COOK INLET TRIBAL COUNCIL, INC.
AND RELATED ENTITIES ("CITC")**
NOTICE OF PRIVACY PRACTICES
EFFECTIVE JANUARY 1, 2021

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.

This Notice describes the medical information practices of Cook Inlet Tribal Council, Inc. and Related Entities** ("CITC"). CITC is considered a covered entity and, therefore, we are required by law to maintain the privacy of personal health information and to provide you with notice of our legal duties and privacy practices with respect to personal health information. All CITC departments or programs are covered by this Notice and your personal health information may be shared among these divisions.

Our Pledge Regarding Medical Information

We understand that medical information about your health is personal. We will not disclose your personal health information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. This Notice applies to all of the medical records we maintain. It describes the ways in which we may use and disclose medical information, and describes our obligations with regard to such information. A special section below describes additional protections for your substance use disorder records. Your doctor or other health care provider may have different policies or Notices regarding the health care provider's use and disclosure of your medical information.

We are required by law to:

- Keep your protected health information private;
- Provide notice of our legal duties and privacy practices with respect to protected health information;
- Notify affected individuals following a breach of unsecured protected health information;
- Give you this Notice of Privacy Practices; and
- Follow the terms of the Notice of Privacy Practices currently in effect.

We have the right to change our practices regarding the personal health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of the Notice by calling the Privacy Officer at (907) 793-3403, or stopping by the Privacy Officer's office at 3600 San Jeronimo, Anchorage, AK 99508 (the "Privacy Officer").

How We May Use/Disclose Your Medical Information

The following are some of the different ways that we may use and disclose your personal health information:

For Treatment. We may use or disclose medical information about you to facilitate treatment, rehabilitation or treatment through clinical social services provided by CITC. For example, we may disclose medical information to other healthcare providers who are involved in taking care of you.

For Payment. We may use and disclose medical information about you to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies (either directly or through a third-party billing company), medical necessity determinations and reviews, and collection of outstanding accounts.

For Health Care Operations. We may use and disclose medical information about you for other CITC health care operations necessary to run CITC. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; licensing; personnel training programs; fraud and abuse detection programs; and general CITC administrative activities.

To Business Associates. There are some services provided to CITC-covered programs through contracts with business associates. Examples include accounting, legal, training, and consulting services. Information shall be made available to business associates consistent with their need to know for purposes of providing services.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person. Any disclosure, however, would only be to someone able to help prevent the threat. Such information may be limited to the extent permitted for our substance use disorder programs.

Other Uses and Disclosures

We may also use and disclose your health information in the following circumstances, when permitted by law, and with only the minimum necessary information being disclosed:

- Appointment reminders
- Language interpreters
- Information about available treatments or products
- Funeral Directors/Coroners/State Medical Examiners
- Workers' Compensation
- Correctional Institutions (if you are in jail or prison)
- Law Enforcement
- Tissue and organ donation
- Disaster relief
- Military and Veterans (if you are an armed forces member)
- Responses to legally compliant court orders
- National security

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. This includes the use or disclosure of psychotherapy notes, the use or disclosure of PHI for marketing, or the sale of PHI, which will require your express written authorization.

Special Rules about the Confidentiality of Your Substance Use Disorder (SUD) Information

If you are receiving substance use disorder (SUD) services from CITC, information that would identify you as a person seeking help for a substance use disorder is protected under a federal law known as "Confidentiality of Alcohol and Drug Abuse Patient Records." Under certain circumstances, these regulations will provide your health information with additional privacy protections beyond those already described. The CITC programs subject to these additional restrictions include: Ernie Turner Center (including Recovery Journey, Wisdom Place, Transitions), First Step Assessment Center (including: Connections-SBIRT), Clare Swan\Outpatient, and Re-Entry/Pathways to Sobriety, Program Evaluation, and Billing. However, not all records for these programs are necessarily provided extra protection as substance use disorder records if they do not identify you as a person seeking help for substance use disorder.

In general, any information identifying you as addressing a substance use disorder cannot be shared outside of the CITC substance use disorder treatment programs without your specific written consent. As an example, before your substance use disorder health related information can be released to family, friends, law enforcement, judicial and corrections personnel, public health authorities, other providers of medical services we are required to ask for your written authorization to do so. There are some exceptions to this rule, which include court orders to release your health information, the provision of your health information to medical personnel in an emergency, sharing information with qualified personnel conducting research and for audits or program evaluations.

We may also report suspected child abuse or neglect as required under state law. However, before specific information pertaining to the care you are receiving for your substance use disorder can be released, you must authorize the release in writing. Child abuse and neglect authorities

***Related Entities include Alaska Native Justice Center, Clare Swan Early Learning Center, and Get Out the Native Vote*

may also pursue a court order to release the information without your written permission. In addition, if you commit a crime on the premises of the program or against personnel of the program, information related to that crime is not protected.

In those instances where you did authorize us to release your substance use disorder related health information, the authorization will always be accompanied by a notice prohibiting the individual or agency/organization receiving your health information from re-releasing it unless permitted under applicable federal law.

To facilitate communication with other organizations that provide services such as legal advice, laboratory analyses or other services to CITC's substance use disorder programs and clients, we may establish a confidentiality agreement with those organizations. Under this agreement, we may share, without your consent, information about the substance use disorder care that you are receiving with the other organization. However, the confidentiality agreement requires that the other organization abide by the same rules described in this Notice to keep information about your substance use disorder and the care you are receiving confidential. This means that the other organization must handle and store your information in a way that maintains confidentiality. The organization cannot release your confidential information to anyone except us unless required by law. In most cases, we must have your written consent to share information with another organization providing substance use disorder services similar to our own or with law enforcement agencies.

Violation of these provisions is a federal crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs and if the program is for opioids, you may also report to the Substance Abuse and Mental Health Services Administration. More information about the confidentiality laws protecting substance use disorder records can be found at 42 Code of Federal Regulations Part 2.

To the extent anything in this Notice conflicts with the protections described in this special section regarding substance use disorder treatment, the portion of the Notice providing you with greater protection will apply.

Your Rights Regarding Personal Health Information
You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to, or copies of, this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. If your records are held in electronic format, you may also obtain an electronic copy if it is reasonably available. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must provide a supporting reason, be made in writing, and be submitted to the Privacy Officer. If we agree to amend the information, we will generally amend your information within 60 days of your request and will notify you when we have amended the information

We may deny your request for an amendment if does not meet the requirements listed above. In addition, we may deny your request if you ask us to amend information that: is not kept by or for CITC; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request a list of disclosures, where such disclosure was made for any purpose other than treatment, payment or health care operations. We are not required to give you an accounting of information we have shared with our business associates or for which you have given us a written authorization.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years or before April 14, 2003. Your request should indicate in what form you want the list (i.e. paper or electronic). The first list you request within a 12-month period will be free, and you may be charged for the cost of any additional lists. We will notify you of the cost and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a transport or treatment we provided. We are not required to agree to your request unless the disclosure is to a health plan for purposes of carrying out payment or health care operations (not treatment purposes) and the information pertains solely to an item or service paid for fully out of pocket.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must describe: (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom the limits shall apply, for example, your spouse.

Right to Request Confidential Communications. You can request that we communicate confidentially with you about medical matters. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will accommodate reasonable requests. Your request must specify how you wish to be contacted.

Right to a Paper Copy of This Notice. You may request a paper copy at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.

Right to Revoke Authorization/Permissions

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Your substance use disorder records received by a person or entity pursuant to your written authorization may not be re-disclosed without your written consent.

Questions/Exercising Rights

If you have any questions about this Notice or would like to exercise any of the rights contained herein, please contact: Cook Inlet Tribal Council Privacy Officer, 3600 San Jeronimo, Anchorage, AK 99508, (907) 793-3403.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with CITC or with the Secretary of the Department of Health and Human Services (https://www.hhs.gov/hipaa/filing-a-complaint/index.html). To file a complaint with CITC, contact the Privacy Officer. All CITC complaints must be submitted in writing. You will not be retaliated against or penalized for filing a complaint. The Secretary of DHHS can be reached at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue. S.W.
Room 509F, HHH Building
Washington, D.C. 20201

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