NEW YORK INDIAN COUNCIL, INC.
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."
SUMMARY OF YOUR PRIVACY RIGHTS

A. Understand Your Medical Record/Information. Each time you visit New York Indian Council, Inc. (NYIC) for services, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:
1) Plan for your care and treatment.
2) Communication source between health care professionals.
3) Tool with which we can check results and continually work to improve the care we provide.
4) Means by which Medicare, Medicaid, or private insurance payers can verify the services billed.
5) Tool for education of health care professionals.
6) Source of information for public health authorities charged with improving the health of the people.
7) Source of data for medical research, facility planning, and marketing.
8) Legal document that describes the care you receive.
B. Understanding what is in your medical record and how the information is used helps you to:
1) Ensure its accuracy.
2) Better understand why others may review your health information.
3) Make an informed decision when authorizing disclosures.
C. Your Medical Record/Information Rights. Your medical record is the physical property of the NYIC, but the information belongs to you. You have the right to:
1) Inspect and receive a paper or electronic copy of your health information.
2) Receive notification of a breach of your unsecured protected health information.
3) Request a restriction on certain uses and disclosures of your health information to include certain disclosures of protected health information to your health plan. The NYIC is not required to agree to the requested restriction except when the disclosure would be for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI relates solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.
4) Request a correction or amendment to your health information. The NYIC may amend your record or include your Statement of Disagreement.
5) Request confidential communications about your health information.
6) Request and obtain a listing of certain disclosures the NYIC has made of your health information.
7) Revoke your written authorization to use or disclose health information.
8) Request and obtain a paper or electronic copy of the NYIC Notice of Privacy Practices
D. New York Indian Council, Inc. Responsibilities. The NYIC understands that health information about you is personal and is committed to protecting your health information. The NYIC is required by law to:
1) Maintain the privacy of your health information.
2) Inform you about our privacy practices regarding health information we collect and maintain about you.
3) Notify you if we do not agree to a requested restriction.
4) Notify you of our decision regarding a request for correction or amendment.
5) Accommodate reasonable requests you may have to communicate health information by alternate means or to an alternate location.
6) Promptly notify you of a breach of unsecured protected health information (PHI).
7) Honor the terms of this Notice or any subsequent revisions of this Notice.

REVISED NOTICE OF PRIVACY PRACTICES

The New York Indian Council, Inc. (NYIC) reserves the right to change its privacy practices and to make the new provisions effective for all PHI it maintains. The NYIC will post any revised Notice of Privacy Practices at public places within its facilities and on the NYIC web site at: https://www.rhodeislandindiancouncil.org/indian-health-services
1) How the NYIC may use and disclose health information about you. The NYIC will not use or disclose your health information without your permission, except as described in this Notice and as permitted by the HHS Privacy Act regulations, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and the Genetic Information Nondiscrimination Act (GINA) of 2008. The following categories describe how we may use and/or disclose your health information.
A. Treatment. We will use and/or disclose your health information to provide your treatment. For example:
1) Your personal information will be recorded in your medical record and used to determine the course of treatment for you. Your health care provider will document in your medical record their instructions to members of your healthcare team. The actions taken and the observations made by the members of your healthcare team will be recorded in your medical record so your health care provider will know how you are responding to treatment.
2) If you are referred or transferred to another facility or provider for further care and treatment, the NYIC may disclose information to that facility or provider to enable them to know the extent of treatment you have received and other information about your condition.
3) Your health care provider(s) may give copies of your health information to others, including health care professionals or personal representatives, to assist in your treatment.
B. Payment Purposes. We will use and disclose your health information for payment purposes. For example:
1) If you have private insurance, Medicare, or Medicaid, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment.
2) If you are referred to another health care provider, the NYIC may disclose your health information to that provider for health care payment purposes.
C. Health Care Operations. We will use and disclose your health information for health care operations. For example:
1) We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide.
D. Health Information Exchange (HIE). The NYIC participates in (or plans to participate in) the Indian Health Service HIE. The NYIC HIE may make your health information available electronically through an information exchange network to other providers involved in your care who request your electronic health information. Participation in the national eHealth Exchange network is voluntary. If you want your health information to be accessible to authorized health care providers through the NYIC HIE to the national eHealth Exchange, you must authorize this use and disclosure. More information is available at http://www.ihs.gov/hie/
E. Personal Health Record. The NYIC participates in (or plans to participate in) the Indian Health Service Personal Health Record (PHR). The PHR is a secure web based application that provides patient access to their health care information. The PHR is accessible to any patient who receives care at an NYIC facility and requests a PHR account.
F. Direct. The NYIC participates in (or plans to participate in) the Indian Health Service DIRECT. The NYIC may share your health information between providers and between healthcare providers, patients and/or patients' authorized representatives, using the DIRECT secure, web-based messaging service.
G. Business Associates. The NYIC provides some healthcare services and related functions through the use of contracts with business associates. For example, the NYIC may have contracts for medical transcription. When these services are contracted, the NYIC may disclose your health information to business associates so that they can perform their jobs. The NYIC requires our business associates to protect and safeguard your health information in accordance with applicable Federal laws.
H. Directory. NYIC does not currently have an inpatient facility, but if such a facility is established in the future and if you are admitted to that inpatient facility, the NYIC may use your name, general condition, and location within our facility, for facility directory purposes, unless you notify us that you object to this information being listed. If an individual asks for you by name, the NYIC may disclose your name, general condition, and location within our facility, unless you notify us that you object to this information being listed. The NYIC may provide your religious affiliation only to members of the clergy.
I. Notification. The NYIC may use or disclose your health information to notify or assist in the notification of a family member, personal representative, or other authorized person(s) responsible for your care, unless you notify us that you object.
J. Communication with Family. All NYIC health providers may use or disclose your health information to others involved with and/or responsible for your care unless you object. For example, the NYIC may provide your family members, other relatives, close personal friends, or any other person you identify, with health information that is relevant to that person's involvement with your care or payment for such care.
K. Adults and Emancipated Minors with Personal Representatives. The NYIC may disclose health information to a personal representative of an individual who has been declared incompetent due to physical or mental incapacity by a court of competent jurisdiction
L. Interpreters. In order to provide you proper care and services, the NYIC may use the services of an interpreter. This may require the disclosure of your health information to the interpreter.
M. Research. The NYIC may use or disclose your health information for research purposes when approved by an NYIC Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information. The NYIC may also use or disclose your health information for non-IRB approved research purposes based on your written authorization.
N. Organ Procurement Organizations. The NYIC 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.

O. Uses and Disclosures about Decedents. The NYIC may use or disclose health information about decedents to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. The NYIC also may disclose health information to funeral directors consistent with applicable law as necessary to carry out their duties. In addition, the NYIC may disclose health information about decedents where required under the Freedom of Information Act or otherwise required by law.

P. Treatment Alternatives and Other Health Related Benefits and Services. The NYIC may contact you 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.

Q. Food and Drug Administration. The NYIC may disclose your health information to the Food and Drug Administration (FDA) in connection with a 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 look-backs (including locating people who have received products that have been recalled or withdrawn), or post-marketing surveillance.

R. Appointment Reminders. The NYIC may contact you with a reminder that you have an appointment for medical care at an NYIC facility or to advise you of a missed appointment.

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

T. Public Health. The NYIC may use or disclose your health information to public health or other appropriate government authorities (Federal, State, local or Tribal) as follows:

1) To government authorities that are authorized by 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;

2) To government authorities that are authorized by law to receive reports of child abuse or neglect, and

3) To government authorities that are authorized by law to receive reports of other abuse, neglect, or domestic violence, or as authorized by law if the NYIC believes it is necessary to prevent serious harm. Where authorized by law, the NYIC may disclose your health information 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. In some situations or if necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public), the NYIC may disclose to your employer health information concerning a work related illness or injury or a workplace related medical surveillance. (for example, if you are employed by NYIC or another component of the Department of Health and Human Services (HHS))

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

V. Law Enforcement. The NYIC may disclose your health information for law enforcement activities as authorized by law or in response to an order of a court of competent jurisdiction.

W. Health Oversight Authorities. The NYIC may disclose your health information to health oversight agencies for activities authorized by law. These oversight activities may include: investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights laws for which health information is necessary to determine compliance. The NYIC is required by law to disclose health information to the Secretary, HHS to investigate or determine compliance with the HIPAA privacy standards.

W. Members of the Military. If you are a member of the military services, the NYIC may disclose your health information if necessary to the appropriate military command authorities as authorized by law.

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

1) The NYIC may disclose limited health information where requested by a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;

2) 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 circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests;

3) The NYIC may use or disclose health information that we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person;

4) The NYIC may disclose health information in the course of judiciary and administrative proceedings if required or authorized by law;

5) The NYIC may disclose health information to report a crime committed on NYIC health facility premises or when the NYIC is providing emergency health care; and

6) The NYIC may use or disclose health information during a disaster and for disaster relief purposes.

Y. Required by Law. The NYIC may use or disclose health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

Z. Non-Violation of this Notice. The NYIC is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (business associates) discloses health information under the following circumstances:

1) Disclosures by Whistleblowers. If an NYIC employee or business associate in good faith believes that the NYIC has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by the NYIC has the potential of endangering one or more patients, members of the workplace, or the public and discloses such information to:

a. A Public Health Authority or Health Oversight Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the NYIC; or

b. 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.

2) Disclosures by Workforce Member Crime Victims. Under certain circumstances, an NYIC workforce member (either an employee or contractor) who is a victim of a crime on or off the NYIC facility premises may disclose information about the suspect to law enforcement officials provided that:

a. The information disclosed is about the suspect who committed the criminal act.

b. The information disclosed is limited to identifying and locating the suspect.

AA. Any Other Uses and Disclosures. Most uses and disclosures of psychotherapy notes (where appropriate) require authorization. Other uses and disclosures of PHI not listed in this Notice 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 the NYIC 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. Rights under this Notice or to Request Information or Report a Problem

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

Facility name: New York Indian Council, Inc.
Address: 43-32 22nd St. #306 Long Island City, NY 11101
Phone number: 718-215-8417 ext. 313

If you believe your privacy rights have been violated, you may file a written complaint with the above individual or the Regional Manager, Office of Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza –Suite 3312, New York, NY 10278. There will be no retaliation for filing a complaint.

Effective Date: October 1st, 2018