



PRIVACY POLICY

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about how your health information may be disclosed and how you may get access to this information, please contact Infinitely Healing Indigenous Priory's Minister of Health 385.787.1193.

Each time you visit a clinic, mobile clinic or request an out of office visit, a record of your visit is made. Typically, this record may contain your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing-related information. This notice applies to all of the records of your care generated by the clinic, whether made by clinical personnel, agents of the clinic, or your personal care provider. Your personal care provider may have different policies or notices regarding the provider's use and disclosure of your health information created in their office or clinic.

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

Infinitely Healing Indigenous Priory (IHIP) is a clinically integrated health and wellness setting. You receive health and wellness services from practitioners, therapists and technicians who are members of the Turtle Island Provider Network and practitioners who have clinical privileges to practice at IHIP and from IHIP employees. Your practitioners, and IHIP must be able to share your health information in order to provide you with quality care, receive payment, and conduct therapeutic modalities.

The members of the therapeutic staff, practitioners, and IHIP have agreed to follow uniform health information practices when using or disclosing your health information while you are at IHIP, either as an in clinic or for out of clinic services. This arrangement is called an organized health arrangement. This arrangement only applies when you receive the health services at IHIP.

The organized health arrangement includes IHIP, providers, therapeutic staff, and independent practitioners who have clinical privileges to practice at IHIP. This also includes independent practitioners who practice exclusively at IHIP such as Naturopathic Doctors, Massage Therapists, Skincare Consultants, Yoga Instructors, Energy Healers, Psychologists, Chiropractors, Medical Doctors and others under the Turtle Island Provider Network and IHIP.

For example, IHIP, members of the staff, and independent practitioners can share your health information to clinical committees to discuss the quality of care and ways to improve health and wellness services to you and the tribal community. You will receive one Notice of Privacy Practices on behalf of IHIP, members of the therapeutic staff, and independent practitioners for the healthcare services received at IHIP. You may also receive a Notice of Privacy Practices from your personal physician or practitioner that describes his or her own office information practices when applicable.

Uses and Disclosures

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

Treatment:

We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, providers, nurses, technicians, health students, or other clinical personnel who are involved in taking care of you at the clinic. For example, a massage therapist working with you and providing a therapeutic massage may need to know if you have an injury or medical condition that can either be aggravated or further injured without their knowledge.

Different departments of the clinic also may share health information about you in order to coordinate the different things you may need, such as supplements, lab work, dietary restrictions, etc.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're away from this clinic and we may request a release or approval to receive select services such as colonic hydrotherapy or any hands on therapy from your physician prior to services rendered.

Payment:

We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your services so they will pay us or reimburse you for the therapy. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

Healthcare Operations:

Members of the clinical staff and/or quality improvement team may use information in your health and wellness record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all members we serve. For example, we may also combine health information about many patients to evaluate the need for new services or therapies. We may disclose information to doctors, nurses, therapists, instructors and students for educational purposes. And we may combine health information we have with that of other clinical sites or research centers to

see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health and wellness information:

- To business associates we have contracted with to perform the agreed upon service and billing for it
- To remind you that you have an appointment for therapeutic care
- To assess your satisfaction with our services
- To tell you about possible therapy alternatives
- To tell 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
- For conducting training programs or reviewing competence of health and wellness professionals
- When disclosing information, primary appointment reminders, and billing/collections efforts

Business Associates:

There are some services provided in our organization through contracts with business associates. Examples include physician services, consults with other specialists or naturopaths, 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 perform the job we've asked them to do and bill you, your insurance company, or a third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory:

We may include certain limited information about you in the clinic directory while you are a member and participant at the clinic. The information may include your name, location in the clinic, your general condition (good, fair, serious), and other personal demographic information you have disclosed upon request. This information may be provided to staff members, administrative personnel from Turtle Island Provider Network, and owners of third party software companies or to other people who ask for you by name. 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. In addition, we may disclose health information about you to an entity assisting in a disaster or emergency relief effort so that your family can be notified about your condition, status, and location.

Research:

We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health and private information has approved their research and granted a waiver of the authorization requirement.

Future Communications:

We may communicate to you via newsletters, mail outs, or other means 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:

This facility and its clinical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out therapies, treatment, payment, and health and wellness operations. Providers, physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment, and therapies at the time.

Affiliated Covered Entity:

Protected health information will be made available to clinical personnel at local affiliated clinics as necessary to carry out therapies, treatment, payment and health and wellness operations. Caregivers 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 at this time. Please contact the facility manager for further information on the specific sites included in this affiliated covered entity.

As 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
- Protective services for the president and others

Law Enforcement and Legal Proceedings:

We may disclose health information for law enforcement purposes as 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 apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law. If the Tribal laws are more stringent than federal or state privacy laws, the tribal law preempts both federal and state laws.

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. Another licensed healthcare professional chosen by the clinic from the governing tribal network 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.

- **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 an 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 for purposes other than therapies, treatment, payment, or health & wellness operations where an authorization was not required.

- Request Restrictions:

You have the right to request a restriction or limitation on the health information we use or disclose about you for therapies, treatment, payment, or health and wellness operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a therapy 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 you emergency treatment.

- Request Confidential Communications:

You have the right to request that we communicate with you about therapeutic matters in a certain way or at a certain location. For example, you can ask that we contact you at work instead of your home. The facility will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

- 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 the general manager and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the clinic and include the effective date. In addition, each time you register at or visit to the clinic, mobile clinic or affiliated offices for therapies, treatment or health & wellness services, we will offer you a copy of the current notice in effect at your request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outlined in the facility's patient 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 the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, any time. 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.