



## JEMEZ HEALTH & HUMAN SERVICES

### NOTICE OF PRIVACY PRACTICES

**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. If you have questions, please speak with your health care provider, or contact Ryan Vigil, HIPAA Privacy Officer, at (505) 834-3190.**

After reading this document, please sign the acknowledgment form. Signing this form allows JHHS to use your PHI to provide treatment and make payment arrangements for your treatment. It also allows your PHI to be used for necessary facility operations and other legal purposes. The acknowledgement form will be kept as part of your permanent medical records.

#### **USING AND DISCLOSING PROTECTED HEALTH INFORMATION**

**Protected Health Information (PHI)** is any health information that can identify an individual. This information includes your past, present or future medical conditions, treatment, services or payment and can be in written, spoken or electronic form.

JHHS will use and disclose PHI only for **treatment, payment or operations (TPO)**. JHHS will always try to limit the use and disclosure of PHI to the **minimum necessary** for TPO. Any other uses and disclosures of PHI will be made only with your permission except as allowed or required by law.

**Treatment.** JHHS can use your PHI to provide treatment, diagnostic and other services. Your PHI may be used by those outside JHHS to provide medical services, such as radiologists, specialists, laboratories, hospitals, insurance providers or another health care facility.

**Payment.** JHHS may use your PHI to arrange payment for treatment. Your PHI may be used by those outside JHHS to arrange payment for treatment, including Medicare, Medicaid, private insurance, and Contract Health Services referrals.

**Operations.** JHHS may use PHI for normal business operations, including staff training, performance evaluations and program assessments. We are also allowed to:

1. Contact you about treatment, directions, recommendations or suggestions.
2. Notify a relative, caregiver or representative in an emergency.
3. Remind you of an appointment. If you agree, we may leave a message on a home answering machine about the day and time of your appointment. We will not leave PHI on an answering machine, including information about the reason for your appointment.
4. Ask you to sign in at the clinic and call your name or number in the waiting room.
5. Disclose PHI to an interpreter if necessary.
6. Decide whether to allow a person to act on your behalf, such as to pick up prescriptions, medical supplies, X-rays or other similar forms of PHI.

All "business associates," such as diagnostic, medical records, transcription or billing services, must safeguard your PHI in compliance with all federal laws.

## HIPAA AND PATIENTS' RIGHTS

**You have the right to receive, read and sign this Notice of Privacy Practices.**

**You have the right to inspect and copy your medical records.** We need a written request and reasonable time to meet it. We may ask you to pay the cost of copying your records. The law does not allow access to some types of PHI, including psychotherapy notes, information related to legal actions, and information protected by other laws.

**You have the right to request changes to your PHI, if the change does not falsify the records.** If you think there is a mistake in your PHI, you can ask to correct the record. Your request must be made in writing and provide a reason. We may refuse if:

- the record was not created by JHHS, or is not part of our records;
- the law does not allow you to access this information;
- the record is accurate and complete.

**You have the right to decide who can access your PHI.** You can change this with a written request, except for previous disclosures and authorization for insurance.

**You have the right to decide who cannot access your PHI.** We will honor your request except in emergency situations or if your health care provider believes it is in your best interest to allow access to your PHI.

**You have the right to know who has had access to your PHI.** JHHS keeps a record of PHI disclosures for six years, or since April 15, 2003. You can see this record, except disclosures for national security or law enforcement, or that occurred before April 15, 2003. You must write a letter to see this list. One list per year is free; we may charge you for more than one list per year.

**You have the right to choose how and where you receive confidential communication.** For instance, you can ask for communication by mail instead of by phone or ask that information be sent to an office or a relative's home instead of your own home. You must make your request in writing and the request must be reasonable. You don't have to tell us the reason for your request.

**You have the right to file a complaint if you believe your privacy rights have been violated.** All complaints should be in writing, describe the specific problem and include your contact information. ***There will be no penalty for filing a complaint, and a complaint will not affect your diagnosis or any treatment JHHS provides.*** You may send your complaint to one of the addresses below.

Ryan Vigil, JHHS Privacy Officer Pueblo of Jemez Health & Human Services P.O. Box 279 110 Sheep Springs Rd Jemez Pueblo, NM 87024 (505) 834-3190 Fax: (505) 834-7517 Ryan.Vigil@jemezpueblo.us	Secretary of Health and Human Services U.S. Dept. of Health & Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 (202) 619-0257 or (877) 696-6775 <a href="mailto:HHS.Mail@hhs.gov">HHS.Mail@hhs.gov</a>
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## **USE AND DISCLOSURE OF PHI WITHOUT YOUR WRITTEN AUTHORIZATION**

Federal and state laws require that JHHS use or disclose PHI without written consent in some situations:

1. **Court orders.**
2. **Public Health situations**, including:
  - **cases of child abuse or neglect.**
  - **cases of abuse, neglect or domestic violence**, or to prevent serious harm.
  - **serious threat to health or safety** of a person or the public.
  - **to prevent or reduce the spread of disease.**
  - **Food and Drug Administration (FDA)** studies or recalls.
  - **to prevent or reduce a threat** to health and safety in the workplace
3. **Government agencies** for audits, investigations and inspections.
4. **Law enforcement**, including:
  - To identify or find a suspect, fugitive, witness or missing person.
  - If you are, or we suspect you are, the victim of a crime. We may disclose PHI if:
    - the information is needed to determine if a crime has been committed, other than by the victim;
    - the information is not intended to be used against the victim;
    - immediate law enforcement activity depends on the disclosure;
    - immediate law enforcement activity would be impaired by waiting until you are able to agree to disclosure; and
    - the disclosure is in your best interest in our professional judgment.
  - If we believe the information is evidence of a crime committed on JHHS premises.
  - If we provide emergency health care, and the information seems necessary to report a crime, crime victim(s) and/or the perpetrator.
  - Except as permitted above, we may not disclose PHI related to DNA or DNA analysis, dental records, typing, samples or analysis of body fluids or tissue to identify or find an individual without permission.

In addition, we may disclose PHI:

1. To public health officials, accreditation organizations and/or an attorney investigating an allegation that JHHS has engaged in unlawful conduct, violated professional standards, or endangered a person.
2. To a coroner, medical examiner or funeral directors to perform their duties.
3. For research approved by the Pueblo of Jemez Tribal Council and Health Board.
4. To government entities for military and veterans activities, national security and intelligence activities authorized by the National Security Act and other laws.

5. To correctional institutions and law enforcement for your health care and to protect the health and safety of officers, employees, inmates or others.
6. To Workers' Compensation boards to provide benefits for work-related injuries or illness without regard to fault.

If you have any questions, please talk with your health care provider or contact the HIPAA Privacy Officer:

Ryan Vigil  
Pueblo of Jemez Health & Human Services  
P.O. Box 279  
110 Sheep Springs Rd  
Jemez Pueblo, NM 87024  
Phone: (505) 834-3190  
Fax: (505) 834-7517  
E-mail: [Ryan.Vigil@jemezpueblo.us](mailto:Ryan.Vigil@jemezpueblo.us)

**RECEIPT OF NOTICE OF PRIVACY PRACTICES**  
**JEMEZ HEALTH & HUMAN SERVICES**

Please sign this form and return it to the person who gave it to you. If you received this booklet by mail, you may return this form in the attached envelope.

My signature on this form indicates that I have **received** the Notice of Privacy Practices.

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<b>Printed Name of Patient or Personal Representative</b>	<b>Date of Birth</b>
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<b>Signature of Patient or Personal Representative</b>	<b>Date</b>
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**Personal Representative's Relationship or Authority**

**Our Promise to You**

Jemez Health & Human Services (JHHS), its programs, staff and business associates, comply with all federal, state and tribal laws about the confidentiality of medical records and personal health information and will follow the terms of this notice. If we need to change this notice, any changes will be posted in the lobby of each JHHS building. In addition, a revised notice will be mailed to you at the address you have given us.