

# ONEIDA COMMUNITY HEALTH CENTER PRIVACY PRACTICES NOTICE

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**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 PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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## **Organizations Covered by this Notice**

This notice applies to the privacy practices of the Oneida Community Health Center (including the Anna John Resident Centered Care Community) and Oneida Community Health Center medical staff members who have agreed to abide by the terms of this notice. The Oneida Community Health Center and its medical staff participate in an organized health

care arrangement. They may share with each other your medical information, and the medical information of others they service, for the health care operations of their organized health care arrangement. They may not share mental health treatment records or HIV test results for health care operations without your written permission .

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## **Our Legal Duty**

We are required by applicable law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we

make a significant change in our privacy practices, we will change this notice, post the revised notice at each of our service delivery sites, and make the new notice available to our patients and others upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

Nothing contained in this Privacy Practices Notice shall be deemed or construed as a waiver of the sovereign immunity of the Oneida Tribe of Indians of Wisconsin.

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## **Uses and Disclosures of Medical Information**

**Treatment:** We may use your medical information, without your permission, to treat you. We may disclose your medical information, without your permission, to a physician or other health care provider for your treatment. These treatment activities include coordination of your care with other providers, health plans and others, consultation with

other providers, and referral to other providers related to your care.

**Payment:** We may use and disclose your medical information, without your permission, to obtain or provide reimbursement for health care we provide to you, including submitting claims to health plans, insurers or others. These payment activities

include justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you, and the like. We may disclose your medical information to another health care provider or to a health plan for that provider or plan to obtain payment or engage in other payment activities with respect to your health care.

We may need your written permission to disclose information taken from your mental health treatment records or HIV test results for payment purposes.

**Health Care Operations:** We may use and disclose your medical information for our health care operations. Health care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention; and
- business planning, development, management, and general administration, including customer service, de-identifying medical information, and creating limited data sets for health care operations, public health activities, and research.

With your written permission, we may disclose your medical information to a health plan or another health care provider who is subject to federal privacy protection laws, as long as the provider or plan has or had a relationship with you and the medical information is for that provider's or plan's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

We may need your written permission to disclose medical information or information taken from your mental health treatment records or HIV test results for certain health care operations.

**Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

**Family, Friends, and Others Involved in Your Care or Payment for Care:** We may disclose your name and location in our facilities without your written permission to a family member, friend or any other person you involve in your health care or payment for your health care. Before we disclose your name and location without your written permission, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your name and location is in your best interest under the circumstances. We may use or disclose your name and location to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your health care in appropriate situations, such as a medical emergency or during disaster relief efforts.

With your written permission, we may disclose your confidential medical information to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only the medical information that is relevant to the person's involvement.

**Facility Directories:** Unless you object when we ask you, we may list your name, your religious affiliation, and your location in Anna John Resident Centered Care Community in our facility directory. We may disclose your religious affiliation only to clergy. We may disclose the other directory information only to persons who ask for you by name.

If you are not present or are incapacitated or it is an emergency, we will use our professional judgment and any prior preference you may have expressed, to determine if listing your information in our facility directory is in your best interest. If we list your information, we will ask whether you object to continuing the listing as soon as you become available. We may not disclose your general medical condition or any information taken from mental health treatment records or HIV test results in our facility directory without your written permission.

**Health-Related Products and Services:** We may use your medical information to contact you to provide appointment reminders, and to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you. These communications may describe health-related products or services that we provide, payment for such products or services, and the health care providers in a provider or health plan network.

**Public Health and Benefit Activities:** We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research, and other public benefit functions:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state licensing and peer review authorities, and fraud prevention enforcement agencies;
- for research;
- in response to court and certain administrative orders and other lawful process;

- to law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons;
- to coroners, medical examiners, and (with respect to HIV test results) funeral directors;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by worker's compensation laws.

You may be able to opt out of use or disclosure of your medical information for (a) research purposes or (b) pursuant to a written request from a government agency, unless the disclosure is required by law.

We may not disclose HIV test results, certain confidential medical information or mental health treatment records for certain of these purposes without your written permission, unless required by law. Your HIV test results, if any, may be disclosed as set forth in Wisconsin Statutes § 252.15(5)(a). A listing of the persons or circumstances set forth in that statute is available on request.

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## Individual Rights

**Access:** You have the right to examine and to receive a copy of your medical information, with limited exceptions. You must make a written request to obtain access to your medical information. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may charge you reasonable, cost-based fees for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact us using the information at the end of this notice for information about our fees.

**Disclosure Accounting:** You have the right to a list of instances after April 13, 2003 in which we disclose your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

You also have the right to a list of all written disclosures of your mental health treatment records. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact us using the information at the end of this notice for information about our fees.

**Amendment.** You have the right to request that we amend your medical information and mental health treatment records. Your request must be in writing, and it must explain why the information should be amended. You should submit your request

to the contact at the end of this notice. You may obtain a form from that contact to make your request. We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

**Restriction:** You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

**Confidential Communication:** You have the right to request that we communicate with you about your medical information in confidence by alternative means or to alternative locations that you specify. You must make your request in writing. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We will accommodate your request if it is reasonable, specifies the alternative means or location for confidential communication, and explains how payment for our services will be handled under the alternative means or alternative location you request for confidential communication of your medical information. We will not ask you to explain the reason for your request.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information at the end of this notice to obtain this notice in written form.

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## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your medical information, you may complain to us using the contact information at the

end of this notice. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office of Civil Rights' Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Oneida Community Health Center Administration

**Mailing Address:**

P.O. Box 365  
Oneida, WI 54155

**Street Address:**

525 Airport Road  
Oneida, WI 54155

(920) 869-2711  
(920) 869-1780 (fax)

[www.oneida-nsn.gov/health](http://www.oneida-nsn.gov/health)