



THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU ("YOU" MEANING CLIENTS/MEMBERS/RECIPIENTS OF SERVICES) MAY BE USED AND DISCLOSED BY ONAC OF THE LOTUS SANCTUARY AND ONAC UNIVERSITY OF INDIGENOUS MEDICINE (COLLECTIVELY, "WE" OR "US") AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS PRIVACY POLICY APPLIES TO INFORMATION WE COLLECT WHEN YOU USE OUR ELECTRONIC/ONLINE SERVICES OR IN-PERSON SERVICES.

If you have any questions about how your health information may be disclosed and how you may get access to this information, please contact our office cell at 385.602.6050.

Each time you receive or request services from ONAC University of Indigenous Medicine or The Lotus Sanctuary, whether you visit a clinic, mobile clinic or request an out of office visit, a record of your visit may be made. Typically, this record may contain your symptoms, health information, examination and test results, services rendered, a plan for future care, and billing-related information. This privacy notice applies to all of the records that include personal health information which are held or generated by ONAC; whether made by clinical personnel, agents of the clinic, or shared from your personal care provider. Your personal care provider may have different policies or notices regarding that provider's use and disclosure of

your health information created in their office or clinic. We are not responsible for the privacy practices of providers operating separately from ONAC.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

Organized Healthcare Arrangement

ONAC of the Lotus Sanctuary is a clinically integrated health and wellness setting. Clients may receive health and wellness services from practitioners, therapists and technicians who are members of the Turtle Island Provider Network as well as practitioners who have clinical privileges to practice at IHIP, and from IHIP employees. Your practitioners at IHIP must be able to share your health information amongst others involved in your care at IHIP, in order to provide you with quality care, receive payment, and conduct requested services.

The members of our therapeutic staff, practitioners and other IHIP staff have agreed to follow uniform health information practices when using or disclosing your health information. This includes information gathered during In-clinic interactions as well as information gathered during out-of-clinic interactions, or electronically. This arrangement is called an organized health arrangement. This arrangement only applies when you receive the health services from IHIP.

The organized health arrangement includes IHIP staff, providers, therapeutic staff, and independent practitioners who have clinical privileges to practice at IHIP.

You may receive a Notice of Privacy Practices on behalf of IHIP, members of the therapeutic staff, and independent practitioners for the healthcare services received at IHIP. Physical copies of this notice will be given out per request.

Uses and Disclosures

The following categories describe examples of how we use and disclose health

information:

Providing of Services:

We may use health information about you to provide requested services. We may disclose health information about you to the doctors, providers, nurses, technicians, health students, or other clinical personnel who are directly involved in your care at The Lotus Sanctuary. The sharing of personal health information/knowledge between clinical staff regarding you can be critical for the safety and efficacy of services requested.

Different departments (management, reception, providers, etc.) of The Lotus Sanctuary also may share health information about you in order to coordinate your needs, such as supplements, lab work, dietary restrictions, etc.

We may request a release or approval to receive select services such as colonic hydrotherapy or any other service from your physician prior to services rendered.

Healthcare Operations:

Members of the clinical staff and ONAC employees may use information in your health and wellness record to assess the care and outcomes in your case and others like it. The purpose of these case reviews will be to continually improve the quality of care for all recipients of our health services. We may disclose information to ONAC doctors, nurses, therapists, instructors and students for educational purposes.

We may combine ONAC client health information with that of other clinical sites or research centers to make improvements. We will remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose personal health and wellness information:

- To contracted business associates for the sole purpose of billing and collections;
- To remind you of appointments scheduled for requested health services;
- To assess your satisfaction with our services;
- To tell you about possible health service alternatives;

- To educate you about health-related benefits or services;
- To contact you as part of fundraising efforts;
- To inform emergency medical responders consistent with applicable law;
- For population-based activities relating to improving health or reducing therapeutic costs;
- To provide, and deliver the products and services you request, process transactions, send you related information, including confirmations and invoices;
- For conducting internal training programs or reviewing competence of staff and contractors of IHIP;

Business Associates:

There are some services provided by ONAC through contracts with business associates. Examples include consults with other specialists and bioenergetic lab testing through affiliated third-party software. When these services are contracted, we may disclose your health information to our business associates so that they can carry out work on our behalf, and bill you for services rendered, or a third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information. While IHIP does expect our business associates to protect your private health information, IHIP is not responsible for the privacy practices of our business affiliates or separate entities. As such, IHIP is not responsible for the safeguarding or lack thereof of personal health information once it is disclosed to a third party.

Directory:

We may include certain limited information about you in the clinic directory and/or scheduling system while you are a member and participant at the clinic. The information may include your name, email, phone number, your general condition, and other personal demographic information you have disclosed to IHIP upon request. This information may be provided to staff members, administrative personnel from Turtle Island Provider Network, or owners of third party software companies. If you would like to opt out of being in the facility directory please inform the reception staff.

Individuals Involved in Your Health and Wellness Care or Payment for Your Care:

We may release health information about you to a friend or family member who is involved in your therapeutic care or who helps pay for your services. However, if an interested/involved third party would like personal health information to be disclosed to them, ONAC would require a completed Release of Medical Records form from the recipient of care. These forms are available upon request. In addition, we may disclose health information about you to an entity assisting in a disaster or emergency relief effort, as laws allow, so that your family can be notified about your condition, status, and location.

Future Communications:

We may communicate to you via newsletters, mail outs, etc. regarding modality and therapeutic options, health-related information, disease-management programs, wellness programs, or other community-based initiatives or activities our facility is participating in.

Organized Health and Wellness Arrangement:

The IHIP facility and its staff members have organized, and are presenting this document as a joint notice. Information will be shared as necessary to carry out therapies, payment, and health and wellness business operations.

Affiliated Covered Entity:

Protected health information may be made available to clinical personnel at IHIP joint affiliated clinics as necessary to carry out therapies, payment and health and wellness business operations. Caregivers and staff at other facilities may have access to protected health information at their locations to assist in reviewing past treatment and therapeutic information as it may affect therapies or treatment. Please contact the facility manager, or IHIP for further information on the specific sites included in this affiliated covered entity.

As and when required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Tribal Authorities
- Food and Drug Administration

- Public health or legal authorities charged with preventing or controlling disease, injury or disability
- Correctional institutions
- Workers compensation agents
- Organ and tissue donation organizations
- Military command authorities
- Health oversight agencies
- Funeral directors, coroners, and medical directors
- National security and intelligence agencies

Law Enforcement and Legal Proceedings:

We may disclose health information for law enforcement purposes when required by law or in response to a valid subpoena.

State Specific Requirements:

Many states have requirements for reporting; including population-based activities relating to improving health, or reducing healthcare costs. Some states have separate privacy laws that may be more or less stringent than federal law. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law. If Tribal laws are more stringent than federal or state privacy laws, the tribal law preempts both federal and state laws. IHIP strives to follow all applicable laws, including Tribal, Federal, State and local laws as per the demographic location of IHIP.

Your Health Information Rights:

Although your health and wellness record is the physical property of the health and wellness practitioner or facility that compiled it, you have the right to:

- Inspect and Copy:

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually this includes health, therapeutic, medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to health information, you

may request that the denial be reviewed by a third party. In such a case, another licensed healthcare professional chosen by the clinic from the governing tribal network will review your request, and the denial. This third party practitioner will not be the same person who denied your initial request. We will comply with the outcome of the review.

- Amend:

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request and amendment as long as the information is kept by, or for, the clinic. We may deny your request for an amendment. If this occurs, you will be notified of the reason for the denial.

- Accounting of Disclosures:

You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information.

- Request Restrictions:

You have the right to request a restriction or limitation on the health information we use or disclose about you. You also have the right to request a limit on the health information we disclose about you to someone involved in your care via a Release of Medical Records form. We will comply with your request unless the information is needed to contact and inform emergency medical services.

- 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. To exercise any of your rights, please obtain the required forms from IHIP and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. The revised, or changed notice will be in effect for personal information received prior to the change in notice, as well as information received after the changes to this notice have been made. The current notice will be posted on the IHIP Website. In addition, per request, we may provide you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with IHIP by following the process outlined in the facility's client rights documentation. You may also file a complaint with the secretary of the Turtle Island Provider Network. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice, or by applicable law, will be made only with your written permission. If you provide IHIP a completed Release of Medical Records form with permission to use or disclose your health information, that permission may be revoked by you at any time, provided the revocation of said form is in writing. If you revoke your permission, we will no longer use or disclose health 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.