



Tucson Indian Center

160 North Stone Avenue • P.O. Box 2307 • Tucson, Arizona 85702-2307
Telephone: (520) 884-7131 • Fax: (520) 884-0240
www.ticenter.org

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 THE DOCUMENT CAREFULLY.

The Tucson Indian Center is required by law to take reasonable steps to ensure the privacy of personally identifiable health information and to inform individuals about:

- Tucson Indian Center's uses and disclosures of Protected Health Information (PHI);
- Your rights with respect to your PHI;
- Tucson Indian Center's duties with respect to PHI;
- Your right to file a complaint with Tucson Indian Center and to the U.S. federal government; and
- The identification of the person or office to contact for further information about Tucson Indian Center's privacy practices.

If you have any questions about this Notice please contact Tucson Indian Center's Privacy Officer for the Health Services Department:

Phoebe A. Cager, MSW
Health Services Director
Tucson Indian Center
160 N. Stone
Tucson, AZ 85701
Phone: 520-884-7131 x.2233
pcager@ticenter.org

This Notice of Privacy Practices describes how Tucson Indian Center may use and disclose your protected health information to carry out health/wellness services and treatment, payment or manage health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information.

"Protected Health Information" (PHI) means information about you (including demographic information), that may identify you and pertains to your past, present or future physical or mental health or condition and related health care services. Tucson Indian Center is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of PHI and to abide by the terms of this Notice of Privacy Practices. Tucson Indian Center may change the terms of this notice in the future. The new notice will be effective for all PHI that Tucson Indian Center maintains at that time. Tucson Indian Center will provide you with any revised Notice of Privacy Practices upon request. You may request a revised version contacting the Privacy Officer and requesting that a revised copy be sent to you in the mail.

Tucson Indian Center will not use or disclose your PHI without a signed authorization except as outlined



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below. You have the right to revoke that authorization in writing except to the extent that Tucson Indian Center has taken action in reliance upon the authorization.

I. Tucson Indian Center (“TIC”) Responsibilities

We are required to:

- Maintain the privacy of your health information;
- Provide you with this notice of our legal duties and information practices with respect to information we collect and maintain about you;
- Notify you if we learn there has been a breach of your unsecured information; and
- Abide by the terms of this notice.

TIC reserves the right to change its privacy practices and to make the new provisions effective for all protected health information (PHI) it maintains. TIC will post any revised Notice of Privacy Practices at public places within its facility and on its web site at www.ticenter.org and you may request a copy of the Notice.

TIC understands that health information about you is personal and is committed to protecting your health information. TIC will not use or disclose your health information without your permission, except as described in this notice and as permitted by law.

II. Entities Covered Under This Notice

American Indian Association of Tucson, Inc. dba. Tucson Indian Center

III. Your Rights

You have several rights regarding your health information. Those include the right to:

- **Inspect and receive a copy of your information.** This right covers your wellness / medical records or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. Such records will be provided to you in the time frames established by law. We may charge a reasonable fee for our costs in copying and mailing your requested information. Your request should be submitted in writing to the Compliance Officer at the address listed on page 1. If you are denied access to personal health information, in some cases you will have the right to request a review of the denial.
- **Request a restriction on certain uses and disclosures of your health information.** This right includes restrictions on our use or disclosure of your personal health information for services and treatment, payment or health care operations. You also have the right to restrict the personal health information we disclose about you to a family member, friend or other person who is involved in your care or the payment of your care. Your request should be submitted in writing to the Compliance Officer at the address listed on page 1. We are not required to agree to your request unless your request is to not share your health information with your health insurer about a service which you (or someone other than your insurer) has paid us in full, where the disclosure is for the purpose of carrying out payment or health care operations, and where the disclosure is not otherwise required by law. If we do agree to accept your requested



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restriction, we will comply with your request except as needed to provide you emergency treatment.

- **Request an amendment to your health information.** If you believe that any health information in your record is incorrect or important information is missing, you may request that we correct the existing information or add the missing information. We may amend your record or include your statement of disagreement.
- **Request that that we communicate with you using a different means of communication or to an alternate location.** You can request that we contact you only at a certain address or phone number or by alternative means. We will accommodate your reasonable requests.
- **Receive an accounting of certain disclosures Tucson Indian Center has made of your health information.** This is the listing of certain disclosures of your personal health information made by us or by others on our behalf, but does not include disclosures for services, treatment, payment and health care operations or certain other exceptions. Your request should be submitted in writing to the Compliance Officer at the address listed on page 1. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs. Requests should be submitted to the address listed on page 1.
- **Obtain a paper copy of the TIC Notice of Privacy Practices.** You may request a paper copy of this Notice even if you have received an electronic copy.

IV. How TIC may use and disclose Health Information about you.

The following categories describe how we may use and disclose health information about you.

For Treatment. We will use and disclose your personal health information to provide you with treatment and services. For example, we may disclose your personal health information to physicians, nurses, physical therapists, counselors, medical assistants or outside providers who are caring for you.

For Payment Purposes. We may use and disclose your personal health information so that we can bill and receive payment for the treatment and services you receive. For example, we may disclose your personal health information to your representative, an insurance or managed care company, Medicare, Medicaid or another third-party payer to obtain payment, to confirm your coverage or to request prior approval for a proposed treatment or service.

For Health Care Operations. We may use and disclose your health information for our regular health care operations, for example, to evaluate your care and treatment outcomes with our quality improvement team.

Business Associates. We use outside people and entities to provide services for us. Examples include wellness / medical transportation companies, consultants, billing companies and attorneys. We may disclose your health information to business associates so that they can perform their jobs. We require our business associates to protect and safeguard your health information in accordance with all applicable Federal laws.



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Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition. This may include disclosures to a public or private entity assisting in disaster relief efforts.

Communication with Family. We may disclose to a family member, other relative, close personal friend, or any other person involved in your care health information that is relevant to that person's involvement with your care or payment for such care.

Research. We may disclose information to researchers when certain conditions have been met.

Organ Procurement Organizations. Consistent with applicable law, we may 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.

Uses and Disclosures about Decedents. We may disclose your health information to funeral directors, coroners or medical examiners to carry out their duties consistent with applicable law.

Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recall, repairs or replacement.

Appointment Reminders. We may contact you with reminder that you have an appointment for wellness / medical care at a TIC facility or to advise you of a missed appointment.

Workers Compensation. We may disclose your health information for workers compensation purposes as authorized or required by law.

Public Health. We may disclose your health information to public health or other appropriate government authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution. If you are an inmate of a correctional institution, we may disclose to the institution or its agents, health information necessary for your health and the health, safety and security of other individuals such as officers or employees or other inmates.

Law Enforcement. In some circumstances, we may need to disclose health information to law enforcement officials. For example, we may disclose your health information in response to a search warrant or a grand jury subpoena, or to assist law enforcement officials in identifying or locating an individual, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at one of our offices. We may also disclose health information necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.



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Judicial Proceedings. We may be ordered to disclose health information by a judge in a court or administrative proceeding or in response to a subpoena.

Health Oversight Authorities. We may disclose your health information to a government agency that oversees our operations or our personnel, such as state Department of Health Services, the federal or state agencies that oversee Medicare and Medicaid, and professional licensing boards that license and investigate medical and nursing professionals. These agencies need health information to monitor our operations and its personnel's compliance with state and federal laws.

Military, Veterans, National Security and Other Government Purposes. We may disclose health information about members of the armed forces, as required by military command authorities or to the Department of Veterans Affairs. If requested to do so, we may also provide information to federal officials for intelligence and national security purposes or for presidential protective services.

Disclosure Required by Law. Federal, state, or local laws sometimes require us to disclose your health information. For instance, we are required to report child abuse or neglect and must provide information to law enforcement officials in domestic violence cases.

Information with Additional Protection. Certain types of wellness / medical information have additional protection under federal and state law. In some circumstances, we will require your consent to disclose information about communicable disease and HIV/AIDS, genetic testing, and mental health treatment. Substance use disorder (SUD) information held by our substance use disorder treatment program is subject to protection under 42 USC 290gg and its regulations and such information is subject to use and limited disclosure. We will comply with federal law when using and disclosing your SUD information.

Disclosure by Whistleblowers. A Tucson Indian Center employee or contractor (business associate) who in good faith believes that we have engaged in conduct that is unlawful or otherwise violates clinical and professional standards, or that the care or services provided by us has the potential of endangering one or more patients or members of the workplace or the public, may disclose your information to an appropriate government agency and/or to an attorney to determine his or her legal options.

Disclosure by Workforce Member Crime Victim. Under certain circumstances, a TIC workforce member who is a victim of a crime on or off a TIC facility's premises may disclose limited information about the suspect to law enforcement officials.

Public health test results. The Tucson Indian Center works with entities that conduct laboratory tests. Certain patient test results, such as SARS-CoV-2 and COVID-19 results, are required by Arizona Administrative Code (R9-4-302 and 404.H. and R9-6-204) to be reported to the Arizona Department of Health Services (AZDHS) for public health reasons. Additionally, Public Law 116-136, 185115[a] the Coronavirus Aid, Relief and Economic Security (CARES) Act, requires "every laboratory that performs or analyzes a test that is intended to detect SARS-CoV-2 or to diagnose a possible case of Covid-19" to report the results to the Secretary of the Department of Health and Human Services (HHS).



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Any other uses and disclosures will be made only with your written authorization, which you may later revoke in writing at any time. (Such revocation would not apply where the health information already has been disclosed or used or in circumstances where TIC has taken action 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.)

To exercise your rights under this Notice, to ask for more information, to report a problem or submit a complaint if you believe your privacy rights have been violated, contact the Tucson Indian Center HIPAA Compliance Officer at the information on the first page of this notice.

To file a complaint with the Office of Civil Rights you may submit a complaint online at: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or to the OCR at:

U.S. Department of Health and Human Services
Office for Civil Rights
Centralized Case Management Operations
200 Independence Ave., S.W.
Suite 515F, HHH Building
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818 TDD: (800) 537-7697
Email: ocrmail@hhs.gov

We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

Please initial below to confirm your receipt and understanding of this Notice.

Your Initials

Date