**Our Commitment:** The Gerald L. Ignace Indian Health Center, Inc. (GLIIHC) is committed to keeping your health information private, in accordance with federal and state privacy laws. As required by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), we provide you with this NOTICE of our legal duties and your rights with respect to your personal health information. This notice describes the ways the GLIIHC may use and disclose health information about you.

We are required by law to follow the terms of this NOTICE and reserve the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. GLIIHC will advise you of any revisions by posting a revised *Notice of Privacy Practices* in all patient registration areas and on the GLIIHC website. Changes to our privacy practices applies to all health information we maintain including, but not limited to paper and electronic format.

**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.**

**If you have any questions regarding this Notice and your privacy rights, or you would like further information, please contact:**

Gerald L. Ignace Indian Health Center, Attention: HIPAA Privacy Officer

930 W. Historic Mitchell Street, Milwaukee, WI 53204

(414) 383-9526

**Who will follow this notice to meet federal law notice requirements?**

This Notice will be followed by all GLIIHC employed staff and departments, health care professionals who enter information into your health record, volunteers, students, contracted providers and affiliated controlled entities.

**How we may use and disclose your health information:**

We may use your health information and disclose it to appropriate persons, authorities and agencies, as allowed by federal and state law. We may do this without your permission for the following purposes:

**For Treatment**

As we provide care to you, we may need to use and disclose your health information to other health care providers from within or outside GLIIHC. For example, your primary care provider may use the information in your health record to coordinate your care with another health care professional, or the pharmacist may call your doctor to ask questions about your prescription. In some cases, staff may use or disclose your health information to help your primary care provider and care team manage your health conditions or disease. To facilitate access to information for the treatment purposes of shared patients, GLIIHC may participate in the electronic exchange of health information with other entities.

**For Payment**

We may use and disclose your health information to insurance companies or employer health plans, and other third party payers in order to receive payment for your bill. For example, we must submit a bill to your insurance company that states your name, what is wrong with you, how we are treating you, and other information in order for us to receive payment. In certain situations, we may disclose your health information to a collection agency if a bill is not paid. Additionally, we may also disclose your health information to another health care provider for their payment related services.

**For Health Care Operations**

We may use the information in your medical record to help us improve the quality or cost of care, or to respond to appropriate questions about the care provided. For example, we may conduct a review of how doctors or other health care professionals manage your care and to ensure quality, cost-effective patient care. We may use your health information for our accreditation and quality improvement activities. We may disclose your health information to another health care professional or covered entity that you have seen so they may improve their quality or cost, or for their other health care operations purposes.

GLIIHC is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at <http://www.ochin.org>www.ochin.org. As a business associate of GLIIHC, OCHIN supplies information technology and related services to GLIIHC and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by GLIIHC with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

If you do not want GLIIHC to disclose your protected health information to such individuals, you must provide written notice to:

**Gerald L. Ignace Indian Health Center, Attention: HIPAA Privacy Officer**

930 W. Historic Mitchell Street, Milwaukee, WI 53204, (414) 383-9526

**Other ways we may disclose your health information:**

We may also use and disclose your health information without your written permission for the following purposes:

**Health Care Reminders and Information Sharing**

We may use your health information to remind you of an appointment or to tell you about treatment options or health products and services that may be of interest to you. For example, we may send you a letter telling you that you are due for a certain health care screening or preventative care.

**Health-Related Benefits and Services**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care**

We may release protected health information about you to a close friend, family member or others who are directly involved in your care or who pay your medical bills unless you object. For example, your spouse or relative who accompanies you to an appointment may receive information about you at the time of your appointment or during a procedure. We will use discretionary professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**As Required by Law**

We will disclose protected health information about you when required to do so by applicable law.

**21rst Century Cures Act – Information Block Provision**

**GLIIHC will disclose protected health information about you for a permissible purpose in accordance with established policies and procedures and in ways which are not contrary to the 21rst Century Cures Act information blocking provision of 45 CFR §170.02. Permissible purpose means a purpose for which a person is authorized, permitted, or required to access, exchange or use electronic health information under applicable law.**

GLIIHC’s practice of not fulfilling a request to access, exchange, or use electronic health information in order to protect an individual's privacy will not be considered information blocking when the practice meets all of the requirements of at least one of the sub-exceptions in paragraphs (b) through (e) of 45 CFR § 171.02 – Privacy Exceptions.

**Law Enforcement**

We may release protected health information if asked to do so by a law enforcement official:

* In response to a court order, warrant, summons, or similar process
* About certain deaths as required by law
* About a death we believe may be the result of criminal conduct
* About criminal conduct at this health care facility; and
* In emergency circumstances to report a crime; the location of the crime or victims; or the identify, description or location of the person who committed the crime

**Public Health Risks**

We may disclose protected health information about you for public health activities. These activities may include, but are not limited to;

* To prevent or control disease, injury or disability
* To report births and deaths
* To report victims of abuse, neglect or domestic violence
* To report reactions to medications and notify patients or entities of product recalls
* To notify individuals who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition
* To an employer to facilitate workers compensation or medical surveillance as required by law
* To report specific health care data as required by contract and business agreements

**Coroners and Medical Examiners**

We may disclose protected health information to a coroner or medical examiner. This may be necessary for example to identify the deceased person or to determine the cause of death.

**Disaster Relief Efforts**

We may disclose your health information to organizations for the purpose of disaster relief efforts.

**To Avert a Serious Threat to Health or Safety**

We may disclose your health information to the proper authorities if we believe in good faith that this will help prevent or lessen a serious threat to you or the public’s health or safety. We will do so as allowed by law, and standards of ethical practice.

**Organ, Eye and Tissue Donation**

If you are an organ donor, we may disclose your health information to people involved in obtaining, storing or transplanting donated organs, eyes or tissues, as necessary to facilitate organ or tissue donation and transplantation.

**Research**

Under certain circumstances, we may use and disclose your health care records for research purposes. For example, a research project may involve comparing the health of all patients who received a medication to those who received a different medication for the same condition. An institutional review board would approve or deny the disclosure of such information and the health information would be ‘de-identified’ to protect individual health information.

**In certain circumstances the Privacy Rules authorize us to use or disclose your medical records to facilitate specified government functions.**

**Military and Veterans**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Worker’s Compensation**

We may release medical information about you for worker’s compensation or similarly programs. These programs provide benefits for work-related injuries and/or illnesses.

**National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

**Inmates and Law Enforcement Custody**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

*We may use or disclose your information only with your written, except as described in the previous sections. If you give us your permission, you may withdraw such permission at any time by notifying us in writing, except if we have already taken, based upon your permission.*

**Disclosures Requiring Your Permission:**

Other uses and disclosures not described in the previous sections of this notice may be made only with your permission. Specifically, we would be required to obtain your permission for the following types of uses and disclosures:

**Marketing**

We would obtain your permission before using or disclosing your health information for the purpose of marketing, except if the communication is made face-to-face with you or involves providing you with a promotional gift of nominal value.

**Sale of Information**

We would obtain your permission before making any disclosure that constitutes a sale of health information.

**Psychotherapy Notes**

We would obtain your permission for most uses and disclosures of psychotherapy notes as defined by HIPAA. Psychotherapy notes are notes recorded by a mental health professional during a counseling session and kept separate from the mental health record.

**Withdrawing Your Permission:**

In circumstances that require your permission, you may withdraw your permission at any time by notifying the HIPAA Privacy Officer in writing. If you withdraw your permission, we will no longer use or disclose your health information for the purpose specified in the authorization, except in those cases where we have already taken action based upon your permission.

**Notice on Other Restrictions:**

Please be aware that state and federal law may have more requirements than HIPAA on how we can use and disclose your health information. If there are more specific or restrictive requirements, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by law. We may also be required to obtain your written permission to use and disclose your information related to treatment for a mental health condition, developmental disability or alcohol or drug abuse.

There may be other restrictions how we use and disclose your health information than those listed above. State and federal laws discussing such restrictions include Wisconsin Statutes Sections 146.82, 5.30, 252.15, and 905.04; Wisconsin Administrative Code DHS 92 and 124.14; and the HIPAA/HITECH Omnibus Rule 42 C.F.R. Part 2, and 45 C.F.R. Parts 160, 162, 164, and 171.202.

**Rights Regarding Your Protected Health Information**

**You have the following rights regarding protected health information we maintain about you:**

**Right to Request a Restriction**

You have a right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have a right to request a limit on the health information we disclose about you to someone else who is directly involved in your care or payment for your care like a family member or friend. Please note that we are not required to agree to your request. Your written request for a restriction must include; 1) what information you want to restrict, 2) whether you want to limit its use, disclosure or both, and 3) to whom you want the limits to apply. For example, you may want to restrict information to your spouse at the time of a divorce or other life situation.

**Right to restriction Disclosures of Protected Health Information to a Health Plan or 3rd party payer.**

You have the right to request a restriction of protected health information to a health plan for those services in which you have paid out-of-pocket. These services must be paid in full at the time of service in order for you to request a restriction.

**To request a restriction, you must make your request in writing to:**

Gerald L. Ignace Indian Health Center, Attention: HIPAA Privacy Officer

930 W. Historic Mitchell Street, Milwaukee, WI 53204

**Right to Request Confidential Communications**

You have the right to request that we communicate with you about health care matters in a different way or at a different location. For example, you can request we send your lab results by mail or by contacting you at a specific telephone number. We will accommodate reasonable requests.

**To request confidential communications, you must submit your request in writing to:**

Gerald L. Ignace Indian Health Center, Attention: HIPAA Privacy Officer

930 W. Historic Mitchell Street, Milwaukee, WI 53204

**Right to Inspect and Copy**

You have a right to inspect and receive copies of your protected health information. Usually this includes requests for health records and billing records and does not include psychotherapy notes. If you request copies of your health information, we may charge you a reasonable fee for the costs of the copying, mailing or other supplies associated with your request.

If we deny your request to review or obtain a copy of your health information, you may submit a request for a review of that decision. If you request an electronic copy and the health information you are requesting is maintained electronically, we would provide the copy electronically in the form you request if that information/format is readily available.

**To request an appointment to inspect your records or to receive copies of your records, you must contact the:**

Gerald L. Ignace Indian Health Center, Attention: HIPAA Privacy Officer

930 W. Historic Mitchell Street, Milwaukee, WI 53204

**Right to Amend**

If you believe your health information is incorrect, you have a right to request that information be corrected by submitting that request in writing. If we did not create the information that you believe is incorrect, or if we disagree with you, we will deny your request and communicate that information to you in writing. You may appeal that denial in writing if we deny your request.

**To request a correction to your health record, please submit your request in writing to the:**

Gerald L. Ignace Indian Health Center, Attention: Privacy Officer

930 W. Historic Mitchell Street, Milwaukee, WI 53204

**Right to Receive an Accounting of Disclosures**

You have the right to ask us in writing for a list of places or persons to whom your health information was disclosed during the past six years. This does not include health information that was disclosed for the purposes of treatment, payment or health care operations. In addition, the list will not include information disclosed to you or others with your permission, incidental disclosures and disclosures of limited or de-identified health information. Additionally, the list will not include information that was disclosed to you. We must provide you with the list within 60 days of your written request, unless you agree to a 30-day extension. Please note that the list will contain the date your information was disclosed, who the information was disclosed to, a brief description of what was disclosed and why. You will not be charged for this list unless you request more than one list per year.

**To request a list of disclosures of your health information, please submit your request in writing to the:**

Gerald L. Ignace Indian Health Center, Attention: Privacy Officer

930 W. Historic Mitchell Street, Milwaukee, WI 53204

**Right to Receive a Paper Copy of This Notice**

You have a right to receive a paper copy of this Notice.

**Notification of a Breach**

You may be notified of a breach involving the unauthorized use or disclosure of your protected health information.

**Complaints, Questions or Concerns:**

You have a right to file a complaint with us if you believe your privacy rights have been violated. We will not take any action against you for filing a complaint. To file a complaint, please submit your complaint in writing to:

**Gerald L. Ignace Indian Health Center, Attention: Privacy Officer**

**930 W. Historic Mitchell Street, Milwaukee, WI 53204**

**(414) 383-9526**

You also have the right to file a complaint to the *United States Secretary of the Department of Health and Human Services.* If you chose to file a complaint with the Department of Health and Human Services, a written complaint can be sent to: Region 5, Office of Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, Illinois 60601. Or, you may file a complaint through the OCR portal at <https://ocrportal.hhs.gov>.

You may also contact the HHS - Office of Civil Rights Regional office by telephone at (800) 368-1019, or by facsimile at (202) 619-3818, or TDD at (800) 537-7697. Complaints to the Department of Health and Human Services - Office of Civil Rights can also be sent email at: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).

***This notice is effective on and after September 1, 2013, unless and until it is revised by the Gerald L. Ignace Indian Health Center, Inc.***

*Revised 07 22 2021 Linda Sturnot, CHPE*