



110 Sheep Springs Way
Jemez Pueblo, NM 87024

WWW.JHHS COMPLIANCE@JEMEZ PUEBLO.US

(575)-834-7413

JEMEZ HEALTH & HUMAN SERVICES NOTICE OF PRIVACY PRACTICES



Your Information.

Your Rights.

Our Responsibility.

- ❖ This notice describes how medical information about you maybe used and disclosed, and how you can get access to this information.
- ❖ Please review carefully. If you have questions, please speak with your health care provider, or contact Risk Manager: Odessa Waquiu at 575-834-3190.

Your Rights

You have certain rights to your health information. The table below explains your rights and JHHS responsibilities to help you.

Get an electronic or paper copy of your medical record

- ❖ With a signed Release of Information (ROI) form, you can request for an electronic or paper copy of your medical record and other health information.
- ❖ We will provide a copy of your health information within 30 days of your request. We may charge a reasonable, cost-based fee.

Your Rights *continued.*

Ask us how to request changes to your medical record

- ❖ Your request must be made in writing, Document must include a reason(s) for changes to your health information and claims. Please include detailed information as to why you may think it is incorrect or incomplete

We may refuse if:

- ❖ the record was not created by a Jemez Health and Human Services Program.
- ❖ the Law does not allow you to access this information;
- ❖ the record is accurate and complete.

Ask us to limit what we use or share

- ❖ You can ask us NOT to use or share particular health information for treatment, payment, or our operations.
 - We will honor your request, but do not have to agree, and we may refuse if it affects your care.
- ❖ JHHS may use your PHI to provide treatment, diagnostic, and other services. Your PHI may be used by those outside JHHS, to arrange payment for treatment.
 - Medicaid, Medicare, Private insurance and Contact Health Service Referrals.
- ❖ IF you pay for a service or health care item out-of-pocket in full, you can ask us not to share the information for the purpose of payment or our operations with your health insurer.
 - We will honor your request unless a law requires us to share your information.

Get a list of those whom we've shared information without your written authorization

- ❖ You can ask for a list of whom we've shared your health information for six years prior to the date of your request.
- ❖ Federal and State laws require that JHHS use and disclose PHI without written consent in certain situations, this includes;
 - a. Court orders
 - b. Public health situations; domestic violence, child abuse, neglect, serious threat to health or safety of a person, to prevent the spread of a disease, Government agencies, and Law enforcement; we can share health information about you in response to a court or administrative order, or in response to a subpoena.
 - c. Medical examiner; we can share health information with a coroner, medical examiner, or funeral director when an individual is deceased.
 - d. Workers' compensation; we can use or share health information about you for workers' compensation claims.
 - e. Disability

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time.

Choose someone to act on your behalf

- ❖ If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - ❖ We will ensure the person has this authority and can act for you before we take any action.
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File a complaint if you feel your privacy rights are violated

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| ❖ All complaints should be done in writing to Odessa Waquiú, Risk Manager. Pueblo of Jemez Health & Human Services. P.O. Box 279, 110 Sheep Springs Rd, Jemez Pueblo, NM 87024. (575) 834-3190. Fax: (575) 834-7517. Odessa.Waquiú@jemezpueblo.us |
| ❖ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or (202) 619-0257 HHS.Mail@hhs.gov . |

We will not retaliate against you for filing a complaint and it will not affect your diagnosis or any treatment JHHS provides.

Our Uses and Disclosures:

Treat you

- ❖ We can use your health information and share it with other professionals who are treating you.
- ❖ Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- ❖ We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- ❖ Example: We use health information about you to manage your treatment and services.

Our Uses and Disclosures: *continued*

Bill for your services

- ❖ We can use and share your health information to bill and get payment from health plans or other entities.
 - ❖ Example: We give information about you to your health insurance plan so it will pay for your services.
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JHHS Responsibilities:

- ❖ We are required by law to maintain the privacy and security of your protected health information.
 - ❖ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - ❖ We must follow the duties and privacy practices described in this notice and give you a copy of it.
 - ❖ We will not use or share your information other than as described, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if change your mind.
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Changes to the Terms of This Notice

- ❖ We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website <https://www.jemezpuablo.org/health>

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES JEMEZ HEALTH & HUMAN SERVICES

I, _____ have received a copy of JHHS Notice of Privacy Practices.

Printed Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date

Personal Representative's Relationship or Authority

For Office Use Only

**We attempted to obtain written acknowledgement of receipt of JHHS Notice of Privacy Practices
Acknowledgement was not obtained because:**

- Individual refused to sign**
- Communication barriers prohibited obtaining the acknowledgement**
- An emergency situation prevented us from obtaining acknowledgement**
- Other (please specify) _____**