



Stillaguamish Tribe Transit Services
25525 Dahl Road
PO Box 277
Arlington, WA 98223
(360).435.9338

Patient Copy

PRIVACY NOTICE SUMMARY

Effective September, 2007

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 practice is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA) it describes how we may use or disclose your protected health information, with whom that information may be shared, and the procedures we have in place to protect it. "Protected health information" is individually identifiable health information which may include the information you share with us, your symptoms, test results, diagnosis, treatment, health information from another provider and billing and payment information related to these services.

We are required by law to maintain the privacy of protected health information and to train our staff to keep health information private and safe. We are also required to provide you with a notice of legal duties and privacy practices with respect to protect your health information. We will provide you with a written copy of this notice. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. You may request a copy of the most current notice at any time.

Your rights with respect to protect health information include:

- You have the right to request restrictions of any part of your protected health information for treatment, payment, or health care operations. Your request must be in writing. However, we are not required to agree to the requested restriction.
- You have the right to request to receive confidential communications of your protected health information from us by alternative means or at an alternative location such as another address or other method of contact. We will not ask you the reason for the request. We will accommodate any reasonable request.
- You have the right to inspect and obtain a copy of your protected health information. This request must be in writing and a fee may be charged.
- You have the right to make a request in writing to amend your protected health information. We have a right to deny this request. You may write a statement of disagreement if your request is denied. Your statement will be stored in your medical record and included in any release of your records.
- You have the right to disclosures of your health information. This list will not include disclosures made for treatment, payment, or health care options; information provided directly to you or your family; or information that was sent with the authorization. You must make the request in writing. This list applies to disclosures made after September 11, 2007.

Without your consent, we are permitted under federal and state law to use or disclose your protected health information for treatment, payment and health care operations.

For treatment:

- Information you give to our health care team will be written in your medical record. The health care team may read, discuss or share the health information among themselves to provide quality care and to help decide what care may be best for you.
- We may also give health information to other health care providers. This will help them stay informed about the care we have given you.

For payment:

- The Stillaguamish Tribe Transit Services bills Medicaid and Insurance . They need information about your medical care to pay your bills. This billing statement may include information that identifies you as well as your diagnosis, procedures, and supplies used.

For health care operations:

- We may use your health information in order to learn how to make our services better.
- We may use and share your health information to look at how our health care providers do their job and train our staff.
- We may contact you to remind you about appointments and to give you information about different types of treatment or other health information following:
 - Review by your health insurance carrier.
 - Billing and payment purposes
 - State and federal audits.

Other reasons for which we are permitted or required to use or disclose your protected health information without your written authorization:

- **Public health**: As required by law, we may disclose your health information for prevention and control of disease, injury or disability, reporting of birth or death, disease surveillance and to reduce a serious, immediate threat to the health or safety of individuals or the public.
- **Law enforcement**: We may disclose information for a study that does not identify who is investigating a crime, or if you are the victim of a crime.
- **Medical research**: We may disclose information for a study that does not identify who is included in the study. The research must be set up to protect your privacy.
- **Funeral directors**, medical examiners and coroners: As authorized by law, we release information to let them do their jobs such as to identify a body or to determine the cause of death.
- **Organ Donations**: After death, information may be disclosed to organizations or agencies for the purpose of organ, eye or tissue donation or transplantation.
- **U.S. Food and Drug Administration**: Information may be released to handle product recalls or problems with food, nutritional supplements and products such as vaccinations or birth control.
- **Workers compensation**: Information may be released to process a claim regarding a work related injury or illness to the extent necessary to comply with related laws.
- **Suspect abuse or neglect**: May be reported to the appropriate government authority such as a social services or protective services agency.

- **Correctional facilities**: If you are in jail or prison, we may disclose information as needed to protect your health or for the health and safety of others.
- **Health and safety oversight**: We may share health information with an agency that reviews local health programs such as Washington State Department of Health.
- **Disaster relief**: We may share health information with disaster agencies to let family or friends know about your condition.
- **Us Military Authorities**: If you are a member of the military, the law may require us to provide health information necessary to carry out military mission.
- **National Security**: We may share health information for national security or special federal investigations as authorized by National Security Act.
- **Courts or lawsuits**: Information may be disclosed by release as required by subpoena, court order, administrative tribunal or defend a lawsuit. Reasonable effort will be made to notify you of such request.
- **Business associates**: These are people or agencies who help us serve you. The law says we can give them enough information to do their job. We require them to protect your information just like we do.
- **Communication with family**: We may share with a family member, or any other person you identify, health information relating to that person's involvement in your care.
- **Minors**: Minors are children under the age of 18. Parents and legal representatives may see their minor child's health information in most cases. In some cases, we are required by law to obtain the minor's permission to give the parent or legal representative access to the minor's health information such as treatment of alcohol or drug addiction (age 14 and older), sexually transmitted disease (age 14 and older) and mental health (age 13 and older).

Other uses and disclosures will be made only with written authorization. You may revoke this authorization at any time.

You have the right to file a complaint with the Privacy Officer at the Stillaguamish Tribe Transit Services if you believe that your privacy rights have been violated. You may also file a complaint with the secretary of the United States Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

To file a complaint or to receive further information, you may contact the Privacy Officer at the Stillaguamish Tribe Transit Services.

Stillaguamish Tribe Transit Services
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 (360).629.0503