



**Cook Inlet Tribal Council, Inc.**  
Tribal Vocational Rehabilitation Program  
3600 San Jeronimo Drive; Anchorage, AK 99508  
907-793-3360; Fax: 907-793-3398 [www.citci.org](http://www.citci.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 IT CAREFULLY.**

This Notice of Privacy Practices describes the medical information practices of Cook Inlet Tribal Council, Inc. ("CITC") and that of any third party that provides services to CITC. CITC sponsors the following programs or departments which are covered by this Notice: Tribal Vocational Rehabilitation, Ernie Turner Center, First Step Assessment Center (including: Partners in Recovery), Substance Abuse Services (including: Mobile Treatment Unit, Clare Swan, Recovery Journey, Wisdom Place and Re-entry/Pathways to Sobriety), Family Services (Clinical Services Division only), Program Evaluation, Billing, and Information Services. No other CITC departments or programs are covered by this Notice.

#### **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. A special section below describes additional protections for your substance abuse 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 created in the provider's healthcare facility.

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice; and
- follow the terms of the Notice that is 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 907-793-3600, or stopping by the Privacy Officer's office at 3600 San Jeronimo Drive, Anchorage, AK 99508.

#### **How We May Use and Disclose Medical Information About You**

The following categories describe some of the different ways that we may use and disclose medical information.

**For Treatment.** We may use or disclose medical information about you to facilitate treatment, rehabilitation or use of clinical social services provided by CITC. We may disclose medical information about you to other healthcare providers, including doctors, nurses, technicians, medical students, or other health care personnel who may become involved in taking care of you. E.g., we may disclose medical information to other healthcare providers to whom you have been referred to ensure that those providers have the necessary information to diagnose and treat 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 organizing your medical information and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

**For Operations.** We may use and disclose medical information about you for other CITC operations. These uses and disclosures are necessary to run CITC. E.g., we may use medical information in connection with: conducting quality assessment and improvement activities; licensing; training programs to ensure that our personnel meet our standards of care and follow established policies and procedures; obtaining legal and financial services; conducting business planning; processing grievances and complaints; fraud and abuse detection programs; creating reports that do not individually identify you for data collection purposes; and general CITC administrative activities.

**To Business Associates.** There are some services provided to CITC covered programs through contracts with Business Associates. E.g. audit, legal, training, and consulting services. Information shall be made available to business associates consistent with their need to know for purposes of providing these services. Whenever an arrangement between CITC and a business associate involves the use or sharing of your personal medical information, we will have a written contract that contains terms that will protect the privacy of your personal medical information.

**As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law. E.g., 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 the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. E.g., we may disclose medical information about you in a proceeding regarding the license of a clinician. Such information may be limited to the extent permitted for our substance abuse programs.

## **Special Rules About The Confidentiality of Your Alcohol and Drug Abuse Information**

If you are receiving alcohol or drug abuse services from CITC, information that would identify you as a person seeking help for a substance abuse problem 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 that have already been described. The CITC programs subject to these additional restrictions include: Ernie Turner Center, First Step Assessment Center (including: Partners in Recovery), Substance Abuse Services (including: Mobile Treatment Unit, Clare Swan, Recovery Journey, Wisdom Place, and Re-Entry/Pathways to Sobriety), Program Evaluation, Billing, and Information Services.

In general, any information identifying you as addressing a substance abuse problem cannot be shared outside of the CITC substance abuse treatment programs without your specific consent in writing to do so. Exceptions to this rule 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. E.g., before your substance abuse 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.

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 abuse problem can be released, you must authorize the release in writing. Child abuse and neglect authorities may also pursue a court order to release the information without your written permission.

In those instances where you did authorize us to release your substance abuse 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 abuse 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 abuse 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 abuse problem 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. We must have your written consent to share information with another organization providing substance abuse 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.

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

### **Special Situations Involving Disclosure of Medical Information (unless prohibited for substance abuse programs)**

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the Armed Forces, we may release medical information about you as required by military command authorities.

**Workers' Compensation.** We may release medical information about you for state workers' compensation or similar programs.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

We will limit the information disclosed for public health purposes, except the reporting of child abuse and neglect, to information that does not identify your status in substance abuse treatment unless we first obtain your written consent.

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

**Lawsuits and Disputes.** If you are involved a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena or other lawful

process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at one of our program locations; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

We will not disclose your substance abuse information in response to a warrant or any other legal process that does not satisfy the requirements for a court order specified under federal law. A search warrant or subpoena is not sufficient for this purpose.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

**Right to Access, 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 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. In limited circumstances, we may deny you access to your

medical information, and you may appeal certain types of denials. E.g., you do not have a right to access psychotherapy notes.

We have available forms to request access to your medical information and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

**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. You have the right to request an amendment for as long as the information is kept by or for CIRC. To request an amendment, your request must be made in writing and submitted to the Privacy Officer listed at the end of this Notice. In addition, you must provide a reason that supports your request. 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 it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for CIRC;
- 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 of your medical information where such disclosure was made for any purpose other than treatment, payment, or CIRC operations. We are not required to give you an accounting of information we have shared with our business associates, like our billing company. We are also not required to give you an accounting of our uses of medical information 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 listed at the end of this Notice. Your request must state a time period which may not be longer than six years and may not include dates 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. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time 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 CIRC 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. E.g., 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.

To request restrictions, you must make your request in writing to the Privacy Officer listed at the end of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, e.g., disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. E.g., 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 listed at the end of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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

### **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. To file a complaint with CITC, contact the Privacy Officer listed at the end of this Notice. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

### **Other Uses of Medical Information**

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. 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 abuse records received by a person or entity pursuant to your written authorization may not be re-disclosed without your written consent.

If you have any questions about this Notice, please contact the CITC Privacy Officer:

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**Privacy Officer**

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**NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT**

By my signature below, I acknowledge receipt of the Notice of Privacy Practices for the Cook Inlet Tribal Council, Inc.

\_\_\_\_\_  
Signature of Individual or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Relationship