



St. Joseph's Indian School Notice of Privacy Practices

This notice describes how you and your family members' health information may be used or disclosed and how you can get access to this information. Please review it carefully.

St. Joseph's Indian School is required to provide you with a Notice of Privacy Practices, explaining your rights and our duties concerning your medical information. We reserve the right to change our privacy practices, provided such changes are permitted by applicable law. Should such changes in our Privacy Practices be made, you will be notified.

Our Pledge to You:

We understand that medical information is personal and we are committed to protecting medical information about you. A record of the care and services you receive is maintained in order to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain in the Dehon Family Services and Health Care Center. We are required by law to:

- Keep private any medical information about you.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the HIPAA requirements that came into effect April 14, 2003.

Uses and Disclosures of Your Health Information:

1. In some circumstances we are permitted or required to use or disclose your protected health information. The circumstances include:
 - a. Treatment: We may use or disclose your protected health information for the purpose of providing, or allowing others to provide treatment to you. This includes emergency procedures.
 - b. Health Care Operations: We may use your protected health information in the course of the day-to-day operation of the health center.
 - c. Legal Requirements: We may use your protected health information when required by law, including:
 - Public health purposes
 - Law enforcement purposes, including abuse and neglect reporting
 - When legally mandated to do so

Your Rights:

1. To Access and Copy Health Information: You have a right to inspect and copy your protected health information (excluding psychotherapy information, information regarding abuse and neglect reporting and/or certain information that we are legally bound to retain). To arrange access, please contact the Dehon Health Care staff. If you request copies, you will be charged a fee for copying and mailing. Note: The organization can deny access in some circumstances if access would be determined to be harmful to you, or contrary to other legal mandates.
2. To Request Restrictions: You have a right to request restriction on the use and disclosure of your protected health information. A written request must be submitted and will be considered, but the Dehon Health Care can deny the request.
3. To an Accounting of Disclosures: You have a right to an accounting of any disclosures of your protected health information, made over a three year period. Exceptions would include cases of abuse/neglect reporting, disclosures made prior to April 14, 2003, disclosures deemed to be harmful to you, and in the case of legal mandates.

4. To amend records: You have the right to request that we amend your protected health record. Requests must be submitted in writing. Your request could be denied if the record was not created by the Health Center, if it is not part of the medical information maintained by the Health Center, or if we determine that the record is accurate.

Our Duties:

1. We are required to maintain the privacy of your protected health information and to provide you with this notice.
2. We are required to abide by this notice and reserve the right to change the terms within this notice. Any material changes will be made available to you.

Questions/Complaints:

Please direct any questions to Dehon Health Care, located at St. Joseph's Indian School, PO Box 89, Chamberlain, SD 57325.

If you are concerned that your privacy rights may have been violated, or you disagree with a decision made about access to your records, you may contact the President (listed below).

Finally, you may send a written complaint to:

U.S. Department of Health and Human Services Office of Civil Rights
200 Independence Avenue SW
Room 509F HHH Building
Washington, DC 20201
Or call 1-800-368-1019

Under no circumstances will you be penalized or retaliated against for filing a complaint.

President
Mike Tyrell
PO Box 89
Chamberlain, SD 57325
(605) 234-3410