



## NOTICE OF PRIVACY PRACTICES

Effective Date: April 01, 2016

### **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.**

#### **Introduction**

All of us at the Chickasaw Nation Refill Center value your relationship with us, and we know that respect for your privacy is the foundation of that relationship. We are committed to protecting the privacy of your protected health information (PHI) that is in our possession, and only using and disclosing your PHI as necessary to providing you with health care products and services. PHI is any information that we possess, use, and disclose that identifies you and relates to your past, current, or future physical and mental health condition or illness and the health care products and services that have been provided to you.

This "Notice of Privacy Practices" (Notice) has been created to help you understand our legal duties to protect your PHI and describe how we may use and disclose your PHI in relation to your past, present, and future physical or mental health condition or illness and its treatment. We will mainly use and disclose your PHI in relation to the health care products and services that we provide you, such as dispensing your prescriptions. Specifically, we will use and disclose your PHI as necessary to provide treatment to you, obtain payment for health care products and services provided to you, and other health care operations and activities as described later in this Notice. This Notice also describes the legal rights that you have related to your PHI that is in our possession. We take the matters described in this Notice very seriously because of our relationship with you and the requirement that we comply with this Notice.

Your PHI will only be used and disclosed as described in this Notice. Should a need for use and disclosure of your PHI occur that is not described in this Notice, we will obtain your written authorization before the use and disclosure. At some future time, it may be necessary for us to revise this Notice. If such becomes necessary, we will post the revised Notice in the pharmacy and, if you request, provide a written Notice to you.

#### **Your Rights With Respect To Your PHI**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides you with several rights related to your PHI. These rights are summarized below. If you would like more information about any of these, please contact our staff at the address or telephone number of our pharmacy.

1. You have the right to receive this written Notice of Privacy Practices describing how we will protect your PHI and your rights related to PHI. You are entitled to request this written Notice at any time.
2. You have the right to request a limitation on our use and disclosure of your PHI. Please be aware, however, that we may not be able to agree to your requested limitation if it results in our not being able to provide health care products and services to you or if we are required to use and disclose the PHI under federal or state law. All requests for limitation on the use and disclosure of your PHI must be submitted to our pharmacy in writing using a form that we will provide to you.
3. You have the right to review or receive photocopies of our records that contain your PHI, to the extent that these records are part of a designated record set as defined by HIPAA. The most common such records are your prescriptions on file with us, our patient profile for you, and our billing records for health care products and services that have been provided to you.

The Chickasaw Nation Refill Center, its pharmacy staff, and other health care providers, are part of a clinically integrated care setting that constitutes an organized health care arrangement under Health Insurance Portability and Accountability Act of 1996 as amended (HIPAA). This arrangement involves participation of legally separate entities in which no entity will be responsible for the medical judgment or patient care provided by the other entities in the arrangement. Sharing information allows us to enhance the delivery of quality care to our patients. All entities, however, have agreed to abide by this Notice of Privacy Practices (NPP) while working in either the medical clinic or pharmacy setting. You may receive other NPPs from other pharmacies or health care providers, which may be different from this NPP and which will govern the PHI maintained by that pharmacy or provider. Your pharmacy records and billing information are systematically created and retained on a variety of media which may include computers, paper and films. That information is accessible to pharmacy personnel and members of the pharmacy staff. Proper safeguards are in place to prevent and discourage improper use or access. We are required by law to protect your privacy and the confidentiality of your personal information and PHI. This notice describes your rights and our legal duties regarding your PHI. The entities covered by this notice include this pharmacy and all health care providers who are members of its medical and ancillary services staffs.

**Definitions:** You, at times, may see or hear new terms in relation to this notice. Some of the terms you may hear and their definitions are:

**Protected Health Information or PHI** is your personal and protected health information (PHI) that we use to render care to you and possibly bill for services provided.

**Privacy officer** is the individual in the clinic who has responsibility for developing and implementing all policies and procedures concerning your PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI.

**Business associate** is an individual or business independent of the Chickasaw Nation Refill Center and/or the pharmacy who works for the Chickasaw Nation Refill Center to help provide the Chickasaw Nation Refill Center or you with services necessary for operational issues. A subcontractor is also any individual or business that contractually maintains or transmits or comes into contact with PHI on behalf of a Business Associate.

**Authorization:** We will obtain an authorization from you giving us permission to use or disclose your PHI for purposes other than for your prescriptions in order to obtain payment of your prescriptions and for necessary health care operations.

**Organized health care arrangement:** This pharmacy and the independent health care professionals who have been granted privileges to practice at the Chickasaw Nation Refill Center are part of an integrated care setting in which your PHI will be shared for purposes of medication dispensing, payment and health care operations as described below.

This organized health care arrangement may use and disclose your PHI without your authorization for the following:

**Treatment:** We may use your PHI to provide you with prescription services. We may disclose your PHI to doctors, nurses, technicians, students or other clinic personnel who are involved in taking care of you at the clinic.

**Payment:** We may use and disclose your PHI so that the prescription services you receive at the Chickasaw Nation Refill Center may be billed to and payment may be collected from an insurance company or a third party. For example, we may need to tell your health plan about a prescription you are going to receive in order to obtain prior approval or to determine whether your plan will cover the medication.

**Health care operations:** We may use and disclose your PHI for pharmacy operations. These uses and disclosures are necessary to run the pharmacy and make sure that all of our patients receive quality care. For example, we may use your PHI concerning your high blood pressure to review our treatment and services, to evaluate the performance of our staff in caring for you and to train health professionals. We may also combine PHI about many clinic patients to decide what additional services the pharmacy should offer, what services are not needed, and whether certain new treatments are effective. We may also combine our PHI with PHI from other clinics to compare how we are doing and see where we can make improvements in the care and services we offer.

**Business Associates:** We may disclose your PHI to Business Associates who provide services on our behalf. However, we will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your protected health information through a contractual arrangement. For example, we may contract with a company outside of the clinic to provide prescription delivery services for the pharmacy.

**Prescription reminders:** We may use and disclose your PHI to contact you as a reminder that you have a prescription waiting to be picked up or recently sent through the mail. This may be done through an automated system or by one of our staff members. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone. If you object to this method, you must tell us the method we are to use to contact you, as this is optional.

**Health related benefits and services:** Inclusion in this is optional. Notify the pharmacy if you do not desire to participate in these services or benefits. We may use and disclose your PHI to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.

**Individuals involved in your care and in disaster relief situations:** You have the right and choice to tell the Chickasaw Nation Refill Center to:

- Share or not share PHI with family, close friends or others involved in your care
- Share or not share PHI in a disaster relief situation

If you are not able to tell the Chickasaw Nation Refill Center your preference, for example, you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest or a legal document is produced specifying your desire. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**Research:** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their PHI. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave the clinic.

**As required by law:** We will disclose PHI about you when required to do so by applicable federal, state or local law.

**To avert a serious threat to health or safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

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

**Workers compensation:** We may release PHI about you for workers' compensation or similar programs as authorized by applicable laws. These programs provide benefits for work-related injuries or illness.

**Public health reporting:** We may disclose PHI about you for public health activities, to, for example:

- prevent or control disease, injury or disability
- report reactions to medications or problems with products
- notify people of recalls of products they may be using
- notify the appropriate government authority that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, syphilis, or other sexually transmitted diseases
- notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree, or when required by law

**Health oversight activities:** We may disclose PHI to a health oversight agency for activities necessary for the government to monitor the health care system, government programs and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, adverse drug reaction reporting, and licensure.

**Lawsuits and disputes:** If you are involved in a lawsuit or a dispute, we shall disclose PHI about you in response to a court or administrative order which has jurisdictional authority. We shall also disclose PHI about you in response to a court of competent jurisdiction's subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law enforcement:** We may release PHI if asked to do so by a law enforcement official:

- in response to a court of competent jurisdiction's order, subpoena, warrant, summons or similar process
- to identify or locate a suspect, fugitive, material witness or missing person
- to provide information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- to provide information about a death we believe may be the result of criminal conduct
- to provide information about criminal conduct at the clinic; and
- in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

**Coroners, medical examiners and funeral directors:** We shall release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients of the clinic to funeral directors as necessary to carry out their duties.

**National security and intelligence activities:** We shall release PHI 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 shall disclose PHI 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:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we shall release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the correctional 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.

**Psychotherapy notes:** We never share your PHI with psychotherapy notes without a further requirement. This information requires a separate authorization and review prior to the sharing of PHI with psychotherapy notes.

### **YOUR RIGHTS REGARDING PHI ABOUT YOU.**

You have the following rights regarding PHI we maintain about you:

**Right to inspect and copy:** You have the right to inspect and request a copy of your protected health information (PHI), except as prohibited by law. For PHI for which you have a right of access, you have the right to access and receive your PHI in an electronic format if it is readily producible in such format, and to direct the Chickasaw Nation Refill Center to transmit a copy to an entity or person you designate, provided such designation is clear, conspicuous and specific.

To inspect and/or request a copy of your PHI that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee of 25 cents a page to offset the costs associated with the request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Chickasaw Nation Refill Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to amend:** If you feel the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the pharmacy. To request an amendment, your request must be made in writing that states the reason for the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- is not part of the PHI kept by or for the clinic
- is not part of the information which you would be permitted to inspect and copy, or
- is already accurate and complete

**Right to an accounting of disclosures:** You have the right to request one free accounting every 12 months of the disclosures we made of PHI about you. To request this list, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before October 01, 2012. Your request should indicate in what form you want the list (for example, on paper or electronically). For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**Right to request restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for pharmacy operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**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 or by email.

To request confidential communications, you must make your request in writing. We will not ask you the reason 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. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**Right To Breach Notification:** You have the right to be notified of any breach of your unsecured health care information, unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

**Other Uses and Disclosures of PHI:** For purposes not described above, including uses and disclosures of PHI for marketing purposes and disclosures that would constitute a sale of PHI, the Chickasaw Nation Refill Center will ask for patient authorization before using or disclosing PHI. If you signed an authorization form, you may revoke it, in writing, at any time, except to the extent that action has been taken in reliance on the authorization. For any fundraising events, you have the right to opt out of such notifications by the Chickasaw Nation Refill Center. Any contact from the Chickasaw Nation Refill Center for fundraising purposes would require a separate use and disclosure from the patient, and you (the patient) also have the right to opt out of receiving such notifications.

To obtain a paper copy of this notice, contact:

Chickasaw Nation Refill Center  
933 N Country Club Road  
Ada, OK 74820  
580-421-8725

**CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for the PHI we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the clinic. The notice will contain on the first page, near the top, the effective date.

**AUTHORIZATION FOR OTHER USES OF PROTECTED HEALTH INFORMATION:**

Other uses and disclosures of PHI 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 PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

**COMPLAINTS:**

If you believe your health information privacy rights or another violation of the Privacy or Security Rules have been violated, you may file a written complaint with the Chickasaw Nation Refill Center, or you can file a complaint with the Office for Civil Rights (OCR) Secretary of the U.S. Department of Health and Human Services. There is no retaliation against you for filing a complaint.

To file a complaint with the Chickasaw Nation Refill Center, write:

Chickasaw Nation Refill Center  
933 N. Country Club Road  
Ada, OK 74820  
580-421-8725

To file a complaint with OCR, write or contact:

Office For Civil Rights Region VI - Dallas  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Voice Phone (800) 368-1019  
Fax (214) 767-0432  
TDD (800) 537-7697  
Email [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

The complaint to the Chickasaw Nation Refill Center and/or OCR must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint, and describe the acts or omissions believed to be in violation of the standards. **You will not be penalized for filing a complaint. If you have further questions, you can visit OCR's website [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). Also, you may call OCR @ 1-800-368-1019 or the Chickasaw Nation Refill Center at 580-421-8725.**