



*Changing with the tides in harmony with  
our people, land and heritage."*

**NOTICE OF PRIVACY PRACTICE (HIPAA) POLICIES**  
*for*  
**QNT Health and Social Service Consumers**

**Uses and Disclosures of Protected Health Information:**

Protected health information (PHI) may not be used or disclosed except when at least one of the following conditions is true:

- The individual who is the subject of the information has authorized the use or disclosure in writing;
- The individual who is the subject of the information has received the notice of QNT privacy practices and has signed the acknowledgement indicating the use or disclosure, and the release or disclosure is for Care Coordination Service and/or Payment, or for Referrals to Care Providers;
- The individual who is the subject of the information agrees or does not object to the disclosure and the disclosure is to persons involved in the Care Coordination of the individual;
- The disclosure is to the individual who is the subject of the information or to Health and Human Services, specifically to Senior and Disability Services for compliance related purposes;
- The use or disclosure is for one of the HIPAA “public purposes” such as required by law enforcement services.

**Minimum Necessary Disclosure of Protected Health Information:**

We will ensure that all disclosures of PHI will be limited to the minimum amount of information needed to accomplish the purpose of the request of the disclosure.

**Access to Protected Health Information (PHI):**

Access to PHI will be limited to employees or contractors based on the assigned job functions of the employee or contractor. Such access privileges should not exceed those necessary to accomplish the assigned job function.

**Access to Protected Health Information by the individual:**

We will grant access of PHI to the person who is the subject of such information if and when access is requested. Access may not be immediate depending on the daily operations and the feasibility of the request. The access time will not exceed the maximum timeframe required of the HIPAA Privacy Rule. We will inform the person requesting access, the location of the PHI if we do not physically possess the PHI but have knowledge of its location.

**Disclosure Accounting:**

A log of all disclosures of PHI, not disclosed for purposes of Care Coordination, Payment, or Care Referrals shall be provided to the client/consumer should an accounting of disclosures be requested. The log will be kept in the client's file.

**Notice of Privacy Practices:**

A notice of Privacy Practices will be published and provided to all consumers prior to initiation of services and a current copy will be mailed on an annual basis along with any revisions or updates. A written acknowledgement of receipt of notice will be requested prior to the initiation of services. All efforts to obtain written acknowledgements will be along with the date of each additional mailing was sent.

**Restriction Requests:**

A consumer may request that we restrict certain information from disclosure, when it is within our power to grant the request without breaking laws, we will do so and document the restrictions in the file. All requests to restrict information must be made in writing.

**Authorizations:**

A valid authorization must be obtained for all disclosures that are not for the Care Coordination, Payment, or Care Referrals or an individual's/personal representative request for access to their own PHI. The authorization will be in written form and will be checked by security manager for content and validation.

**Amendment of Incomplete or Incorrect Protected Health Information:**

Access to PHI will be granted to the Personal Representative of individuals as though they were the individual themselves except in cases of abuse where granting said access might endanger the individual or someone else. Original documentation naming the personal representative or guardian must be provided to us along with the request for access. The personal representative or guardian will be required to sign a statement declaring that to the best of their knowledge their rights as the personal representative or guardian have not been revoked.

**Confidential Communications Channels:**

We will use confidential communication channels such as PO Boxes and private faxes as requested by the individuals when feasible.

**Marketing Activities:**

The Privacy Officer must approve all marketing activities. If it appears necessary to use PHI for marketing purposes, we will obtain written authorizations and releases prior to use.

**Judicial and Administrative Proceedings:**

If a request for information is accompanied by a court or administrative order or a Grand Jury subpoena, that information will be released, but only information specifically requested and named in the order or subpoena. A subpoena or discovery request must include the written authorization of the individual to whom the information applies, or documented assurances that efforts have been made to adequately notify the individual with enough time for the individual to respond. If no written authorization is submitted the Qutekcak Native Tribe Care Coordinator will contact that individual for authorization. If the individual cannot be located, the Agency reserves the right to

petition the courts for a protective order, prior to the disclosure of information. The Privacy Official and Privacy Manager must approve all release of information for Judicial and Administrative Proceedings in advance.

**De-Identified and Limited Data Sets:**

De-identified data is information regarding health status, situations, and statistics which has had all information which could possibly link or identify a client to said information. We may provide de-identified information to State and Federal entities for the purpose of research, public health, or health care operations. Limited data sets for the same governmental organizations which will have adequate data use agreements will be provided, but only after the relevant identifying data has been removed, and only for research public health or health care operations purposes.

**Complaints:**

The Privacy Manager will investigate complaints relating to the protection of health information or Official within three business days and a resolution will be sent to the consumer, with a copy to the file.

**Prohibited activities:**

Neither employees nor contractors of Qutekcak Native Tribe may engage in intimidating or retaliatory acts against a person who files complaints or otherwise exercises their rights under HIPAA regulations. Furthermore it is prohibited to condition treatment, payment, enrollment or eligibility for benefits on the provision of an authorization to disclose PHI.

**Responsibility:**

Responsibility for creating and implementing procedures in regards to this policy lie with the Privacy Manager.

**Verification of identity:**

Identification of all persons who request access to protected health information will be verified and recorded on the access log before such access is granted.

**Mitigation:**

The effects of unauthorized use or disclosure of PHI will be mitigated to the extent possible.

**Safeguards:**

Appropriate physical safeguards will be in place to reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation to the Privacy policy. We will employ safeguards that include physical protection of premises where private health information is contained and technical protection is maintained electronically. Additionally oral communication of PHI will be monitored to ensure that it is not overheard. PHI removed from our office by a field staff employee will be safeguarded by that employee to ensure that it is not revealed to unauthorized persons. A log will be kept of any PHI removed from the building in the event of a disaster.

**Business Associates:**

We will verify that business associated, where information is shared or where business associates may come into contact with information, be contractually bound to protect shared PHI to the same degree as set forth in this policy. Business associated and

contractors who violate their contractual agreement will be granted the opportunity to correct their non-compliance prior to termination of their contract and the discontinuation of their services.

**Training and Awareness:**

All members of our workforce will have current training on the policies and procedures governing PHI and how we comply with HIPAA. Initial and continuing education/training will be documented indicating participant, date and subject matter in the employees personnel file.

**Sanctions:**

Sanctions will be applied to any employee of the Qutekcak Native Tribe who intentionally violates any part of this policy or the related procedures. Unintentional violations will result in corrective action for the first offense and could lead up to sanctions and/or termination.

**Retention of records:**

Medical and Personnel records will be maintained for a minimum of 10 years after the final date of services. The retention of the records may be maintained for an extended period in order to satisfy those requirements imposed by our professional liability carrier.

**Deceased Individuals;**

The privacy of deceased individuals will be maintained regardless of the death status.

**Cooperation with Privacy Oversight Authorities:**

We will cooperate with oversight agencies, both State and Federal, in their efforts to ensure the protection of health information within the agency. All personnel will cooperate fully with the privacy compliance reviews and investigations.

**Privacy Officer:**

The Privacy Officer for Qutekcak Native Tribe is Margaret Simons, Certified Care Coordinator. She is responsible for insuring that the appropriate resources are available to implement privacy protection measures, and that she will be further responsible for managing the release of personal health information and responding to routine inquiries for that information.