

# NOTICE OF PRIVACY PRACTICE

## This Notice Describes our Practices and Those of

- Any medical staff member and any health care professional who participates in your care;
- Any volunteer we allow to help you while you are here;
- Any employees of any hospital, clinic, laboratory, or other facility affiliated with FDIHB, Inc.

All of these people follow the terms of this notice. They may also share health information that identifies you (also known as “protected health information”) with each other for treatment, payment, or health care operations as described in this notice.

## Our Pledge Regarding Health Information:

We understand that health information about you and your health is personal. We are committed to protecting health information about you. This notice will tell you about the ways that we may use and disclose health information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of protected health information. We are required to comply with any state laws that offer a patient/plan member additional privacy protections.

## We Are Required By Law To:

- Maintain the privacy of health information that identifies you
- Give you and other individuals notice of our legal obligations and privacy practices with respect to protected health information;
- Follow the terms of the notice that is currently in effect;
- Notify affected individuals in the event of a breach involving unsecured protected health information.

## How We May Use and Disclose Your Health Information

**For Treatment.** We may use and disclose your health information to provide you with medical treatment or services (e.g., a physician, nurse, or other person providing health services will access your health information to understand your medical condition and history). Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. This information is necessary in order to determine what treatment you should receive and to coordinate your care.

**For Payment.** We may use and disclose your health information for purposes of receiving payment for treatment or services (e.g., we may disclose your information to health plans or other payers to determine whether you are enrolled or eligible for health benefits or to submit claims for payment). The information on our bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may provide health information to entities that help us submit bills and collect amounts owed, such as a collection agency.

**For Health Care Operations.** We may use and disclose your health information for operational purposes (e.g., your health information may be used by, and disclosed to, members of the medical staff, risk or quality improvement personnel, and others to evaluate the performance of our staff, to assess the quality of care and outcomes in your case and similar cases, to learn how to improve our facilities and services, for training, to arrange for legal or risk management services, and to determine how to continually improve the quality and effectiveness of the health care we provide).

**Facility Directory.** Unless you object, we may include you in the facility directory. This information may include your name, location in the facility, general condition (e.g., fair, stable, etc.) and religious affiliation. We may give your directory information, with the exception of religious affiliation, to people who ask for you by name. Unless you object, your religious affiliation and other directory information may be released to a member of the clergy even if they do not ask for you by name.

**Others Involved in Your Care.** We may disclose relevant health information to a family member, friend, or anyone else you designate in order for that person to be involved in your care or payment related to your care. We may also disclose health information to those assisting in disaster relief efforts so that others can be notified about your condition, status, and location.

**Fundraising.** We do not use or disclose your information for fundraising.

**Required by Law.** We may use and disclose information about you as required by law (e.g., we may disclose information to report gunshot wounds, suspected abuse or neglect, or similar injuries and events).

**Law Enforcement Purposes.** Subject to certain restrictions, we may disclose information needed or requested by law enforcement officials.

**Public Health.** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities (e.g., state health department, Centers for Disease Control, etc.) to prevent or control disease, injury, disability, or for other public health activities.

**Judicial And Administrative Proceedings.** We may disclose information in response to an appropriate subpoena, discovery request, or court order.

**Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections to monitor the health care system.

**Decedents.** Health information may be disclosed to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation.** Your health information may be used or disclosed for cadaveric organ, eye, or tissue donation purposes.

**Research.** We may use or disclose your health information for research purposes after receiving authorization from you or, alternatively, when an institutional review board (IRB) or privacy board has waived the authorization requirement by its review of the research proposal in accordance with established protocols to ensure the privacy of your health information. We may also review your health information to assist in the preparation of a research study.

**Health And Safety.** Your health information may be disclosed to avert a serious threat to the your health or safety or that any other person pursuant to applicable law.

**Government Functions.** Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

**Workers' Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

**Business Associates.** We may disclose your health information to business associates (individuals or entities that perform functions on our behalf) provided they agree to safeguard the information.

**Other Uses And Disclosures.** We may contact you to provide appointment reminders, or for billing purposes, or collection efforts and may leave messages on your answering machine, voice mail, or through other methods. Except for uses and disclosures described above, we will only use and disclose your health information with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purpose or sell your health information, unless you have signed an authorization. You may revoke an authorization by notifying us in writing, except to the extent we have taken action in reliance on the authorization.

## Your Health Information Rights

To obtain a paper copy of this notice of information practices upon request, even if you have previously agreed to receive this notice electronically;

To inspect and obtain a copy of your health information that we maintain;

To make a reasonable written request to receive communications about your protected health information by alternative means or at alternative locations (e.g., you may not want your family to know about a certain treatment so you request that information be mailed to your place of employment rather than your home);

To request, in writing, that we amend your health information. Such a request must explain why the information should be amended. We may deny your request under certain circumstances.

To receive an accounting of certain disclosures of your information.

To request additional restrictions on our use and disclosure of your health information. We are not required to agree to a requested restriction, except for a request to limit disclosures to your health plan if the disclosure is for payment or health care operations and relates to a health care item or service which you paid for in full out-of-pocket, and when the uses or disclosures are not required by law.

## Changes To This Notice

Fort Defiance Indian Hospital Board, Inc. (FDIHB) reserves the right to change the terms of this notice and make the new terms effective for all protected health information kept by FDIHB. FDIHB will post a copy of the current notice in all FDIHB facilities. You may also get a current copy by contacting our FDIHB HIPAA Manager (address at the end of this notice). Effective Date of this Notice: September 12, 2016.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with FDIHB or with the Secretary, U.S. Department of Health and Human Services, Washington, D.C. 20201. To file a complaint with FDIHB submit your written complaint to our HIPAA Manager. You will not be penalized for filing a complaint.

## CONTACT INFORMATION FOR QUESTIONS OR TO FILE A COMPLAINT

If you have any questions about this notice, want to exercise one of your rights that are described in this notice, or want to file a complaint, please contact the HIPAA Manager at:

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**  
200 Independence Avenue, S.W.  
Washington D.C. 20201

or calling 1.877.588.1123

Visit: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)



Phone - 928.729.8283

Address - FDIHB

HIPAA Manager

P.O. Box 649

Corner of Routes N12 & N7  
Fort Defiance, AZ 86504