

**Mohegan Tribal Fire Department
Notice of Privacy Practices**

IMPORTANT: 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.

PURPOSE OF THIS NOTICE

As an essential part of our commitment to you, the Mohegan Tribal Fire Department (MTFD) maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. MTFD has determined, in the interests of the individuals it serves, to comply with the standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations out of comity. Nothing contained in this Notice of Privacy Practices (Notice), however, shall serve as a waiver of sovereign immunity.

The Notice describes our commitment to protecting health information about you. It not only describes our privacy practices and the rights we provide you; but lets you know how MTFD will use and disclose PHI about you; how you can access and copy that information; how you may request amendment to that information; and how you may request restrictions on our use and disclosure of your PHI.

MTFD is providing you with this Notice, describing your rights and our obligations to protect the privacy practices of your PHI. We will follow the terms of the version of this Notice currently in effect. In most situations, we may use your health information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization.

We respect your privacy and treat all health care information about our patients with care, under strict policies of confidentiality that our staff is committed to following at all times.

How we may use and disclose your PHI:

Federal and state laws and regulations require that the use and disclosure of your health information comply with certain privacy protections. The following section describes how MTFD will abide by these requirements.

For the purposes of treatment, payment, and health care operations, in most cases without your written permission.

For Treatment. This includes verbal and written information that we obtain about you on your medical condition and use to provide you with treatment. This includes treatment provided to you by other medical personnel, including doctors, nurses and students who give orders to allow us to take care of you. It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes:

- o transfer of PHI via radio or telephone to the hospital or dispatch center, and
- o providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For Payment. This includes those activities we undertake to be reimbursed for the services we provide to you. Payment activities include:

- o organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company),
- o managing billed claims for services rendered
- o medical necessity determinations and reviews
- o utilization review and
- o collection of outstanding accounts.

For Health Care Operations. This includes:

- o quality assurance activities; licensing; training programs to ensure that our personnel meet our standards of care and follow established policies and procedures;
- o obtaining legal and financial services;
- o business planning;
- o processing grievances and complaints; and
- o creating reports that do not individually identify you for data collection purposes

• Certain **fundraising** activities and **marketing**, such as informing you about health-related services we provide.

• **Phone contact or messages left on your answering machine to follow up on any billing questions.**

Use and Disclosure of PHI without Your Authorization. MTFD is permitted to use PHI *without* your written authorization, or providing an opportunity to object in certain situations, including:

- **Individuals involved in your care**
 - o To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection.
 - o We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you.
 - o In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may determine, in our professional judgment, a

disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;

- **As required by law:**
 - o We will disclose your health information when we are required by federal or state law to do so.
- **Public health** disclosures for public health purposes, such as:
 - o Reporting a birth or death
 - o Preventing or controlling disease,
 - o Reporting child or adult abuse or neglect or domestic violence,
 - o Notifying a person about exposure to a possible communicable disease as required by law;
- For **health oversight activities** including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) as required by law to oversee the health care system;
- In response to **judicial and administrative** orders, or in response to a subpoena or other legal process;
- For **law enforcement activities** in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For **national security, intelligence activities** and defense and other special government investigations;
- To **avert a serious threat to the health and safety** of a person or the public at large;
- For **workers' compensation purposes**, and in compliance with workers' compensation laws;
- To **coroners, medical examiners, and funeral directors** for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle **organ procurement** or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For **research projects**, subject, however, to strict oversight and approval of a privacy board on the basis that the health information to be released poses no more than a minimal risk to your privacy and that there are adequate safeguards in place. ;
- If you are in custody, or an **inmate** of a correctional institution, we may release health information about you to the correctional institution or law enforcement officials.
- To the **FDA** relative to adverse effects/events with respect to food, drugs, supplements, product or product defects or post marketing surveillance information to enable product recalls, repairs or replacements.
- To the **Department of Health and Human Services** (DHHS). We must disclose health information to DHHS as necessary to determine our compliance with their standards.

We will obtain an authorization from you in order to use and disclose your health information for other purposes not described in this Notice. Please note that MTFD's use or disclosure of your protected health information relating to psychotherapy notes (if we have such notes), for marketing purposes, and for the sale of protected health information generally require your authorization. The authorization must be:

- In writing
- Identify the information we seek to use or disclose
- Identify to whom the health information will be disclosed and
- For what purpose

You may revoke your authorization at any time, in writing, except:

- **if we have already used or disclosed your medical information in reliance on that authorization, or**
- **the authorization was obtained as a condition of obtaining insurance coverage**

Your Rights regarding your Health Information

As a patient, you have a number of rights with respect to the protection of your PHI, including:

Right to Access Copy or Inspect Your PHI. This means you may come to our offices, inspect, and obtain a copy (including an electronic copy if available) of most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of receipt of your written request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have forms available to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your

medical information, call the number listed at the end of this Notice to obtain the necessary form.

Right To Request an Amendment or Addendum to Your PHI.

You have the right to ask us to amend medical information we have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information in certain circumstances such as where we believe the information you have asked us to amend is, in fact, correct. We have forms available to request amendments to your PHI and we will provide a written response on your request and let you know your appeal rights. If you wish to request that we amend PHI we have about you, call the number listed at the end of this Notice to obtain the necessary form needed.

Right To Request an Accounting of Our Use and Disclosure of Your PHI.

You may request an accounting from us of certain disclosures of your PHI that we have made to other entities after April 14, 2003. We will provide you with an accounting of the disclosures that we make after April 14, 2003 up to a period of the six years previous to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or for which you have already given us written authorization. We have forms available to request an accounting of your PHI. If you wish to request an accounting of your PHI we have used or disclosed that is not exempted from the accounting requirement, call the number listed at the end of this Notice to obtain the necessary form.

Right To Request that We Restrict the Uses and Disclosures of Your PHI.

You have the right to request that we restrict how we use and disclose your medical information we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. If you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Generally, MTFD is not required to agree to any restrictions you request, except that you have a right to request that MTFD withhold protected health information from a health plan, and MTFD will honor that request, subject to you paying in full for the items or services that you do not wish disclosed and other specific conditions. Any restrictions agreed to by MTFD are binding on MTFD. We have forms available to request that we restrict the uses and disclosures of your PHI. If you wish to request restrictions on use, call the number listed at the end of this Notice to obtain the necessary form.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request.

If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper. Recipients of electronic Notice retain the right to obtain a paper copy of the Notice upon request.

Right to Receive Confidential Communications of PHI.

You have the right to receive confidential communications from MTFD regarding your PHI by alternative means or at alternative locations. MTFD may condition the provision of a reasonable accommodation to information as to how payment will be handled, and specification of an alternative address or other method of contact. We have forms available for you to request a restriction on the manner or method of confidential communication. If you wish to exercise this right, call the number listed at the end of this Notice to obtain the necessary form.

Right to be Notified if Affected by Breach of Unsecured Protected Health Information.

You have the right to be notified in the event that you may be affected by a breach of unsecured protected health information. While we never expect this to happen, if it does, we will contact you to explain what happened, provide you with additional details, and let you know you may contact for more information.

Revisions to the Notice.

MTFD reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to PHI we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by calling the number listed at the end of this Notice.

Your Legal Rights and Complaints.

You have the right to complain to us, or to the Secretary of the DHHS, if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the DHHS.

If you have any questions, comments or if you wish to file a complaint, please contact:

Privacy Officer
The Mohegan Tribe
13 Crow Hill Road
Uncasville, CT 06382
(860) 862-6147

To obtain the necessary forms needed to exercise any rights listed in this Notice, please contact:

EMS Coordinator
Mohegan Tribal Fire Department
49 Sandy Desert Road
Uncasville, CT 06382
(860) 862-7333

Effective Date of the Revised Notice: September 23, 2013.