



LUMMI TRIBAL HEALTH CENTER NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

I. UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Each time you visit the Lummi Tribal Health Center for services a record of your visit is made. Typically this record contains your examination, test results, diagnosis, treatment, and plan for future care. This information, often referred to as the health record is used: to plan for your care and treatment, as a communication source between health care professionals, and as a means by which Medicare, Medicaid, or private insurance payers can verify the services billed.

II. YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Lummi Tribal Health Center, the information belongs to you. You have the right to:

- Inspect and receive a copy of your health record
- Request a restriction on certain uses and disclosures of your health information
- Request an amendment to your health record if you believe the health information we have about you is incorrect or incomplete
- Request that we communicate with you at a location other than your home or by a different means of communications such as telephone or mail
- Receive a listing of certain disclosures LTHC has made of your health information upon request. We will maintain the listing for a period of six years
- Revoke your written authorization to use or disclose health information. This does not apply to health information already disclosed or used under previous authorization
- Obtain a paper copy of the full LTHC Notice of Privacy Practices upon request
- Obtain a paper copy of the LTHC Medical Records Policy

III. LTHC RESPONSIBILITIES

The Lummi Tribal Health Center is required by law to:

- Maintain the privacy of your health information
- Inform you about our privacy practices
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests to communicate health information by alternative means or at alternative locations
- Honor the terms of this notice or any subsequent revisions of this notice

IV. LTHC WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION, EXCEPT AS PERMITTED BY THE PRIVACY ACT, HIPPA AND THE LTHC MEDICAL RECORDS POLICY. LTHC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- To provide your treatment
- For payment purposes
- For certain health care operators



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To exercise your rights under this NOTICE, to ask for more information, or to report a problem contact the LTHC Director or the LTHC Privacy Officer in writing at LUMMI TRIBAL HEALTH CENTER, 2592 Kwina Road, Bellingham, WA 98226

If you believe your privacy rights have been violated you may file a written complaint with the above individuals or the Secretary of Health and Human services, U.S. Department of Health and Human Services, Washington D.C. 20101. There will be no retaliation for filing a complaint.

This is a condensed version of the LTHC Privacy Practices. To obtain the full policy please see the Patient Registration Clerk.