



## Notice of Privacy Practices:

Effective Date - October 1, 2019

**This notice describes how medical information may be used and disclosed and how you can gain access to this information. Please review it carefully.**

All of us at the Chickasaw Nation Pharmacy Refill Center (CN Refill Center) value your relationship with us and understand respect for your privacy is the foundation of that relationship. We are committed to protecting the privacy of your protected health information (PHI), and will use and disclose your PHI as necessary to provide you with healthcare products and services. PHI is any information which we possess, use and disclose which identifies you and relates to your past, current or future physical and mental health condition or illness and the healthcare products and services which have been provided to you.

This **Notice of Privacy Practices** (NOPP) 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 healthcare products and services which 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 healthcare products and services provided to you and other healthcare operations and activities as described later in this NOPP. This NOPP also describes the legal rights which you have related to your PHI which is in our possession. We take the matters described in the NOPP very seriously because of our relationship with you and the requirement that we comply with this NOPP.

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

## 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, 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 NOPP 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 healthcare 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 will be submitted to our pharmacy in writing using a form which we will provide to you.
3. You have the right to review or receive photocopies of our records which 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 healthcare products and services which have been provided to you.

The CN Refill Center, its pharmacy staff and other healthcare providers are part of a clinically-integrated care setting which constitutes an organized healthcare arrangement under HIPAA as amended. 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 NOPP while working in either the medical clinic or pharmacy setting. You may receive other NOPPs from other pharmacies or healthcare providers, which may differ from this NOPP 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 NOPP describes your rights and our legal duties regarding your PHI. The entities covered by this NOPP include this pharmacy and all healthcare providers who are members of its medical and ancillary services staffs.

**The following terms and definitions are most often used in HIPAA and this NOPP related policies and procedures in rendering care and treatment:**

- **Protected Health Information or PHI:** your personal and protected health information which we use to render care and possibly bill for services provided.
- **Privacy officer:** 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:** an individual or business independent of the CN Refill Center and/or the pharmacy which works for the CN Refill Center to provide the CN Refill Center or you with services necessary for operational issues. A subcontractor is also any individual or business which contractually maintains, transmits or comes into contact with PHI on behalf of a business associate.
- **Authorization:** we will obtain authorization from you giving us permission to use or disclose your PHI for purposes other than for your prescriptions to obtain payment of your prescriptions and for necessary healthcare options.
- **Organized healthcare arrangement:** the pharmacy and the independent healthcare professionals who have been granted privileges to practice at the CN Refill Center are part of an integrated care setting in which your PHI will be shared for purposes of medication dispensing, payment and healthcare operations as described below.

**This organized healthcare 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 CN Refill Center may be billed to and payment may be collected from an insurance company or third party. For example, we may need to tell your health plan about a prescription you are going to receive to obtain prior approval or to determine whether your plan will cover the medication.

- **Healthcare operations:** we may use and disclose your PHI for pharmacy operations. These uses and disclosures are necessary to run the pharmacy and ensure 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, please 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, services, recommend possible treatment options or alternatives which may be of interest to you.
- **Health oversight activities:** we may disclose PHI to a health oversight agency for activities necessary for the government to monitor the healthcare system, government programs and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, adverse drug reaction reporting and licensure.



– **Individuals involved in your care and in disaster relief situations:** you have the right and choice to tell the CN 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 CN Refill Center your preference, for example, if you are unconscious, we may 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.

- **As required by law:** we will disclose PHI about you when required to do so by applicable federal, state or local law.
- **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.
- **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, however, we may 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.
- **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.
- **Lawsuits and disputes:** if you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order which has jurisdictional authority. We may 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 requested information.

– **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 recall 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

– **Law enforcement:** we may disclose 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
- 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 may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine 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 may 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 may 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 may 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:

- **Right to inspect and copy:** you have the right to inspect and request a copy of your 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 CN 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 need to submit your request in writing. If you request a copy of the information, we may charge a fee of 25 cents per 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 PHI, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the CN 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 an accounting of disclosures:** you have the right to request one free accounting every 12 months of disclosures we made of PHI about you. To request this list, you need to submit your request in writing. Your request needs to state a time period which may not be longer than six years and may not include dates before October 01, 2012. Your request needs to 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 need to make your request in writing. In your request, you need to 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, by mail or by email.

To request confidential communication, you need to make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request needs to specify how or where you wish to be contacted.

- **Right to paper copy of this NOPP:** you have the right to a paper copy of this NOPP. You may ask us to give you a copy of this document at any time. Even if you have agreed to receive this NOPP electronically, you are still entitled to a paper copy.
- **Right to Breach Notification:** you have the right to be notified of any breach of your unsecured healthcare information, unless there is a demonstration, based on a risk assessment, that there is a low probability 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.



## THE CHICKASAW NATION REFILL CENTER

933 N Country Club Road  
Ada, Oklahoma 74820  
cnrefillcenter@chickasaw.net

– **Other Uses and Disclosures of PHI:** for purposes not previously described, including the uses and disclosures of PHI for marketing purposes and disclosures which would constitute a sale of PHI, the CN 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 CN Refill Center. Any contact from the CN 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, please contact:**

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

**Changes to this NOPP:**

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 PHI:**

Other uses and disclosures of PHI not covered by this notice or the laws which 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 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 CN Refill Center or you can file a complaint with the Office for Civil Rights (OCR) Secretary or the U.S. Department of Health and Human Services.

**To file a complaint with the CN Refill Center, write:**

Chickasaw Nation Pharmacy 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  
Phone: 800-368-1019  
Fax: 214-767-0432  
TDD: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

The complaint to the CN Refill Center and/or OCR will be filed within 180 days of when the complainant knew or may have known that the act or omission complained of occurred. The complaint will be in writing, either on paper or electronically, name the entity which 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 at [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) or you may call OCR at 800-368-1019 or the CN Refill Center at 580-421-8725.***