



## Notice of Privacy Practices

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This Notice describes how health information about you may be used and disclosed and how you can get access to this information. It describes your rights with respect to your health information and how to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information. You have a right to a copy of this notice in paper or electronic form, and you may discuss it with the Privacy Officer at 360-575-6232 or [HIM@cowlitz.org](mailto:HIM@cowlitz.org) if you have any questions or concerns.

Please review this notice carefully.



## COWLITZ INDIAN TRIBE HEALTH & HUMAN SERVICES

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<b>Vancouver</b>	<b>Longview</b>	<b>Toledo</b>	<b>DuPont</b>	<b>Tukwila</b>
7700 NE 26th Ave. Vancouver, WA 98665	1044 11th Ave. Longview, WA 98632	107 Spencer Rd. Toledo, WA 98591	1000 Davis Place DuPont, WA 98327	15455 65th Ave. S Tukwila, WA 98188

### **The law requires us to:**

- Maintain the privacy and security of your protected health information (PHI), which includes substance use disorder (SUD) records
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI
- Follow the terms of this Notice currently in effect
- Notify you following a breach of unsecured PHI

### **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 health record
- 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 health information with each other for treatment, payment or health care operations purposes as allowed by law and described in this Notice.

### **How we may use and disclose your PHI**

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed.

However, all the ways we are permitted to use and disclose information will fall within one of the categories. Use and disclosure of SUD records requires your written consent for treatment, payment, and health care operations.

**For treatment** We may use and disclose your health information in connection with your treatment. For example, we may discuss your medication list with your cardiologist. In addition, we may contact you to remind you about an appointment, give you instructions prior to a test, or inform you about treatment alternatives or other health-related benefits or services.

**For payment** We may use and disclose your health information for our payment purposes. For example, we may 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 health 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 information to evaluate the quality and competence of our health care team.

**Other health care providers** We may also disclose your health information to other health care providers when such information is required for them to treat you, receive payment for services you receive, or conduct certain health care operations. For example, we may share your diagnosis with a specialist we referred you to.

**Health Information Exchange** We may make your health 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.

### **Single Consent for SUD Records**

You may provide a single written consent for all future uses or disclosures of your SUD records for treatment, payment, and health care operations, so we can use and disclose the information for the purposes listed above. Pursuant to this single consent, records that are disclosed to a part 2 program, covered entity, or business associate may be further disclosed by them without your written consent, to the extent the HIPAA (federal law protecting health information) regulations permit such disclosure.

### **Other uses and disclosures for which consent is not required**

**Research** Under certain circumstances, we may use and disclose your health 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 health information for research without your consent, the research study will have been approved through a research approval process.

**Business associates** In certain circumstances, we may need to share your health 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 health information.

**Medical emergency** We may disclose your health information in a medical emergency if we are unable to obtain your consent. We would only disclose information that is directly relevant to the emergency circumstances.

**As required by law** We will disclose your health information when required to do so by federal, state or local law. For example, we are required to report suspected child abuse or neglect.

**Health oversight activities** We may disclose your health 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.

**Law enforcement** We may disclose your health information for law enforcement purposes, such as to report a crime you commit, or threaten to commit, in our facility or against our personnel.

**Decedent** Upon your death, we may disclose your health information to a coroner, medical examiner or funeral director. For example, we may discuss your health information to determine the cause of death.

**Limited data set information** We may disclose limited health 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.

**Public health activities** We may disclose your information to public health agencies as required or authorized by law. For example, we may disclose your identifying information to personnel of the Food and Drug Administration (FDA) when there is reason to believe there is a threat to your health from a product error.

**Legal proceedings** Absent a specific written consent from you, we will not use or disclose information from your health record, or provide testimony relaying the content of such record, in any civil, administrative, criminal, or legislative proceedings against you without a court order. Where required by 42 CFR Part 2 (federal law specifically protecting SUD records), records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or to us as the holder of the record, and the court order must be accompanied by a subpoena or similar legal mandate compelling disclosure.

### **The following uses and disclosures without consent are allowed under HIPAA but not under 42 CFR Part 2**

**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.

**Incidental disclosures** Certain incidental disclosures of your health information occur as a byproduct of lawful and permitted use and disclosure of your health 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.

**Disaster relief efforts** Unless you object, we may disclose health 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.

**Organ and tissue donation** If you are an organ donor, we may disclose your health 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 health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

**Workers' compensation** We may disclose health 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.

**Serious and imminent threat to health or safety** We may use and disclose health 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.

**National security and intelligence activities** We may disclose your health 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 health 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 health information to the correctional institution or law enforcement official.

**Uses and disclosures requiring consent** Washington State and federal law provide additional confidentiality protections in some circumstances. With certain exceptions, a health care provider may not release without specific consent the following patient information:

- Specific sexually transmitted diseases

- Drug and alcohol records that are specially protected
- Mental health records that are specially protected in some circumstances, including psychotherapy notes
- Any PHI for marketing purposes or PHI sales

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

### **Your rights regarding your health information**

**Right to inspect and copy** You have the right to inspect and obtain copies of your health information that may be used to make decisions about your care or payment for your care, not including psychotherapy or SUD counseling 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 health 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 health record.

**Right to an accounting of disclosures** You have the right to request in writing a list of certain disclosure of your health information as set forth in federal laws 45 CFR and 42 CFR. If you provided consent to share your health information through a health information exchange or other intermediary, you have a right to request in writing a list of disclosures made by the intermediary within the past 3 years.

**Right to request restrictions** You have the right to request a restriction or limitation on the health 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 health 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 the clinic or 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.

**Fundraising** If your health care provider conducts fundraising activities, you have a right to elect not to receive fundraising communications.

## **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 current Notice on our website at [www.cowlitz.org](http://www.cowlitz.org), at the health facility, 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/](http://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 2/17/2026