



RIVERSIDE – SAN BERNARDINO COUNTY INDIAN HEALTH, INC.

NOTICE OF PRIVACY PRACTICES

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Riverside-San Bernardino County Indian Health, Inc. is required to make available a **Notice of Privacy Practices**. *This notice describes how your health care information may be used and disclosed by Riverside-San Bernardino County Indian Health, Inc. during the ordinary course of its business and how you can get access to this information. Please review it carefully. If you have any questions, please contact Quality Management/Compliance Officer, Compliance Hotline 1(866)640-3532.*

We may use your "Protected Health Information" (PHI) to carry out your health care treatment, ensure appropriate payment for the treatment we provide, and monitor the quality of our health care services. "Protected Health Information" or PHI, is a unique characteristic of an individual, such as your name, address, age, sex, birth date, social security number, medical/dental/optical diagnosis, name of a relative, or any number of other individual characteristics, that can reasonably be used to identify, or re-identify you.

Each patient within our health care system has the right to receive a copy of our **Notice of Privacy Practices**. We will make every reasonable and good faith effort to provide each patient with a copy of this notice and obtain a written acknowledgment of this notice. It describes your rights to access and control your PHI, except where permitted or required by law. Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI) is required by law to abide by the terms of this **Notice of Privacy Practices**. RSBCIHI reserves the right to change or revise the terms of this notice, its privacy policies or procedures with respect to its uses or disclosures of PHI at any time as rules or regulations direct. Any changes or revisions affecting PHI and the **Notice of Privacy Practices** will be made available in a reasonable time. The Notice of Privacy Practices is available at all times on our website, rsbcihi.org. Upon your request, we will provide to you a copy of the revisions in person, by mail, or at your next health care appointment. An Acknowledge of Receipt form or a notation within your own health record will serve as documented evidence of your receipt of this notice.

• **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your PHI may be used and disclosed by your healthcare provider, RSBCIHI, and others outside our organization who are involved in your healthcare treatment, for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay or receive payment of health care services, and to support the administrative operation of RSBCIHI (e.g. quality management and peer review).

Listed below are examples of the types of uses and disclosures of your PHI that are permitted by law. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by RSBCIHI.

- **Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your healthcare. The disclosure of your health information to other doctors, nurses, staff, students or specialists, is often necessary during the course of your treatment plan. Only that health care information relating to your treatment plan will be released. For example, your PHI may be provided to a physician to whom you may have been referred to ensure the physician has the necessary information to diagnose or treat you.
- **Payment:** Your PHI will be used as needed, to obtain payment for your health care services. This may include certain activities your health insurance plan may undertake before it approves or pays for the health care services we recommend for you. This may include making a determination of your eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example; reviewing your PHI during utilization review to ensure all appropriate RSBCIHI health care activities have been provided before referring you to an outside specialist.
- **Health Care Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of RSBCIHI. These activities include, but are not limited to, quality management, peer review, internal or external chart audits, student physicians, or other RSBCIHI activities determined to be applicable to your health care. For example, we may use your PHI during provider peer review activities to ensure the correct diagnosis or procedures were used during your course of treatment. We may disclose your PHI to student physicians who may be under the supervision of one of our health care providers.

Other purposes:

In-facility Notice :We may call/page you by name when your health care provider or pharmacy is ready for you or trying to locate you during your visit.

Healthcare Appointment Reminders: We may use or disclose your PHI, as necessary, to contact you as reminder of your next appointment or to remind you to follow up on ordered tests or labs or to communicate with you on other health-related benefits and services that may be of benefit or interest to you. The methods of communication may include telephone (call or text), email, mail, fax, electronic mail, or other electronic means.

Short Message Service (SMS)/texting communications: We may use or disclose your PHI to communicate via SMS to phone number provided health related information and services of interest or benefit to you. Patient may opt-out by indicating so at time of registration or at any time notifying Patient Registration. *If you opt out of sharing your health information via SMS and change your mind, you may choose to opt in at a later time by contacting Patient Registration.*

1- SMS Consent Communication:

Short Message Service (SMS) text opt-in or phone numbers for the purposes of SMS are not being shared with any third party and affiliate company for marketing purposes.

2- Types of SMS Communications:

If you have consented to receiving text messages from RSBCIHI, you may receive messages related to the following:

Example: "Hello, this is a friendly reminder of your upcoming appointment with Dr. [Name] at [Location] on [Date] at [Time]. Reply STOP to opt out of SMS messaging at any time."

3- Message Frequency:

Message frequency may vary depending on the type of communication. For example, you may receive up to [3] SMS messages per week related to your [appointments/billing, etc.].

4- Potential Fees for SMS Messaging:

Please note that standard message and data rates may apply, depending on your carrier's pricing plan. These fees may vary if the message is sent domestically or internationally.

5- Opt-In Method:

You may opt-in to receive SMS messages from RSBCIHI in the following ways:

- * Verbally, during a conversation

6- Opt-Out Method:

You can opt out of receiving SMS messages at any time. To do so, simply reply "STOP" to any SMS message you receive. Alternatively, you can contact us directly to request removal from our messaging list.

Additional Options:

- * If you do not wish to receive SMS messages, you can choose not to check the SMS consent box on our forms.

Call Monitoring and Recording: We will be monitoring and recording calls ingoing and outgoing with RSBCIHI phone lines. All callers will be advised that calls will be recorded as part of a pre-recorded welcome message before connection to the RSBCIHI staff member is established. Call Recording was established in order to support effective staff training and the delivery of excellent patient service, and to enable RSBCIHI to deal efficiently with internal and external dissatisfaction arising from calls between patients and staff.

If the patient does not elect to withhold consent to being recorded, recording automatically stops only if/when the following happens:

- The caller disconnects from the call;
- When the call is transferred externally;
- When the call is transferred to an extension outside the scope of this Policy;
- or
- The caller requests that the phone call no longer be recorded.

Health Information Exchanges:

We may use or disclose your health information available electronically through Health Information Exchange (HIE) services or through other electronic exchange networks to facilitate the secure exchange of your health information between and among several health care providers or other health care entities providing treatment to you. This means we may share information we obtain or create about you with your non-RSBCIHI providers who will be able to request and receive a summary of your allergies, medications, medical history, tests, insurance information, demographics and other clinical information, or we may receive information they create or obtain about you so each entity can provide better services and coordination of your care. In cases where your specific consent or authorization is required to disclose certain health information to others, we will not disclose that health information without first obtaining your consent.

Opt Out - If you are not interested in having your health information shared with other non-RSBCIHI health care providers in the HIE or in other electronic exchange networks, you are entitled to submit a request to opt-out by completing "Opt-Out Consent Form". Data that has already been shared will not be recalled from the non-RSBCIHI provider(s) who have already received it, but your information will no longer be accessible to other non-RSBCIHI health care providers or non-RSBCIHI health care entities participating in the HIE or other electronic exchange networks. If you opt out of sharing your health information via the HIE or other electronic exchange networks and change your mind, you may choose to opt in at a later time by contacting completing the "Opt-In Consent Form".

California Immunization Registry (CAIR):

We participate in an Immunization Registry with the California Immunization Registry (CAIR), a statewide, confidential database of patient immunization information. The purpose of CAIR is to consolidate immunization information among health care professionals, assure adequate immunization levels and avoid unnecessary immunizations. Only you, your doctor, or healthcare workers who can assist you, have access to your immunization information. If you do not want your immunization or tuberculosis (TB) screening test records to be shared with other health care providers, agencies, or schools in the CAIR, fill out and submit a "Decline or Start Sharing/Information Request Form".

Education/Teaching:

We may use or disclose your information to contracted students/interns in medicine, dentistry, nursing, pharmacy, optometry, behavioral health, allied health and other graduate studies, who may be assisting with your care under the supervision of a licensed health care provider as a part of their professional health care training program

We may use or disclose your information, as necessary, to provide you with organizational literature (e.g. Native Voice Newsletter, Diabetes Newsletter), organization announcements or other health-related information to benefit your overall health care. You may at anytime contact the Privacy Officer to request that these materials not be sent to you. We will take every reasonable means to meet your request.

Incidental Uses and Disclosures:

There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, the staff or doctor may need to use your name to identify family members that may be waiting for you in a waiting area, other individuals waiting in the same area may hear your name called. Other examples of incidental disclosures include but are not limited to clinic patients or visitors overhearing a provider's confidential conversation with another provider or another patient, having a glimpse of patient's information on staff desk. We will make reasonable efforts and apply reasonable safeguards and minimum necessary policies and procedures to limit these incidental uses and disclosures.

Business Associates or Subcontractors:

We will share your PHI with third party "business associates" and "subcontractors" who perform various contracted activities (e.g. billing audits, accreditation surveys, chart audits and transcription service we may use for transcribing provider dictation of your health record) for RSBCIHI. To protect your health information, we require our Business Associates and subcontractors, through contract, to appropriately safeguard the privacy of your health information. In addition, these Business Associates are also governed by federal law and required to comply directly with provisions related to the maintenance of your health information in a confidential manner.

- **Uses and Disclosures of PHI Based Upon Your Written Authorization:** Other uses and disclosures of your PHI will only be made with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that your health care provider or RSBCIHI has acted in reliance on the use or disclosure indicated in the authorization.
 - Without your authorization, RSBCIHI is prohibited to use or disclose your PHI for marketing or fundraising purposes.
 - **Psychotherapy Notes:** *Psychotherapy notes* means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes may not be disclosed without your authorization except in certain limited circumstances:
 - Use or disclosure in supervised mental health training programs for students, trainees, or practitioners;
 - Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual;
 - A use or disclosure that is required by law
 - A use or disclosure that is permitted:
 - For legal and clinical oversight of the psychotherapist who made the notes,
 - To prevent or lessen a serious and imminent threat to the health or safety of the public

3. Other Permitted and Required Uses and Disclosures Which May Be Made with Your Consent, Authorization, or Opportunity to Object: We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your health care provider or RSBCIHI, using professional judgment, can determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care situation will be used or disclosed.

- **Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, your health care provider shall try to obtain your consent as soon as reasonably practical after the delivery of your treatment. If your health care provider or another RSBCIHI provider is required by law to treat you and an attempt has been made to obtain your consent but is unable to do so, the health care provider may still use or disclose your PHI to treat you.
- **Communication Barriers:** We may use or disclose your PHI if your health care provider or another RSBCIHI provider attempts to obtain consent from you but is unable to do so because of substantial communication barriers, and the provider determines, using professional judgment, you intend to use or disclose your PHI under the circumstances.
- **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify or is present at your visit, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care of your location, general condition or death.
- **Disaster Relief Purposes** We may use or disclose your PHI to an authorized public or private entity or other health care professionals, or government representatives to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

4. Other Permitted and Required Uses and Disclosures Which May Be Made Without Your Consent, Authorization or Opportunity to Object: We may use your PHI in the following situations without your consent or authorization. These situations include:

- **Requirements by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Minor Protected PHI:** In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted or required by law to deny your access to your minor child's PHI, based on applicable healthcare services provided. In addition, we may deny to parents whose minor have rights to make their own decisions. These include , minors who are married or have declaration of emancipation from a court.
- **Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority who is permitted by law to collect or receive such information. The disclosure will be made for the purpose of controlling disease, prevention, injury or disability.

- **Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.¹
- **Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights laws.
- **Food and Drug Administration:** We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, or track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.
- **Research:** We may disclose your PHI to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. Parts 160 and 164.
- **Abuse and Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive such reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be consistent with the requirements of applicable federal and state laws.
- **Legal Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of RSBCIHI, and (6) a medical emergency, not on RSBCIHI property, and it is likely a crime has occurred.
- **Coroners, Funeral Directors, and Organ Donations:** We may disclose your PHI to a coroner or medical examiner for identification purposes, determining the cause of death or for the coroner or medical examiner to perform their duties authorized by law. We may disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. We may use or disclose your PHI if it is indicated or known that you wish to donate any organs, eye or tissues. In regards to the traditions and customs of your Native American heritage, your known beliefs will be followed as indicated by yourself, next of kin, or tribal affiliation.
- **Criminal Activity:** Consistent with the applicable federal or state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may

also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

- **Military Activity or National Security:** When appropriate, we may use or disclose your PHI if you are a member of the Armed Forces of the United States. In addition, we may disclose your PHI for the purpose of determining eligibility benefits provided by the Department of Veterans Affairs. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.
- **Workers Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your health care provider created or received your PHI in the course of providing care for you.

5. Accounting for Disclosures of PHI: You have the right to receive an accounting of disclosures of your PHI for the prior six-year period or a less determined period of time. Under HIPAA, the following six exceptions apply for non-disclosure:

1. To carry out treatment, payment, and health care operations;
2. Disclosures made to the patient at the patient's request;
3. To persons with a right to obtain certain information about the patient unless the patient objects;
4. To authorized federal officials for the conduct of lawful intelligence, counter intelligence, and other national security activities authorized by the National Security Act;
5. To law enforcement officers or correctional institutions to aid them in providing health care to an inmate, in taking steps to protect the health and safety of an inmate or a prison staff member, or to assist in the administration and maintenance of good order in prisons; and
6. To recipients who obtained the information before the compliance date of April 14th, 2003, for the HIPAA privacy rules.

An accounting for disclosure must be documented and contain the date, name, and if known, the address of the recipient; a brief description of the PHI which was disclosed and a brief statement as to the purpose of the disclosure. RSBCIHI must act within sixty (60) days of the patient's request for accounting. An extension of thirty (30) days may be granted for extenuating circumstances, in which case, you will be notified in writing of the reason for the delay and a date by which the accounting will be furnished.

6. Your Rights: Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the following rights regarding health information we maintain about you:

- **You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of your PHI which is contained in your health record, as long as that health record is maintained by RSBCIHI. Under federal law, however, you may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a criminal, civil, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Please contact the Health Information Management Director or Privacy Officer for any questions about access to your health records.

Mental Health and Substance Abuse Records: We can lawfully deny access to a patient of that patient's mental health records/substance abuse records when we determine that there is a substantial risk of harm to the patient in seeing or receiving a copy of that information. We may choose to furnish a summary report in lieu of permitting inspection or providing copies of the record.

- **You have a right to request a restriction of your PHI.** This means that you may ask us not to disclose or use any part of your PHI for the purpose of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends, who may be involved in your care, even if they have the right to know. Your request must be in writing stating the specific restriction requested and to whom you want the notice to apply, and a specific time frame, if applicable. RSBCIHI, in consultation with your health care provider or Director of Clinical Services, is not required to agree to a restriction you may request if it is determined that your best interest is at stake in the use or disclosure of your PHI. If it is agreed to restrict the use or disclosure of your PHI, we cannot use or disclose your specifically restricted PHI unless it is needed to provide emergency treatment. Please discuss any restrictions with your health care provider.
- **You have the right to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may ask you for information regarding the specifications of an alternate address or other method of contact. Please make this request in writing to our Privacy Officer. We will not ask you for an explanation as to the basis for the request.
- **You have the right to request your health care provider amend your PHI.** This means that you may request an amendment to your health record as long as that health record is maintained by RSBCIHI if you feel that the health information we have is incorrect or incomplete. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a request of disagreement with the Health Information Management Director or Privacy Officer. Please contact the Privacy Officer or any questions regarding an amendment to your health records.
- **You have the right to receive an accounting of certain disclosures we have made, if any, regarding your PHI.** This right applies to any disclosure for purposes other than treatment, payment, or health care operations. It excludes disclosures made to you, family members or friends involved in your health care. You have the right to receive specific information regarding any disclosures for the prior six-year period or a less determined period of time
- **You have the right to restrict the submission of PHI to obtain payment for service.** This right applies to any service you identify as a service not to be submitted for payment with your health plan/ insurance coverage and you are solely responsible for payment (pay out of pocket.)
- **You have the right to receive notification of a data breach.** We will notify you upon a breach of unsecured health information. Health information is "unsecured" if it is not protected by a technology or methodology specified by the Secretary of the U.S. Department of Health and Human Services. The notice must be made within the

timeframe specified by federal or state breach notification laws, whichever is more stringent.

- **You have the right to receive Notice of Privacy Practices** You have the right to adequate notice of how we use and disclose your health information. The Notice (or Notice of Privacy Practices) must also advise you of your rights and our legal duties with respect to your health information. You have the right to receive a paper copy of the Notice upon request. A copy of the Notice currently in effect will be available through Patient Registration.

7. Complaints: You may complain to the organization's **Privacy Officer** or to the U.S. Department of Health and Human Services at 1-877-696-6775 and/or Office for Civil Rights or the Office of Inspector General if you believe your privacy rights have been violated by RSBCIHI.

The U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

You may file a complaint directly with the Privacy Officer who will handle your complaint in a confidential manner. This organization will not retaliate in any form against any patient who files a complaint.

Privacy Officer
Riverside San Bernardino County Indian Health, Inc
11980 Mount Vernon Ave
Grand Terrace, CA 92313

Please contact the organization's **Privacy Officer** for any information about this notice or for information regarding the complaint process via our **Compliance Hotline 1(866)640-3532**. Or For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.htm

This notice becomes effective on April 14, 2003. Revised 06/2023



RIVERSIDE – SAN BERNARDINO COUNTY INDIAN HEALTH, INC.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided a copy of the Notice of Privacy Practices for RSBCIHI. I understand I have the right to read this document on my own or request a review of this document with the Quality Management Coordinator.

Patient Name (Please Print)

Date

Parent or Authorized Representative (if applicable)

Signature

QM Form #08-007 (04/2025)