



18490 Suquamish Way  
Suquamish, WA 98392  
360-598-3311

# THE SUQUAMISH TRIBE

## HEALTH DIVISION

WELLNESS, HEALTH CLINIC,  
COMMUNITY HEALTH

## SUQUAMISH TRIBE NOTICE OF PRIVACY PRACTICES

**This notice describes how the medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.**

### I. Your Health Information and the Tribe

The Suquamish Tribe (Tribe) may use your health information to provide treatment, obtain payment for your care, conduct health care operations, and for other purposes that are permitted or required by law. The Tribe, which includes the Tribe's Health Plans (i.e., Suquamish Tribal Member Plan and Suquamish Tribe Group Health Plan) and the Tribe's Departments that involve health care functions, may create, receive and maintain records that contain health information about you as necessary to administer the Plans and provide you with health care benefits.

Your health information records may include information identifying you, your symptoms, examinations, test results, diagnoses, treatment, payment records and plans for future care. Understanding your health information and how it is used helps you to ensure its accuracy, better understand why others may review your health information, and make informed decisions when authorizing disclosures.

### II. Your Rights With Respect To Your Health Information

Although your health record is the physical property of the Tribe, the information belongs to you. You have the following rights regarding your health information that the Tribe maintains:

- **Right to Request Restrictions:** You may request a restriction on information the Tribe uses and discloses about you: (1) for treatment, payment, or health care operations; or (2) to someone who is involved in your care, such as a family member or friend. *However, the Tribe is not required to agree to your request, except when (1) the disclosure is to be made by the Tribe (i.e., by one of the Tribe's Health Plans or a Department of the Tribe that involves a health care function) to another health plan for purposes of carrying out payment or health care operations, (2) the health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full; and (3) the Tribe is not otherwise obligated by law to disclose the health information. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide you with emergency services. If you wish to make a request for a restriction, please contact the Tribe's Privacy Officer.*
- **Right to Request Confidential Communications:** You have the right to request that the Tribe communicate with you in a different manner or at a different place. For example, you may ask that we communicate with you at a location other than your home, or by a different means of communication such as telephone or mail, or privately with no family members present. Such requests must be submitted in writing to the Tribe's Privacy Officer.
- **Right to Notice of Breach:** You have the right to be notified if there was unauthorized access to or disclosure of your health information.
- **Right to Protection of Genetic Information:** Genetic information about you or your family members may not be used or disclosed by the Tribe for activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, or for any other underwriting purpose.
- **Right to Inspect and Copy:** You have the right to inspect and copy most of your health information. Such requests must be made to the Tribe's Privacy Officer. If you request a copy of the information, we may, as permitted by applicable law, charge a reasonable fee for the costs of copying, mailing, or other costs associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information you may, with limited exceptions, submit a written request to the Tribe's Privacy Officer asking that the denial be reviewed.
- **Right to an Electronic Copy of Electronic Records:** If your health information is maintained in an electronic form, such as an electronic health record, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request, if it is readily producible in such form or format. If it is not, then your information will be provided to you in our standard electronic format (unless you prefer a hard copy).
- **Right to Request an Amendment:** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as it is kept

### CONFIDENTIAL

This information has been disclosed to you from Suquamish Wellness Center records, protected by Federal confidentiality rules and law. Federal Regulations (42 C.F.R., Part 2) & (HIPAA) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The Federal Rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.



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by us. Your request must be made in writing to the Tribe's Privacy Officer and include a reason that supports your request. We may deny your request for an amendment in certain limited situations. If we deny your request, you have the right to file a statement of disagreement with us.

- **Right to Receive a List of Certain Disclosures:** You have the right to request a list and description of certain disclosures made by the Tribe of your health information. Such request must be made in writing to the Tribe's Privacy Officer. The first list you request within a 12-month period will be provided free of charge, but subsequent requests within the same period may be subject to a fee (in which case we will notify you of the cost and you may choose to withdraw or modify your request). This information is maintained for six (6) years or the life of the record, whichever is longer.
- **Right to Obtain a Paper Copy of This Notice:** On request, you have the right to obtain a separate paper copy of this Notice, even if you have agreed to receive this Notice electronically. To obtain a paper copy, please contact the Tribe's Privacy Officer.

### III. The Tribe's Responsibilities

The Tribe is required by law to:

- Maintain the privacy of your health information.
- Inform you about our privacy practices regarding health information we collect and maintain about you.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternate means or at alternate locations.
- Give you notice of the Tribe's legal responsibilities and privacy practices with respect to your health information and honor the terms of this Notice or any subsequent revision of this Notice.
- Notify you if you are affected by a breach of unsecured health information.

**Changes to this Notice:** The Tribe reserves the right to change this Notice or its privacy practices and to make the new provisions effective for all health information it maintains. If the Tribe makes any significant changes to this Notice, it will promptly distribute a new copy to you. The Tribe will also post any revised Notice of Privacy Practices at public places in its health care facilities and will distribute it to members covered by the Tribe's Health Plans within 60 days of a material revision.

#### **How the Tribe may use and disclose health information about you:**

We may use and disclose your health information without your permission to facilitate your medical treatment, for payment of any medical treatment, and for any other health care operation, as applicable and described in this Notice. We may also use and disclose your health information without your permission as allowed or required by applicable law. Otherwise, we must obtain your written authorization for any other use and disclosure of your health information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given. The following categories describe how we may use and disclose health information about you:

#### **For Treatment Purposes**

We will use or disclose your health information to provide, coordinate, and manage your medical treatment and any related services and to help other providers to treat you. For example:

- The Administrator of the Suquamish Tribal Member Plan and Suquamish Tribe Group Health Plan may disclose your health information to a health care provider who renders treatment on your behalf.
- Your personal information will be recorded in your health record and may be used by health care providers under the Tribe's Health Plans or the Tribe's Departments that involve health care functions to determine the course of treatment for you or to refer you to another health care provider for further care and treatment.

#### **For Payment Purposes**

The Tribe may use or disclose your health information for payment purposes. For example:

- If you have alternate resources for health care, such as Medicare or Medicaid coverage, we may need to send your health information that identifies you, as well as your diagnosis, procedures and supplies used for your treatment, to such alternate resources for reimbursement purposes.
- The Tribe's Health Plans may receive and maintain information regarding a person's surgical procedure so as to enable the Plans to process the hospital's claim for the payment of the surgical expenses.

#### **For Health Care Operations**

The Tribe may use or disclose your health information to support the function, operation, daily activities and the management of the Tribe's Health Plans and the Tribe's departments that involve health care functions. For example:

- Carry out quality assessment and improvement activities;
- Engage in activities designed to improve health or reduce health care costs;
- Conduct protocol development, case management and care coordination;
- Purchase supplemental health insurance coverage;

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- Arrange for medical review;
- Arrange for legal services and auditing functions; and
- Engage in general administrative activities.

#### **To Business Associates**

The Tribe may disclose health information to other persons or organizations, known as “business associates,” who provide services on the Tribe’s behalf. For example, the Tribe may hire an administrative firm to process claims. We require our business associates to protect and safeguard your health information in accordance with all applicable federal laws.

#### **As Related to The Tribe’s Health Plans**

The Tribe’s Health Plans may disclose your health information to designated personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this Notice. These individuals will protect the privacy of your health information and ensure that it is used only as described in this Notice or as permitted by law.

#### **Appointment Reminders, Treatment Alternatives and Other Health-Related Benefits and Services**

The Tribe may contact you to remind you of an appointment or to discuss a missed appointment, and to provide information about treatment alternatives or other types of health-related benefits and services that may be of interest to you. For example, we may contact you about the availability of new treatment or services for diabetes.

#### **To Persons Involved In Your Care**

The Tribe may notify your family of your location or general condition. The Tribe may also provide your health information to a person involved in your care or who helps pay for your care, such as a family member or friend, unless you notify us that you object, or when you are incapacitated or in an emergency. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. We may also make similar professional judgments about your best interests that allow another person to pick up such things as your filled prescriptions, medical supplies and x-rays. There may also be circumstances when we can assume, based on our professional judgment, that you would not object, such as when your spouse comes with you into an exam room during treatment.

#### **Interpreters**

In order to provide you proper care and services, we may use the services of an interpreter. This may require use or disclosure of your health information to the interpreter.

#### **Research Purposes**

The Tribe may, under very select circumstances, use your health information for research. Before we use or disclose any of your health information records for such research purposes, the project

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will be subject to an extensive approval process to ensure the privacy of your health information. The Tribe may also use or disclose your health information for research purposes based on your written authorization.

#### **Adults and Emancipated Minors with Personal Representatives or Legal Guardians:**

The Tribe shall treat a personal representative or legal guardian of an individual, who has been declared incompetent due to physical or mental incapacity by a court of competent jurisdiction, as the individual for the purposes of the use and disclosure of the individual’s health information, as such use and disclosure relates to such personal representation.

#### **Decedents**

When an individual is deceased, the Tribe may disclose health information about the decedent when required by applicable law, and to the following categories of individuals:

- A family member, personal representative, or other authorized person(s) responsible for the decedent’s care, as relevant to his or her responsibility for such care, unless we know that doing so would be inconsistent with the decedent’s prior-expressed preferences.
- A coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or other duties as authorized by law.
- Funeral directors consistent with applicable law as necessary to carry out their duties.

#### **Organ Procurement Organizations**

Consistent with applicable laws, the Tribe may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating organ, eye, or tissue donation and transplant.

#### **Food and Drug Administration**

We may use or disclose your health information to the FDA in connection with an FDA-regulated product or activity. For example, we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects or problems, and information needed to track FDA-regulated products, or to conduct product recalls, repairs, replacements, or lookbacks (including locating people who have received products that have been recalled or withdrawn), or post-marketing surveillance.

#### **Workers Compensation**

The Tribe may use or disclose your health information for workers compensation purposes as authorized or required by applicable law.

#### **Public Health**

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We may use or disclose your health information for public health activities as follows:

- To a public health authority authorized by applicable law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions.
- To a public health authority or other government authority authorized by law to receive reports of child abuse or neglect.
- To a government authority authorized by applicable law to receive reports of other abuse, neglect, or domestic violence (other than child abuse).
- To an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, where authorized by applicable law.
- To the individual's employer (for example, if you are employed by the Tribe, or if necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public), concerning a work-related illness or injury or a workplace-related medical surveillance, or as otherwise required or permitted by applicable law.
- To the individual's school or prospective school for proof of immunization, if such proof is required by applicable law, and we obtain the agreement of either a parent, guardian, or other person legally responsible for the individual (or from the individual if he or she is an adult or emancipated minor).

#### **Correctional Institution**

If you are an inmate of a correctional institution, the Tribe may use or disclose to the institution health information necessary for your health and the health and safety of other individuals.

#### **Law Enforcement**

The Tribe may use or disclose your health information for law enforcement activities as required or authorized by applicable law. Such situations include the following:

- To report certain types of wounds or injuries.
- In response to a court order, subpoena, warrant, or other similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- If you are believed to be a victim of a crime and a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency and if we determine that such disclosure would be in your best interests.
- About a death we believe may have been the result of criminal conduct.

- To report a crime committed on the Tribe's premises.
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description, or location of the person who committed the crime.

#### **Military and Veterans**

If you are a member of the armed forces, the Tribe may use or disclose your health information, if necessary, to the appropriate military command authorities or to determine eligibility for benefits, as authorized by applicable law.

#### **Health Oversight Activities**

The Tribe may use or disclose your health information to health oversight agencies for activities authorized by applicable law. These oversight activities include: investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system and government benefit programs, among other requirements. The Tribe is required by applicable law to disclose health information to the Secretary of the Department of Health and Human Services to investigate or determine compliance with the HIPAA privacy standards.

#### **Compelling Circumstances**

The Tribe may use or disclose your health information in certain other situations involving compelling circumstances affecting the health or safety of an individual. For example, in certain circumstances:

- We may use or disclose health information as we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person.
- We may use or disclose health information in the course of judiciary and administrative proceedings if required or authorized by applicable law.
- We may use or disclose health information during a disaster and for disaster relief purposes.
- We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by applicable law.
- We may make any other disclosures that are required by applicable law.

#### **For Data Breach Notification Purposes**

We may use or disclose your health information to provide legally-required notices of unauthorized access to or disclosure of your health information.

#### **Authorization Required**

The Tribe will use or disclose your health information only with your written authorization in the following circumstances:

- Any use or disclosure of your psychotherapy notes; except that we do not need your written authorization to use such

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- notes for treatment, payment, or health care operations, nor in other limited circumstances required or permitted by applicable law.
- Any use or disclosure of your health information for marketing; except that we do not need your written authorization for face-to-face communications or to give you promotional gifts with nominal value.
  - The sale of your health information.

**Any other uses and disclosures not described in this Notice or by the laws applicable to the Tribe, including laws applicable to its Health Plans, will be made only with your written authorization, which you may later revoke in writing at any time.**

To revoke your authorization, you must deliver a written revocation to the Tribe’s Privacy Officer. If you revoke your authorization, we will no longer use or disclose your health information as allowed by your written authorization, except to the extent we have already used or disclosed your health information in reliance on your authorization, or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy or the policy itself.

#### IV. Non-Violation of this Notice

The Tribe is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (business associates) discloses protected health information under the following circumstances:

- *Disclosures by Whistleblowers:* If a Tribal employee or contractor (business associate) in good faith believes that the Tribe has engaged in conduct that is unlawful or otherwise violates clinical and professional standards, or that the care or services provided by the Tribe has the potential of endangering one or more patients/clients, members of the workplace, or the public, and discloses such information to:
  - A Public Health Authority or Health Oversight Authority authorized by applicable law to investigate or otherwise oversee the relevant conduct, conditions, or suspected violations, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the Tribe; or

- An attorney on behalf of the workforce member, or contractor (business associate), or hired by the workforce member or contractor (business associate) for the purpose of determining their legal options regarding the suspected violation.
- *Disclosure by Workforce Member Crime Victims:* Under certain circumstances, a member of the Tribe’s workforce (either an employee or contractor) who is a victim of a crime, on or off the Tribe’s premises, may disclose information about the suspect to law enforcement official provided that the information disclosed is about the suspect who committed the criminal act and the information disclosed is limited to identifying and locating the suspect.

#### V. How To Exercise Your Rights

To exercise your rights under this Notice, to ask for more information, or to report a problem, contact the Tribe’s Privacy Officer:

Stephen Kutz  
Suquamish Tribe Privacy Officer  
P.O. Box 498  
Suquamish, Washington 98392  
Telephone: (360) 394-8552

If you believe that your privacy rights have been violated, you may file a written complaint with Tribe’s Privacy Officer or the Secretary of the U.S. Department of Health and Human Services:

Secretary of Health/Human Service  
U.S. Dept. of Health/Human Services  
200 Independence Avenue S.W.  
Washington, D.C. 20201  
Telephone: (202) 619-0257  
Toll Free: 1-877-696-6775  
**HHS.Mail@hhs.gov**

The Suquamish Tribe encourages you to express any concerns you may have regarding the privacy of your health information. You will not be retaliated against in any way for filing a complaint.

**EFFECTIVE DATE:**

This Notice is effective on January 1, 2023.

I have reviewed and agree to the Patient Rights and Disclosure Information, and understand I may request a copy of this information at any time.

Patient’s Name	Signature of Patient (if 13 or older)
Patient/legal representative signature	Date
Witness/Staff signature	Date

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