your health information about the treatment you received to a family member.
- **Request an amendment to your health record** if you believe the health information we have about you is incorrect or incomplete.
- **Request confidential communications about your health information.** You may ask that we communicate with you at a location other than your home or by a different means of communication, such as telephone or mail.

Effect Date: April 14, 2003

{History: Tribal Council Motion: approved November 26, 2013. Revised Notice of Privacy practices.}

- **Receive a listing of certain disclosures PGSCHC has made** of your health information upon request. This information is maintained for six years or the life of the record, whichever is longer.
- **Revoke your written authorization to use or disclose health information.** This does not apply to health information already disclosed or used or in circumstances where we have taken action on your authorization, or the authorization was obtained as a condition of getting insurance coverage, and the insurer has a legal right to contest a claim under the policy or the policy itself.
- **Obtain a paper copy of the PGST Notice of Privacy Practices** upon request
- **Obtain a paper copy of the PGST Confidentiality Policy**

### III. PGST Responsibilities

The Port Gamble S'Klallam Community Health Center is required by law to:

- Maintain the privacy of your health information
- Inform you about our privacy practices regarding the health information we collect and maintain about you
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Honor the terms of this notice or any subsequent revisions of this notice

PGSCHC reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. PGSCHC will post any revised Notice of Privacy Practices in public places in this facility on or after the effective date of the revision, and you may request a copy of the notice.

PGSCHC understands that health information about you is personal and is committed to protecting your health information. **PGSCHC will not use or disclose your health information without your permission, except as described in this notice and as permitted by the Privacy Act and the PGSCHC Confidentiality Policy.**

### IV. How PGSCHC may use and disclose health information about you.

The following categories describe how we may use and disclose your health information.

#### **We will use and disclose your health information to provide your treatment.**

**For example,** Your personal information will be recorded in your health record and used to determine your course of treatment. Your healthcare provider will document their instructions to your healthcare team members in your health record. The actions taken and the observations made by the members of your

Effect Date: April 14, 2003

{History: Tribal Council Motion: approved November 26, 2013. Revised Notice of Privacy practices.}

healthcare team will be recorded in your health record, so your healthcare provider will know how you are responding to treatment.

If PGSCHC refers you to another healthcare facility covered under the Purchased and Referred Care (PRC) program, PGSCHC may disclose your health information to that healthcare provider for treatment decisions.

If you are transferred to another facility for further care and treatment, PGSCHC may disclose information with that facility to let them know the extent of treatment you have received and other information about your condition.

Your healthcare provider(s) may give copies of your health information to others to assist in your treatment.

**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 and your diagnosis, procedures, and supplies used for your treatment.

If PGSCHC refers you to another healthcare provider under the PRC program, PGSCHC may disclose your health information with that provider for healthcare payment purposes.

**We will use and disclose your health information for healthcare operations.**

**For example,** We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will continually improve the quality and effectiveness of our services. This includes health care services provided under the PRC program.

**Business Associates:** PGSCHC provides some healthcare services and related functions through contracts with business associates. Examples include emergency room physicians, podiatry medicine, radiology, and laboratory tests. When these services are contracted, PGSCHC may disclose your health information to business associates so that they can perform their job. We require our business associates to protect and safeguard your health information following all applicable federal laws.

**Directory:** PGSCHC may disclose your name, general condition, religious affiliation, and location within our facility for facility directory purposes unless you notify us that you object to this information being listed. This information may be provided to members of the clergy and others who ask for you by name.

**Notification:** PGSCHC may use or disclose your health information to notify or assist in the notification of a family member, personal representative, or other authorized people (s) responsible for your care concerning your location or general condition unless you notify us that you object.

**Communication with Family:** PGSCHC health providers may disclose your health information to others authorized in the responsibility of your care unless you notify us that you object. For example, PGSCHC may provide your family members, other relatives, close personal friends, or any other person you identify with health information that is relevant to that person's involvement with your care or payment for such care.

**Interpreters:** To provide you with proper care and services, PGSTCHC may use the services of an interpreter. This may require disclosure of your personal health information to the interpreter.

**Research:** PGSCHC may use or disclose your health information for research purposes approved by the PGSCHC Health Advisory Committee and a PGSCHC Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Uses and Disclosures about Decedents:** PGSCHC may disclose health information about decedents to a coroner or medical examiner to identify a deceased person, determine a cause of death, or perform other duties as authorized by law. PGSCHC also may disclose health information to funeral directors consistent with applicable law as necessary to carry out their duties. In addition, PGSCHC may disclose protected health information about decedents where required under the Freedom of Information Act or otherwise required by law.

**Organ Procurement Organizations:** Consistent with applicable laws, PGSCHC may disclose health information to organ procurement organizations or other entities engaged in procuring banking or transplantation of organs for tissue donation and transplant.

**Treatment Alternatives and Other Health-related Benefits and Services:** PGSCHC may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you. For example, we may contact you about the availability of new treatments or services for diabetes.

**Appointment Reminders:** PGSCHC may remind you that you have an appointment for medical care at our facility or advise you of a missed appointment.

**Food and Drug Administration (FDA):** PGSCHC may 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 and conduct product recalls, repairs, replacements, or post-marketing surveillance.

**Workers Compensation:** PGSCHC may disclose your health information for workers' compensation purposes as required by law.

**Public Health:** PGSCHC may disclose your health information, as required by law, to public health or other appropriate government authorities: (1) authorized by law to collect or receive such information to prevent or control disease, injury, or disability, or conducting public health surveillance, investigations, and interventions; (2) authorized by law to receive reports of child abuse or neglect, and (3) authorized by law receive reports of other abuse, neglect, or domestic violence (other than child abuse). Where authorized by law, PGST may disclose your health information 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. In some situations (for example, if you are employed by PGST or in compelling circumstances affecting the health and safety of an individual, PGSCHC may disclose to your employer health information concerning a work-related illness or injury or workplace-related medical surveillance.

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

**Law Enforcement:** PGSCHC may disclose health information for law enforcement purposes as required by law or in response to an order from a court of competent jurisdiction, or in response to a valid request from an authorized law enforcement official, as permitted under federal law.

**Members of the Military:** If you are a member of the military services, PGSCHC may disclose your health information to your military command authorities.

**Health Oversight Authorities:** Where required by law or necessary for an employee of the PGSCHC to perform their official duties, PGSCHC may disclose your health information to health oversight agencies for activities authorized by law. These oversight activities include investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and other entities subject to government regulatory programs and civil rights laws for which health information is necessary to determine compliance. PGSCHC is required by law to disclose

protected health information to the Secretary of HHS to investigate or determine compliance with the HIPAA privacy standards.

**Compelling Circumstances:** PGSCHC 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: (1) we may disclose limited protected health information where requested by law enforcement officials to identify or locate a suspect, fugitive, material witness, or missing person; (2) if you are believed to be a victim of a crime, a law enforcement official requests information about you, and we are unable to obtain your agreement because of incapacity or other emergency circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests, and (3) we may use or disclose protected health information as we believe necessary to prevent or lessen a serious and imminent threat to the health or safety of a person.

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

1. **Disclosures by Whistleblowers:** If a PGSCHC employee or contractor (business associate) in good faith believes that PGSCHC has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by PGSCHC have the potential of endangering one or more patients or members of the workplace or the public and discloses such information to:
  - a. A Public Health Authority or Health Oversight Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization to report the allegation of failure to meet professional standards or misconduct by PGSCHC; or
  - b. An attorney on behalf of the workforce member or contractor (business associate) or hired by the workforce member or contractor (business associate) to determine their legal options regarding the suspected violation.
  
2. **Disclosures by Workforce Member Crime Victims:** Under certain circumstances, a PGSCHC workforce member (either an employee or contractor) who is a victim of a crime on or off the facility premises may disclose information about the suspect to law enforcement provided that:
  - a. The information disclosed is about the suspect who committed the criminal act.
  - b. The information disclosed is limited to identifying and locating the

Effect Date: April 14, 2003

{History: Tribal Council Motion: approved November 26, 2013. Revised Notice of Privacy practices.}

suspect.

## **Breach Notification Procedures**

Following a breach of unprotected health information, PGSCHC will notify affected individuals, the Secretary, and, in certain circumstances, the media. In addition, business associates must notify PGST that a breach has occurred.

- **Individual Notice**

PGSCHC will notify affected individuals after discovering a breach of unsecured protected health information. PGSCHC will provide this individual notice in written form by first-class mail or e-mail if the affected individual has agreed to receive such notices electronically. If PGSCHC has insufficient or out-of-date contact information for ten or more individuals, PGSCHC will provide individual substitute notice by either posting the notice on the home page of its website or by providing the notice in major print or broadcast media where the affected individuals likely reside. If PGSCHC has insufficient or out-of-date contact information for fewer than ten individuals, PGSCHC may provide substitute notice by an alternative written, telephone, or other means.

These individual notifications will be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach. They will include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what PGSCHC is doing to investigate the breach, mitigate the harm, and prevent further violations, as well as contact information for PGSCHC. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification will include a toll-free number for individuals to contact PGSCHC to determine if their protected health information was involved in the breach.

- **Media Notice**

If PGSCHC experiences a breach affecting more than 500 residents of a State or jurisdiction, in addition to notifying the affected individuals, PGSCHC will notify prominent media outlets serving the State or jurisdiction. PGSCHC will likely provide this notification through a press release to appropriate media outlets serving the affected area. Like individual notice, this media notification will be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach. It will include the same information required for the individual notice.

- **Notice to the Secretary**

Effect Date: April 14, 2003

{History: Tribal Council Motion: approved November 26, 2013. Revised Notice of Privacy practices.}

In addition to notifying affected individuals and the media (where appropriate), PGSCHC will notify the Secretary of unsecured protected health information breaches. PGSCHC will notify the Secretary by visiting the HHS website and filling out and electronically submitting a breach report form. If a breach affects 500 or more individuals, PGSCHC will notify the Secretary immediately and no later than 60 days following a breach. If a breach affects fewer than 500 individuals, PGSCHC may notify the Secretary of such breaches annually. Reports of breaches affecting fewer than 500 individuals are due to the Secretary no later than 60 days after the end of the calendar year in which the breaches occurred.

- **Notification by a Business Associate**

If a breach of unprotected health information occurs at or by a business associate, the business associate must notify the PGSCHC after discovering the breach. A business associate must notify PGSCHC immediately and no later than 60 days from the breach's discovery. To the extent possible, the business associate should provide PGSCHC with the identification of each individual affected by the breach and any information required to be supplied by PGST in its notification to affected individuals.

**Any other uses and disclosures will be made only with your written authorization, which you may later revoke in writing at any time. (Such revocation would not apply where the health information has already been disclosed or used or in circumstances where PGSCHC has taken action in reliance on your authorization or the authorization was obtained as a condition of getting 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 PGST Health Services Director or PGST Privacy and Confidentiality Specialist in writing at:

PORT GAMBLE S'KLALLAM COMMUNITY HEALTH CENTER

32020 LITTLE BOSTON ROAD NE

KINGSTON, WA 98346

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.

Effect Date: April 14, 2003

{History: Tribal Council Motion: approved November 26, 2013. Revised Notice of Privacy practices.}