



SENECA NATION HEALTH SYSTEM

Administrative Offices

Lionel R. John Health Center

P.O. Box 500
Salamanca, NY 14779
(716) 945-5894
Fax: (716) 242-6345

Cattaraugus Indian Reservation Health Center

Community Health and Wellness Center

36 Thomas Indian School Drive
Irving, NY 14081
(716) 532-5582
Fax: (716) 242-6344

Lionel R. John Health Center

987 R.C. Hoag Drive
Salamanca, NY 14779
(716) 945-5894
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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective April 14, 2003; Updated January 7, 2019, updated 02/15/2023, updated 9/6/2023

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. If you have any questions about this notice, please contact the Privacy Officer at (716) 945-5894 or (716) 532-5582.

For purposes of this notice “us” “we” and “our” refers to the Seneca Nation Health System and “you” or “your” refers to our patients (or their legal representatives as determined by us in accordance with state informed consent law).

Who will follow this notice:

- Any health care professional authorized to enter information into your medical record.
- All employees and health center personnel of the Seneca Nation Health System.
- Any volunteer we allow to help you while you are at the health center.

Our pledge regarding medical information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the health center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the health center.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Maintain the privacy of your medical information and care;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Post this notice in our facilities, on our website, and;
- Follow terms of the notice that is currently in effect.

How we may use and disclose medical information about you:

The following categories describe different ways we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other healthcare personnel who are involved in your care at the health center. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the health system also may share medical information about you in order to coordinate your care, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the health system who may be involved in your medical care, such as family members or other caregivers.

For Payment: We may use and disclose medical information about you so that treatment and services you receive at the health center may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at the health center so your health plan will pay us or reimburse you for the treatment; or we may tell your health plan about a service you are going to receive to obtain prior approval.

For Healthcare Operations: We may use and disclose medical information about you for health center operations. These uses and disclosures are necessary to run the health system and make sure that our patients receive quality care. For example, we may use medical information to review your treatment, services, and to evaluate the performance of our staff in caring for you. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.

Appointment Reminders and Alerts: We may use and disclose information to contact you as a reminder that you have an appointment for treatment or medical care at the health system. We may also contact you if we unexpectedly close, will close early, or are delayed in opening for normal operations.

Treatment Alternatives and Health-related Benefits and Services: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may use and disclose medical information to tell you about health-related benefits/services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also notify your family or friends of your condition and that you are at the health center if, when using our professional judgment, it is determined that doing so would be in your best interest. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

State-Based Health Information Exchange: The SNHS may access and disclose PHI through Health Information Exchanges (HIE). As permitted by law, your health information will be shared through the HIE to provide faster access, better coordination of care and to assist healthcare providers, health plans, and public health officials in making more informed decisions. To obtain the HIE contact information, please visit: HEALTHeLINK – WNY Clinical Information Exchange at (wnyhealthelink.com). You or your personal representative may elect to opt-out of HIEs at any time and without effect on your access to care at the SNHS. Opting out prevents your personal health information from being shared on HIEs, with two exceptions:

1. The opt-out right does not apply to when the disclosure is made to public health authorities and is permitted by both HIPAA and applicable NY state law.
2. Your information may be disclosed through HIE to facilitate emergency medical treatment

Your opt-out notification will apply from the date your opt-out is initiated in the system and going forward. To opt in or out of the HIE, you must notify the SNHS registration staff at either the Cattaraugus Indian Reservation Health Center at 716-532-5582 or at the Lionel R. John Health Center at 716-945-5894. Please allow up to 5 business days for processing an opt-out request. For patients that do not opt-out, health care participants are permitted to use and share patient information through the HIE for any HIPAA-permitted purpose, unless prohibited by NY State law.

Research: In limited circumstances, we may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received a medication to those who received another for the same condition. Before we use or disclose health information for research, any research project will have to be approved through the Seneca Nation Health System's Research Review Committee.

Health Education and Health Programs: We may send you newsletters or brochures or contact you about health-related information, disease management programs, wellness programs, or other local programs that you might want to be involved in.

Fundraising: The SNHS will not disclose any PHI/PII for fundraising without your consent. You also have a right to opt out of receiving such fundraising communications, if you previously consented.

Business Associates: We may disclose your medical information to our business associates. We have contracted with entities (defined as "business associates" under HIPAA) to help us in our operations. We will enter into contracts with these entities requiring them to only use and disclose your health information as we are permitted to do so under HIPAA.

Psychotherapy Notes: Psychotherapy notes are special notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes are kept separate from the rest of your health information, and they may not be used or disclosed without your written permission, except as may be required by law.

Sensitive Medical Information: We may obtain a written permission from you, when required by state and federal laws, to use or share sensitive medical information, such as HIV status or testing, mental health, substance abuse, or genetic testing information.

As Required By Law and Health Oversight Activities: We will disclose medical information about you when required to do so by federal, state, or local law. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

To Avert a Serious Threat to Health or Safety: We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries and illness.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in a response to a court or administrative order. We may also disclose medical information about you in response to a judicial subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, judicial subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be a result of criminal conduct;
- About criminal conduct at the health system, and;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner.

National Security and Intelligence Activities and Protective Services for the President and Others: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection of the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others, or; (3) for the safety and security of the correctional institution.

You have the following rights regarding medical information we maintain about you:

Right to Access and/or Obtain a Copy: You have the right to access and obtain a copy of medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes that are maintained in separate files.

To access and/or obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to Health Information Management Department. If you request a copy of the information, we may charge a fee for costs of copying, researching, mailing and other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the health system will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend the Record: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the health system.

To request an amendment, your request must be made in writing and submitted to the Health Information Management Department. You must list what specific information you wish to be amended. In addition, you must provide a reason that supports the request. We may deny your request for an amendment if it is not in writing, does not include a valid reason to support the request, was not created by the health system, or is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you.

To request this list, you must submit your request in writing to the Health Information Management Department. Your request must state a time period which may not be longer than six years and may not include the date before April 14, 2003. Your request should indicate in what form you want the list – paper or electronically. The first list you request will be free; additional lists may have a charge. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before costs are incurred.

We are not required to provide an accounting of disclosures under certain circumstances. For example, if you requested us to make the disclosure to a third party through your written authorization or if the authorization is for purposes of treatment, payment or healthcare operations, we are not required to provide you an accounting.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not disclose or use information about a surgery that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Health Information Management Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit the use, disclosure or both; and (3) to whom you want the limits to apply; for example disclosures to your spouse. You have the right to request a restriction to disclose your medical information if you pay in full for the service out-of-pocket.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Health Information Management Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive Notice of a Privacy Breach: We will tell you if we discover a breach of your health information. Breach means that your health information was disclosed or shared in an unintended way and there is more than a low probability that it has been compromised. The notice will tell you about the breach, about steps we have taken to lessen any possible harm from the breach, and actions that you may need to take in response to the breach

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain and print a copy of this notice at our website: www.senecahealth.org, or contact the Health Information Management Department for a paper copy.

Other Instructions for Notice

In addition to the Federal rules regarding privacy, we will follow New York State laws regarding healthcare privacy. We will obtain appropriate consents before we share information concerning your genetic information, HIV status, substance use disorder (alcohol and drug abuse), and certain mental health information. We also will obtain your consent for other uses and disclosures of your health information when required by New York law to do so. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the health centers. The notice will contain on the first page, in the top right-hand corner the effective date. In addition, when you come to the health system for treatment or healthcare services, we will offer you a copy of this notice when it has changed.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Seneca Nation Health System or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. To file a complaint with the health system, it is recommended that you use our formal Comment/Complaint/Grievance Response System (CCGRS) by filling out the CCGRS form available at our locations and on our website at <https://www.senecahealth.org>. If you wish to mail the form, please send it to the following address below. You will not be penalized for filing a complaint.

Lionel R. John Health Center,
Attention: Seneca Nation Health System Privacy Officer,
PO Box 500
Salamanca, NY, 14779

You may also contact the SNHS Privacy Officer at 716-945-5894 or 716-532-5582 with any concerns or complaints.