



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.



The law requires us to:

- Maintain the privacy of your protected health information (commonly referred to as PHI)
- Provide you with this Notice of our legal duties and privacy practices with respect to your protected health information
- Follow the terms of this Notice

Who will follow this Notice

This Notice describes Cowlitz Indian Tribe Health and Human Services practices and that of:

- Any health care professional authorized to enter information into your medical records
- Employees, volunteers, contracted personnel, trainees, students and other personnel providing services in patient care settings
- All programs of Cowlitz Indian Tribe Health and Human Services Department

These entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

Others who may access your medical record

We may make your medical information available electronically through an information exchange service to other health care providers, health plans and health care clearinghouses that request your records. Participation in information exchange services also lets us see their information about you.

How we may use and disclose medical information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For treatment We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to others who are involved with your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

For payment We may use and disclose your medical information for our payment purposes. For example, we may need to give your insurance company information about services you received so your insurance will pay for your care.

For health care operations We may use and disclose your medical information for our health care operations, which include internal administration, planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use your medical information to evaluate the quality and competence of our health care workers.

Appointment reminders We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care or services.

Treatment alternatives We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

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

Individuals involved in your care or payment for your care As long as you do not object, your health care provider is allowed to share or discuss information with your family, friends or others involved in your care or payment for your care. Your provider may ask your permission, may tell you he or she plans to discuss the information and give you an opportunity to object, or may decide, using his or her professional judgment, that you do not object. In any of these cases, your health care provider may discuss only the information that the person involved needs to know about your care or payment for your care. If you do not want us to make these disclosures, you must notify your care provider.

Limited data set information We may disclose limited medical information to third parties for purposes of research, public health and health care operations. This limited data set will not include any information that could be used to identify you directly.

Research Under certain circumstances, we may use and disclose your medical information for research purposes. For example, a research study may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Prior to the research study, the researcher may need access to patient information to prepare a research protocol. Before we use or disclose medical information for research without your authorization, the research study will have been approved through a research approval process.

As required by law We will disclose your medical information when required to do so by federal, state or local law. For example, we are required to report child abuse, crimes committed with a deadly weapon and animal bites to the appropriate state, county or law enforcement authority.

Incidental disclosures Certain incidental disclosures of your medical information occur as a byproduct of lawful and permitted use and disclosure of your medical information. For example, patients who share rooms may overhear information during their stay when family and care providers enter the room and discuss patient information. Reasonable safeguards will be used to protect the information.

Disclosures to business associates In certain circumstances, we may need to share your medical information with a business associate (i.e., transcription company, accountant or attorney) so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring it to protect the privacy of your medical information.

Organ and tissue donation If you are an organ donor, we may disclose your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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

Workers' compensation We may disclose medical information about you for workers' compensation or similar programs, to the extent authorized by law. These programs provide benefits for work-related injuries or illness.

Public health activities We may disclose your medical information to public health agencies as required or authorized by state law to support public health activities. This generally includes, but is not limited to, the following:

- To prevent or control disease, injury or disability
- To report immunizations
- To report births and deaths
- To report reactions to medications or problems with products and to enable product recalls, repairs or replacement
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect. We will only make this disclosure if the patient agrees or when required or authorized by law.

Serious and imminent threat to health or safety We may use and disclose medical information about you when necessary to prevent a serious and imminent threat to your health or safety or the health or safety of the public or another person.

Disaster relief efforts Unless you object, we may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care. We may share patient information as necessary to identify, locate and notify family members, guardians or anyone else responsible for your care, location, general condition or death.

Health oversight activities We may disclose your medical information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections and licensure. These activities are necessary for the government to protect public health, monitor government programs and comply with civil rights laws.

Lawful subpoena or court order If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute. In most circumstances, we will not disclose your medical information until efforts have been made to notify you of the request or to obtain an order protecting the information requested.

Law enforcement We may disclose your medical information if asked to do so by a law enforcement official or otherwise designated individual, including (but not limited to) the following:

- In response to a court order, criminal subpoena, warrant or other lawful process
- Limited information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- About the victim of a crime, under certain limited circumstances
- About a death we believe may be the result of criminal conduct
- To the extent the law requires

Coroners, medical examiners and funeral directors We may disclose your medical information to a coroner, medical examiner or funeral director. For example, we will release your information to identify a deceased person or determine the cause of death. We may also disclose your medical information to funeral directors as necessary to carry out their duties.

National security and intelligence activities We may disclose your medical information 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 your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates If you are an inmate of a correctional institution or under the custody of a law enforcement

official, we may disclose your medical information to the correctional institution or law enforcement official.

Uses and disclosures of specially protected information

Washington State and federal law provide additional confidentiality protections in some circumstances. A health care provider generally may not release without specific authorization the following patient information:

- Specific sexually transmitted diseases
- Drug and alcohol records that may be specially protected
- Mental health records that are specially protected in some circumstances, including psychotherapy notes

Breach notification

Cowlitz Indian Tribe will notify you in the event of a breach of your unsecured protected health information.

Other uses of medical information

All other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the purposes identified in your written revocation, unless we have already acted in reliance on your authorization.

Your rights regarding your medical information

You have the following rights regarding your medical information:

Right to inspect and copy You have the right to inspect and obtain copies of your medical information that may be used to make decisions about your care or payment for your care, not including psychotherapy notes. Copies of records may be provided to you in an electronic or paper format depending on your request and the technology in which the records are maintained. There may be a charge for the costs of copying, mailing or other supplies associated with your request.

Right to amend If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information.

Your request must be submitted in writing. Verbal notification will not be considered a request for amendment. We will put any denial in writing and explain our reasons for denial. You have the right to respond in writing to our explanation of denial. You also have the right to have your request, the denial and a statement of disagreement, if any, included in future releases of the medical record.

Right to an accounting of disclosures You have the right to request a list of certain disclosures of your medical information.

Right to request restrictions You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request, except under certain limited circumstances. If you do not want Cowlitz Indian Tribe to disclose your patient information for a specific visit to a health plan, you must:

- Notify the clinic where services are provided
- Provide a written request in advance of the visit
- Pay for services in full at the time of service

Right to request confidential communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must notify your provider of your request. We will not require an explanation for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a paper copy of this Notice You have the right to a paper copy of this Notice by request.

Changes to this Notice

We may change the terms of the Notice at any time, and changes will apply to all health information we have about you. You may view the new Notice on our website at www.cowlitz.org or upon request.

Complaints

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer. If we cannot resolve your concern, you also have the right to file a written complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

The quality of your care will not be jeopardized, and we will not retaliate against you for filing a complaint.

Effective 1/30/2025



For questions or requests, use the contact information below:

Cowlitz Indian Tribe
Health Information Management
1044 - 11th Avenue
Longview, WA 98632
360-575-6232
Privacy Officer - Missy Schoonover

