

## **Notice of Privacy Practices Woniya Kini**

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

Patients receiving substance use disorder prevention/treatment services by Woniya Kini staff have additional privacy protections under Community, federal and applicable state law. Private information regarding your health and substance use disorder care is protected by the Lower Sioux Indian Community in the State of Minnesota's Confidential Records Disclosure Ordinance and two federal laws that we refer to as HIPAA and Part 2. HIPAA is defined as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 and 164, and the Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2 ("Part 2"). Part 2 protects your health information related to diagnosis, treatment or referral for substance use disorder.

This notice describes the privacy practices of Woniya Kini.

- I. Woniya Kini's Privacy and Confidentiality Obligations to protect your health information in connection with alcohol or drug related services/treatment:**
  - Part 2 protects your health information if you are applying for or receiving services (including diagnosis or treatment, or referral) for substance use disorder. Generally, if you are applying for or receiving services for substance use disorder, we may not acknowledge to a person outside the program that you attend the program except under certain circumstances that are listed in this notice.
  
- II. All Protected Health Information, including substance use disorder services/treatment:**
  - HIPAA also protect your health information whether or not you are applying for or receiving services for substance use disorder. Generally, if you are not applying for or receiving services for substance use disorder, the way Woniya Kini may use and disclose information differs slightly. These differences will be listed in this notice.
  
- III. Uses and Disclosures WITH Your Authorization: All Protected Health Information**
  - Generally, Woniya Kini may use or disclose your protected health information when you give your authorization to do so in writing on a form that meets the requirements of laws and regulations that apply.
  - There are some exceptions and special rules that allow for uses and disclosures without your authorization or consent. They are listed in section IV and V.

- You may revoke your authorization except to the extent that Woniya Kini has already taken action upon the authorization. If you are currently receiving care and wish to revoke (or take back) your authorization, contact your Counselor. Your Counselor will then inform our Privacy Officer and update your file to show that you revoke (or take back) your authorization. If you are no longer a current Woniya Kini patient, please contact our Privacy Officer.
- Please be aware of the fact that a court with appropriate jurisdiction or other authorized third party could request or compel you to sign an authorization.

**IV. Uses and Disclosures WITHOUT Your Authorization: All Protected Health Information**

Even when you have not given your written authorization, Woniya Kini may use and disclose information under the limited circumstances listed below. This list applies to all protected health information, including the information we get when you are applying for or receiving services for substance use disorder.

- I. **Treatment.** Woniya Kini may use or disclose your protected health information for treatment purposes. Treatment includes diagnosis, treatment and other services, including discharge planning. For example, counselors may disclose your health information to other Woniya Kini employees to coordinate individual and group therapy sessions for your treatment or information about treatment alternatives or other health-related benefits and services that are necessary or may be of interest to you.
- II. **Health Care Operations.** Woniya Kini may use or disclose your protected health information for the purposes of health care operations that include internal administration and planning and various activities that improve the quality and effectiveness of care. For example, we may use information about your care to evaluate the quality and competence of our clinical staff. We may disclose information to qualified personnel for outcome evaluation, management audits, financial audits, or program evaluations; however, such personnel may not identify, directly or indirectly, any individual patient in any report of such audit or evaluation, or otherwise disclose patient identities in any manner. We may disclose your information as needed within Woniya Kini in order to resolve any complaints or issues arising regarding your care. We may also disclose your protected health information to an agent or agency which provides services to Woniya Kini under a qualified service organization agreement/business associate agreement, in which they agree to abide by applicable federal law and related regulations (Part 2 and HIPAA). Health care operations may also include use of your protected health information for programs offered by Woniya Kini, such as sending you invitations to events and other programming sponsored by Woniya Kini. This list of examples is for illustration only and is not an exclusive list of all the potential uses and disclosures that may be made for health care operations.

III. ***Other allowable uses and disclosures without your authorization, aside from treatment and health care operations, include:***

- A. Appointment Reminders. Woniya Kini may contact you to send you reminder notices of future appointments for your treatment.
- B. Medical Emergencies. Woniya Kini may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by Part 2) - this information might include HIV status, if applicable.
- C. Minors. Woniya Kini does not disclose minor patient substance use disorder records when a minor patient acts alone for treatment. However, Woniya Kini may disclose to a parent or guardian or other person authorized under tribal or applicable state law, those facts about a minor which are relevant to reducing a substantial threat to the life or physical well-being of the minor patient, if the Woniya Kini director judges the minor lacks capacity to make a rational decision and the minor's situation poses a substantial threat to the life or physical well-being of the minor or any other individual which may be reduced by communicating relevant facts to such person. When a minor patient does not act alone, Woniya Kini may disclose to a parent or guardian or other person authorized under tribal or state law to act on behalf of a minor.
- D. Incompetent and Deceased Patients. In such cases, authorization of a personal representative, guardian or other person authorized by applicable tribal or state law may be given in accordance to Part 2.
- E. Decedents. Woniya Kini may disclose patient information to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death.
- F. Judicial and Administrative Proceedings. Woniya Kini may disclose your protected health information in response to a court order that meets the requirements of Part 2 regulations concerning Confidentiality of Substance Use Disorder Patient Records. Note also that if your records are not actually *patient records* within the meaning of Part 2 regulations (i.e., if you participate in a non-treatment service/program of Woniya Kini), your records may not be subject to the protections of Part 2 regulations.
- G. Commission of a Crime on Premises or Against Woniya Kini Personnel. Woniya Kini may disclose your protected health information to the police or other law enforcement officials if you commit a crime on Woniya Kini's premises or against Woniya Kini personnel or threaten to commit such a crime.

- H. Child and Vulnerable Adult Abuse. Woniya Kini may disclose your protected health information for the purpose of reporting child or vulnerable adult abuse and neglect, and prenatal exposure to controlled substances, including alcohol, to public health authorities or other government authorities authorized by Community and state law to receive such reports.
- I. Duty to Warn. Where Woniya Kini learns that a patient has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, Woniya Kini will carefully consider appropriate options that would permit disclosure.
- J. Audit and Evaluation of Activities. Woniya Kini may disclose protected health information to those who perform audit or evaluation activities for certain health oversight agencies (i.e., for governmental licensure or certification agencies, organizations that oversee health care system and ensures compliance with regulations and standards, or those providing financial assistance to Woniya Kini).
- K. Research. Woniya Kini does not currently use or disclose protected health information for research purposes.

IV. **Uses and Disclosures WITHOUT Your Authorization – Protected Health Information NOT in Connection with Substance Use Disorder Diagnosis, Treatment or Referral.** If you are not applying for or receiving services for substance use disorder, the rules governing the use and disclosure of protected health information are different from and less restrictive than the rules governing information involving substance use disorder diagnosis, treatment and referral. The next section lists the additional allowable disclosures that may be made without your authorization if you are not applying for or receiving services for substance use disorder. **(This list does NOT apply to those persons applying for or receiving services for substance use disorder):**

1. Allowable disclosure when required by law. Woniya Kini may disclose your protected health information as required by state or federal law.
2. Allowable disclosure for health or safety. We may disclose your protected health information to avert or lessen a serious threat of harm to you, to others, or to the public.
3. Expanded allowable abuse/reporting investigation of abuse. We may disclose protected health information to a person legally authorized to investigate a report of abuse or neglect.
4. Expanded allowable public health and health oversight activities. We may disclose your protected health information for public health purposes and

health oversight purposes including licensing, auditing or accrediting agencies authorized or allowed by law to collect such information, including, for example, when we are required to collect, report or disclose information about disease, injury, vital statistics for public health purposes, or other information for investigation, audit or other health oversight purposes.

5. Expanded allowable disclosure for law enforcement activities. Woniya Kini may disclose protected health information to law enforcement officials in response to a valid court order or warrant or as otherwise required or permitted by law.
6. Expanded allowable disclosure to your legally authorized representative. Woniya Kini may disclose your health information to a person appointed by a court to represent or administer your interests.
7. Expanded allowable disclosure in judicial and administrative proceedings. Woniya Kini may disclose your health information pursuant to a valid court or administrative order, or in some cases, in response to a valid subpoena or discovery request.
8. Allowable disclosure to the Secretary of Health and Human Services. Woniya Kini must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy law.

## V. **Your Individual Rights**

- A. Right to Receive Confidential Communications. Normally Woniya Kini will communicate with you through the phone number and/or address you provide. You may request, and we will accommodate, any reasonable, written request for you to receive your protected health information by alternative means of communication or at alternative locations.
- B. Right to Request Restrictions. At your request, Woniya Kini will not disclose health information to your health plan if the disclosure is for payment of a health care item or service for which you have paid Woniya Kini out of pocket in full. You may request additional restrictions on our use and disclosure of protected health information for treatment, payment and health care operations. While we will consider requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions and you are currently receiving services, please contact your counselor.
- C. Right to Inspect and Copy Your Health Information. You may request access to your medical record maintained by us in order to inspect and request copies of

the records. Under limited circumstances, we may deny you access to a portion of your records.

- D. Right to Amend Your Records. You have the right to request that we amend protected health information maintained in your clinical file or billing records. Under certain circumstances, Woniya Kini has the right to deny your request to amend your records and will notify you of this denial as provided in the HIPAA regulations. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. When we “amend” a record, we may append information to the original record, as opposed to physically removing or changing the original record. If your requested amendment is denied, you will be informed of your right to have a brief statement of disagreement placed in your medical record.
- E. Right to Receive an Accounting of Disclosures.
  - a. Substance Use Disorder Patient Records. You have a right to request a list of treating providers who have received your substance use disorder treatment information pursuant to Part 2 regulations.
  - b. All Other Protected Health Information. Upon request, you may obtain a list of instances that Woniya Kini has disclosed your protected health information other than when you gave written authorization OR those related to your treatment and payment for services, or our health care operations. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, there may be a charge. You will be told the cost prior to the request being filled.
- F. Right to Receive Notification of Breach. You will be notified in the event Woniya Kini discovers a breach has occurred such that your protected health information may have been compromised. A risk analysis will be conducted to determine the probability that protected health information has been compromised. Notification will be made no more than 60 days after the discovery of the breach, unless it is determined by a law enforcement agency that the notification should be delayed.
- G. Right to Receive a Paper Copy of This Notice. Upon request, you may obtain a paper copy of this notice.
- H. For Further Information and Complaints. If you desire further information about your privacy and confidentiality rights, you may contact Woniya Kini’s Privacy Officer or their designee by calling (507) 697-6185, ext. 8647. You may call this number if you are concerned that we have violated your privacy rights, if you disagree with a decision that we made about access to your protected health information, or if you wish to complain about our breach notification process. You may also file a written complaint with the Secretary of the United States

Department of Health and Human Services. Upon request, we will provide you with the correct address. We will not retaliate against you if you file a complaint.

Violation of federal law and regulations on Confidentiality of Alcohol and Drug Abuse Patient Records is a crime and suspected violations of 42 C.F.R. Part 2 may be reported to the United States Attorney in the district where the violation occurs:

United States Attorney's Office  
U.S. Courthouse  
316 N. Robert Street, Suite 404  
St. Paul, MN 55101  
(651) 848-1950

United States Attorney's Office  
U.S. Courthouse  
300 S. 4<sup>th</sup> Street, Suite 600  
Minneapolis, MN 55415  
(612) 664-5600

**V. Effective Date and Duration of This Notice**

- A. Effective Date. This notice is effective on May 21, 2019
- B. Right to Change Terms of This Notice. Woniya Kini may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective to all protected health information that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the new notice in the public access area at our office and on our Internet site at <http://lowersioux.com/departments/woniya-kini/>. You may also obtain any new notice by contacting Woniya Kini at (507) 697-9108.
- C. Privacy Office. You may contact Woniya Kini's Privacy Officer or designee at (507) 697-6185, ext. 8647.

*I acknowledge that I have reviewed Woniya Kini Notice of Privacy Practices and received a copy:*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_