



Tuolumne Me-Wuk Indian Health Center

Notice of Privacy Practices

Please carefully review

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your medical record.
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your information, usually within 30 days of your request. We may charge a reasonable, cost-base fee.
- Ask us to correct your medical record.
 - You can ask us to correct your health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communications.
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
We will say “yes” to all reasonable requests.
- Ask us to limit what we use or share.
 - You can ask us not to use or share certain health information for treatment, payment or operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information
- Get a list of those with whom we’ve shared information.
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any

you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- Get a copy of this privacy notice.
 - You can ask for a paper copy of this notice at anytime, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you.
 - 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 make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights have been violated.
 - You can file a complaint if you feel we have violated your rights by contacting us using the information on the back page. 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 visiting www.hhs.gov/ocr/privacy/hippa/complaints. We will not retaliate against you for filing a complaint.

TELEHEALTH

I understand that I have the following rights with respect to telehealth:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any benefits to which I would otherwise be entitled.
- The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. The client's behavioral health electronic records are strictly protected in such a way to ensure the most stringent of the following: HIPAA, 42 CFR Part 2, Privacy Act, and applicable state regulations.
- I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- In addition, I understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be referred to a psychotherapist who can provide such services in my area. Finally, I understand that

there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improved, and in some cases may even get worse.

How do we typically use or share your Health Information

- 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.*
- We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use your health information about you to manage your treatment and 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.*
- We are required by law to maintain the privacy and security of you 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 here 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 you change your mind. For more information see: www.hhs.gov/orc/privacy/hipaa/understanding/consumers/noticepp.html

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, in our office, and on our website.

This Notice of Privacy Practices applies to the following organizations.

This notice applies to all DHCS programs, including Medi-cal. For a full list of programs currently run by DHCS, please visit their website at www.docs.ca.gov/services.

Your Choices

- In these cases you have both the right and choice to tell us.
 - Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation.

- *If you are not able to tell us your preference for example, if you are unconscious we may go ahead and share you information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.*
- In these cases, we never share your information unless you give us written permission.
 - Marketing purposes.
 - Sale of your information.
 - Most sharing of psychotherapy notes.
- In the case of fundraising
 - We may contact you for fundraising efforts, but you can tell us not to contact you again.