



Notice of Privacy Practices

Note that these practices apply to information not covered by 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records (“Part 2”). Information subject to Part 2 is protected pursuant to a separate Notice of Privacy Practices.

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

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. Ask us how to do this.
- We will provide a copy or summary of your health information to you, usually within 30 days of your request. If you request a copy under California’s Patient Access Law, we will provide a copy of your health information within 15 days. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications:

- You may 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 our 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 us 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 any time, 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 are violated:

- You can complain if you feel we have violated your rights by contacting us using the information on the last page of this Notice.
- You can file a complaint within the U.S. Department of Health and Human Services Officer 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/hipaa/complaints/.

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your 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 permission:

- Marketing purposes
- The 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.

Other Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that we may make, although we may never need to do some of these. We are always prohibited from using or disclosing your protected health information to:

- Conduct a criminal, civil, or administrative investigation into, or impose criminal, civil, or administrative liability on, any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided; or
- Identify any person for the purpose of conducting such investigation or imposing such liability.

Treat you:

We will use your health information and share it with other professionals who are treating you. For example, a doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization:

We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

Bill for your services:

We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services. We give information to the Indian Health Service, as required under our contract with that agency.

How else can we use and share your health information:

We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues:

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research:

We can use or share your information for health research.

Comply with the law:

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see what we're complying with federal privacy law.

Respond to organ and tissue requests:

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director:

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

We will not disclose your protected health information related to reproductive health care in response to requests made by coroners or medical examiners for these purposes unless we receive a signed attestation from the requestor that the use or disclosure is not for a purpose prohibited by law.

Address workers' compensation, law enforcement, and other government requests:

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- For special governmental functions such as military, national security, and presidential protective services.

We will not disclose your protected health information related to reproductive health care in response to requests made by law enforcement purposes unless we (i) receive a signed attestation from the requestor that the use or disclosure is not for a purpose prohibited by law, (ii) the disclosure is required by law, and (iii) the disclosure otherwise meets all applicable conditions under HIPAA related

to the use and disclosure of protected health information as required by law.

Respond to health oversight activities authorized by law:

We can share health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These agencies can include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights laws.

Note that we will not disclose your protected health information related to reproductive health care in response to requests made for this purpose unless we receive a signed attestation from the requestor that the use or disclosure is not for a purpose prohibited by law. For example, we can continue to disclose protected health information to an Inspector General where the protected health information is sought to conduct an audit for health oversight purposes.

Respond to lawsuits and legal actions:

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We will not disclose your protected health information related to reproductive health care in

response to requests made in the course of any judicial or administrative proceeding (for example, if we receive a request from a party to litigation requesting production of records related to your reproductive health care) unless we receive a signed attestation from the requestor that the use or disclosure is not for a purpose prohibited by law.

Organized Healthcare Arrangement with Open Community Health Information Network (OCHIN)

United Indian Health Services, Inc. (UIHS) is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate, OCHIN supplies information technology and related services to UIHS and other OCHIN participants. Also, OCHIN engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best-practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. Participants also work collaboratively with OCHIN to improve the management of internal and external client referrals. We may share your personal health information with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the healthcare operations purposes of the organized health care arrangement. Health care operations

can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistently with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent; however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided with a list of entities to which your information has been disclosed.

Note that there is a potential that information disclosed to a third party may no longer be protected by HIPAA, and those third parties could re-disclose your information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your 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/ocr/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 on request, in our office, and on our website.

Other Terms

- We will never share any substance abuse treatment records without your written permission unless allowed or required by law.

Privacy Questions or Complaints:

Contact us at the clinic or call 707-825-5000, ask for the Privacy Officer or Compliance Officer.

Effective Date:

This notice is effective September 02, 2025