



# SENECA NATION HEALTH SYSTEM

## Administrative Offices

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

## Cattaraugus Territory Health Center

Community Health and Wellness Center  
275 Thomas Indian School Extension  
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  
Fax: (716) 242-6345

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective April 14, 2003; updated January 7, 2019; updated 02/15/2023, updated July 25, 2024, updated 11/01/2024

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 our health centers

### 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 our health centers. We need this record in order 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 our health centers.

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 and on our website, and;
- Follow the 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 our health centers. 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 our health centers 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 centers 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 the SNHS is 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 centers 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. You will have the opportunity to fill out a "HIPAA Patient Communication" form to notify us who may speak to regarding your health.

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](http://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, the SNHS will require your consent. Any research project request are required to be approved through the Seneca Nation Health System's Research 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.

Sensitive Medical Information: If consent is required by state or federal law, we will obtain written permission from you to use or share sensitive medical information, such as HIV status or tests, mental health, substance use disorder, reproductive health information or genetic testing information.

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.

Substance Use Disorder (SUD): SUD records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States. We may not disclose SUD information unless:

- (1) You consent in writing. For example, a consent is required to provide SUD records for treatment, payment and healthcare operations, which you have the right to revoke at any time.
- (2) The disclosure is allowed by a Part 2 specific court order signed by a judge issued after required good cause hearings and findings.
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for program evaluations, or a public health authority in a de-identified manner.

We may not combine your consent for use and disclosure of SUD records in a civil, criminal, administrative or legislative investigation or proceeding with consents for any other purpose. For example, we cannot use your consent to use your SUD records in a professional licensure board action for the additional purpose of disclosing SUD records to one of your physicians.

SUD Counseling Notes are special notes recorded in any medium by an SUD or mental health professional that documents or analyzes the contents of conversation during a private SUD counseling session or a group, joint or family SUD counseling session and that are kept separate from the rest of the patient’s SUD and medical record. We may not use or disclose SUD counseling notes without your written permission, unless the law requires we disclose.

Reproductive Health Care: Reproductive Health Care means health care that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes, including contraceptive medications, peri and post-menopausal treatments, and over the counter or prescribed medications and devices. Although we may use this information for your treatment, payment or healthcare operations as described, we are prohibited from using or disclosing your Reproductive Health Care information for any of the following purposes or activities:

- To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided.
- To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided.
- The identification of any person for the purpose of conducting such investigation or imposing such liability. For example, in response to a police officer’s medical record request who is conducting an investigation into a patient who may have sought healthcare services for pregnancy termination (if lawful in our state), we may not provide the patient’s identity or the patient’s Reproductive Health Care information, including whether a procedure related to the lawful termination of a pregnancy was performed.
- Use and disclosure of Reproductive Health Care information for Treatment, Payment or Healthcare Operations is permitted by law. For example, sharing reproductive health care information with providers who are involved in your care.

We are also prohibited from using or disclosing Reproductive Health Care information without an attestation (as detailed below) related to the following:

- Health oversight activities
- Judicial and administrative proceedings

- Law enforcement purposes
- Coroners and medical examiners services

Requesters of Reproductive Health Care information for these matters are required to sign an Attestation that the use or disclosure is not for a prohibited purpose. For example, if a state medical examiner issued a subpoena for a deceased patient's medical records and the patient had received Reproductive Health Care, we could not provide this information without a signed Attestation from the medical examiner.

Please note that if you provide written consent to release your Reproductive Health Care information, the person that receives the information may not be subject to HIPAA requirements and may disclose the information to others.

- Disclosures of Reproductive Health Records for Treatment, Payment and Health Care Operations is permitted by law.

**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, except for Reproductive Health Care 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. Requests by these agencies will require an attestation prior to the SNHS releasing any Reproductive Health Care information.

**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:** We may disclose your medical information if it is required by law, for example, court order, warrant, summons or other lawful instructions of a court or public body requiring us to do so for a legal or administrative proceeding. If Reproductive Health Care or SUD information is part of the court order, we will comply with HIPAA procedures to evaluate whether we are required to disclose. Reproductive Health Care requests require an attestation for review and acceptance.

**Law Enforcement:** We may release medical information, except for Reproductive Health Care, to stop a serious threat if asked to do so by a law enforcement official, for example:

- 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.
- Reproductive Health Care requests require an attestation for review and acceptance.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner, except an attestation will be required if Reproductive Health Care information is requested.

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 the SNHS Health Information Management Department. If you request billing records, you must submit your request to the SNHS Billing 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, actions that you may need to take in response to the breach and contact information regarding 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](http://www.senecahealth.org), under "Patient Information" "Health Information Management" "Notice of Privacy Practices" 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), Reproductive Health records 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 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 our health centers and on our website, [www.senecahealth.org](http://www.senecahealth.org) under "Patient Information, "Health Information Management" "Notice of Privacy Practices". This notice will contain the effective date. In addition, when you come to our health systems for treatment or healthcare services, you may request a copy of this notice when it has changed.

**How to ask a Question or Report a Complaint**

If you have questions about this Notice or want to talk about a problem without filing a formal complaint, contact the SNHS Privacy Officer at (716) 945-5894 or (716) 532-5582.

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., Room 509F HHH Bldg. Washington, D.C. 20201. To file a complaint with the health system, we recommended 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 [www.senecahealth.org](http://www.senecahealth.org), under "Patient Information" "Patient Forms". If you wish to mail the form, please send it to the address below.

The SNHS will not take any retaliatory (intimidate, threaten, coerce, discriminate against) action against you for exercising your rights.

Please contact the SNHS Privacy Officer or SNHS Administration with any questions.

Seneca Nation Health System  
Lionel R. John Health Center  
Attention: Seneca Nation Health System Privacy Officer  
PO Box 500  
Salamanca, NY, 14779  
716-945-5894 or 532-5582